



ORIGINAL  
BID

**BEST AND FINAL - COST PROPOSAL PAGE**

**Proposer Name:** Aetna Life Insurance Company

Proposer agrees to supply the products and services at the prices bid below in accordance with the terms, conditions and specifications contained in this RFP.

	Fully-Insured DHMO for Management & Teamsters	Fully-Insured DPPO for Management & Teamsters	Fully-Insured DPPO for Firefighters
Employee Only	\$13.41	\$52.23	\$30.81
Employee + Spouse	\$23.47	\$98.05	\$56.33
Employee + Child or Children	\$28.16	\$100.79	\$49.94
Employee + Family	\$39.48	\$127.04	\$88.23

The premiums listed above are guaranteed for

1 year  X  2 years \_\_\_\_\_ 3 years \_\_\_\_\_ 4 years \_\_\_\_\_ 5 years \_\_\_\_\_

Rate cap and details for any renewal not guaranteed:

Rate Cap will be +5.5% for the DPPO and +3.75% for the DMO in 2019, plus the additional increase for the change in HIF taxes for 2019.

Rate Cap will be +5.5% for the DPPO and +3.75% for the DMO in 2020, adjusted for any future changes in HIF taxes.

Please Note: Our proposed rates exclude any Health Insurer Fee (HIF) taxes. Should HIF taxes be reinstated for 2018 and beyond, the rates will be increased to reflect the required tax.

(Aetna)  
RFP 575-11928, Group DHMO and DPPO Dental Plan Benefits  
Best and Final Offer





City of Fort Lauderdale • Procurement Services Division  
100 N. Andrews Avenue, 619 • Fort Lauderdale, Florida 33301  
954-828-5933 Fax 954-828-5576  
[www.fortlauderdale.gov/purchasing](http://www.fortlauderdale.gov/purchasing)

**Submitted by:**

Cathy Aguirre

\_\_\_\_\_  
Name (printed)

6/1/2017

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Market Head of Public and Labor

\_\_\_\_\_  
Title

(Aetna)  
RFP 575-11928, Group DHMO and DPPO Dental Plan Benefits  
Best and Final Offer





## QUESTIONNAIRE

### BEST AND FINAL - COST PROPOSAL PAGE

1. As a Best and Final offer, is Aetna willing to decrease the proposed DHMO and DPPO rates?  
(If so, please complete the attached Cost Proposal Page.)

Yes, Aetna has decreased both the DMO and DPPO rates. Please refer to the Cost Proposal Page for details.

In addition, Aetna is offering a one-time premium reduction of \$50,000 or one month of premium, whichever is less. This reduction would apply to a mutually agreed upon month in 2018 and would be included as part of the final contract. Standard contract termination provisions apply and early termination will not impact the amount of the reduction. Future renewals will be calculated based on the annualized premium before giving any effect to the premium reduction. You may wish to consult with your legal advisers about any changes that you may need to make in the administration of your plan as a result of this reduction consistent with your fiduciary obligations such as making adjustments to participant contributions.

2. The City's dental RFP # 575-11928 noted that multi-year rate guarantees are preferred. Is Aetna willing to guarantee the proposed 2018 rates for more than 1 year or lower the proposed renewal rate caps?

Yes, Aetna has lowered the proposed DMO rate caps in years 2 and 3 from 4% to 3.75%. Aetna has also lowered the proposed DPPO rate caps in years 2 and 3 from 6% to 5.5%

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RFP 575-11928, Group DHMO and DPPO Dental Plan Benefits  
Best and Final Offer





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**3. Is Aetna willing to actively recruit additional DPPO dentists in Monroe County?**

We are willing to actively recruit additional DPPO dentists in Monroe County. We will use the follow up disruption report sent back to you on 4/19/17 as our starting point. 86.4% of the listed dentists are already in network (or in a similar discount arrangement), so we'll immediately focus on the 13.6% who are out of network. We'll then work with the City to identify any other utilized out of network dentists, and focus our recruitment efforts on that group. This, of course, would be in addition to our continuous efforts to always increase and fortify our network.

(Aetna)  
RFP 575-11928, Group DHMO and DPPO Dental Plan Benefits  
Best and Final Offer



**Dental Dual Option Rate Exhibit - DMO/DPPO**  
**January 1, 2018 through December 31, 2018, Mature**

Total Enrollment from Census: 1,849

**Dual Option**

Fully-Insured DMO*		
Plan Design		Plan 76l
Office Visit Copay		\$0
Plan Maximum		None
Plan Deductible		None
Orthodontia Plan Design	Adult/Child	\$2,400 Copay
Orthodontia Deductible		None
Orthodontia Maximum		None

Tier	Lives	Rates <sup>1</sup>
Employee	260	\$13.41
Employee + Spouse	87	\$23.47
Employee + Child(ren)	72	\$28.16
Employee + Family	87	\$39.48
Total	506	\$21.72

Fully-Insured DPPO - Non-Firefighters		
	In-Network	Out of Network
Plan Design	100/100/60	100/60/60
Plan Maximum	\$1,500	\$1,500
Individual Deductible	\$0	\$100
Family Deductible	\$0	\$300
Prev. Services Deductible	None	None
Orthodontia Plan Design	60%-A&C	60%-A&C
Orthodontia Deductible	None	None
Orthodontia Maximum	\$2,500	\$2,500
* Osseous Surgery, Impactions, General Anesthesia & MRCT included under Basic		

Fully-Insured DPPO - Firefighters		
	In-Network	Out of Network
Plan Design	100/80/50	100/80/50
Plan Maximum	\$1,500	\$1,500
Individual Deductible	\$100	\$100
Family Deductible	None	None
Prev. Services Deductible	None	None
Orthodontia Plan Design	50%-A&C	50%-A&C
Orthodontia Deductible	None	None
Orthodontia Maximum	\$1,500	\$1,500
* Osseous Surgery, Impactions, General Anesthesia & MRCT included under Basic		

Tier	Lives	Rates <sup>1</sup>
Employee	393	\$52.23
Employee + Spouse	210	\$98.05
Employee + Child(ren)	95	\$100.79
Employee + Family	273	\$127.04
Total	971	\$87.92

Tier	Lives	Rates <sup>1</sup>
Employee	131	\$30.81
Employee + Spouse	49	\$56.33
Employee + Child(ren)	49	\$49.94
Employee + Family	143	\$88.23
Total	372	\$58.76

<sup>1</sup> Our proposed rates exclude any HIF taxes. Should HIF taxes be reinstated for 2018 and beyond, the rates will be increased.

**Assumptions:**

- \* 50th percentile R&C for out-of-network coverage for the DPPO plans.
- \* Aetna will be offered as full replacement.
- \* Commissions are excluded.

**Additional Comments:**

- \* Please refer to the Plan Summaries for details regarding plan options.
- \* Rates may be adjusted if:
  - legislation or regulation is enacted that affect the benefits payable, eligibility or contractual provisions;
  - there is any other material change in the condition under which the plan operates.

*John Adam* 6/1/2017



**Dental Financial Assumptions**

The financial quotation presented in this proposal is based on the assumptions outlined in this document. It is important to note that deviations from these assumptions may result in additional charges and/or adjustments to our quote. The financial assumptions have been outlined in the following manner:

Services and Programs

General Financial Assumptions

Fully-Insured Products

We have made every effort to respond to your request in a manner that reflects existing and expected business practices for the effective date that you have chosen. Should you decide to establish a business relationship with us, we will require you to enter into a contractual agreement after we confirm benefits, services, and fees in a Letter of Understanding.



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## Dental Financial Assumptions

### Services and Programs

We will provide the following standard services to City of Ft. Lauderdale:

#### Plan Sponsor Services and Programs

- A professional and experienced account service team including communication, account management, communication materials, and full administrative services.
- A robust standard reporting package including our online e.Plan Sponsor Monitor tool for claim and utilization reports as well as an annual accounting package and banking reports.
- Full network administration services including network management and provider relations.

#### Employee Services and Programs

- Excellent claim and member services.
- Technologically advanced internet services with Aetna Navigator. Through Aetna Navigator, members have access to check claims status, find a participating provider through our online provider directory, DocFind. Members also have access to Healthwise® Knowledgebase, our user-friendly, decision-support tool that can help users to make more informed dental health decisions - such as when to treat a health problem at home, when to call a dentist, and what treatment options may be available.
- We offer members educational brochures that describe various dental health topics and answer frequently asked questions. Topics range from adult and child dental care to Oral Cancer.
- iTriage contains comprehensive dental health information in collaboration with The Columbia University College of Dental Medicine. The site includes detailed information on conditions and procedures, and information on the effects that medical conditions such as diabetes and heart disease can have on oral health. The site also features resources for children to learn about dental terms and the importance of taking care of their teeth at an early age. The site also provides important information to parents about children's dental health, from a baby's first dental visit to the teen years.



## Dental Financial Assumptions

### Services and Programs

We have provided a list, by product, of those services and programs that are available to City of Ft. Lauderdale. Please note the following:

- Services and programs included in our quoted pricing are identified with an ✓
- Services and programs that may be purchased for an additional fee are identified with a \$
- Services and programs that are not available for a particular product are identified with n/a

Categories	DMO	Dental PPO
<b>General Administration</b>		
Claim Fiduciary and External Review	✓	✓
Toll-free member services number with access to a multi-lingual language line	✓	✓
Integrated Voice Response	✓	✓
Paper Provider Directories	✓	\$
<b>Internet Services</b>		
Online Directories	✓	✓
Online Wellness Programs and Health Risk Assessment (iTriage)	✓	✓
Aetna Health Information Advantage		
Standard Reports	n/a	✓



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## Dental Financial Assumptions

### General Financial Assumptions

- **Group Policy Group Agreement ("Contract") Period** – The contract period begins on the effective date of January 1, 2018.
- **Pricing and Underwriting Basis** – We have assumed that the proposed plan of benefits will be extended to the employee groups included on the census file that was submitted with the RFP. Our enrollment assumptions are shown on the rate exhibits. Our proposal assumes that coverage will not be extended to additional employer groups without review of supplemental census information and other underwriting information for appropriate financial review.
- **Plan Design** – These products are offered subject to the terms of our Benefit Review Document. For our fully insured products, all government regulations and state mandates will apply.
- **Plan Offering** – We have quoted a Dental PPO and DMO plans for your employees.
- **Claims Reimbursement Basis** – For contracts based on a UCR determination of charge levels, we use FAIR Health Benchmark database profile. The database consists of provider charge data collected from more than 150 major contributors, including commercial insurance companies and third-party administrators. Our quotation assumes that the UCR charge levels for non-PPO network providers will be based upon the 50<sup>th</sup> percentile of FAIR Health data. PPO Network benefits are based on negotiated fee schedules.
- **Policies and Claim Settlement Practices** – Our quotation assumes that our standard contract provisions and claim settlement practices will apply. If a material change is initiated by City of Ft. Lauderdale or by legislative or regulatory action in the claim payment requirements or procedures, account structure, or any changes materially affecting the manner or cost of paying benefits, we reserve the right to adjust our proposal accordingly.
- **Run-In Claim Processing** – Our proposal excludes run-in claim processing from the prior carrier (claims incurred prior to the effective date of the plan).
- **Dental Service Center** – We have assumed that claim administration and member services for the quoted plans will be provided centrally by the Jacksonville, FL Dental Service Center. Members will be able to reach the Member Service representatives Monday through Friday, 8:00 a.m. to 6:00 p.m. service center local time.
- **DMO Claim Administration** – We have assumed that claim administration for the DMO plan will be provided by the regional Dental Service Center closest to the member.
- **Continuity of Coverage at Takeover** – Our standard contracts excludes coverage for work begun prior to the member's effective date with Aetna. Our quotation assumes that continuity of coverage handling will apply for work in progress for members covered under the prior carrier's plan the day before the effective date of the plan with Aetna, to the extent that the prior



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**Dental Financial Assumptions**

carrier's extension provisions do not cover these services. Benefits would be allowed at the lesser of the prior plan's benefit levels or our plan's benefit levels, and reduced by any payments made by the prior carrier. For DMO, we will not require the patient to switch to a DMO participating dentist in the middle of the treatment plan to obtain the coverage.

- **Eligibility Transmission** – Our proposal assumes we will receive eligibility information weekly or biweekly, from City of Ft. Lauderdale's location(s) and/or by City of Ft. Lauderdale's designated vendor. Aetna's preferred method of submission is via electronic connectivity. Aetna does not charge for the first 4 ELRs/segments whether associated with one transmission or via multiple methods. Costs associated with more than 4 ELRs/segments or with any custom programming necessary to accept City of Ft. Lauderdale's eligibility information and/or information coming from a designated vendor are excluded. During the installation, we will review all available methods of submitting eligibility information and identify the approach that best meets City of Ft. Lauderdale's needs or the needs of their designated vendor.
- **Obtaining and Uploading Prior Carrier History** – There is no cost associated with receiving claim history files electronically from the prior carrier if it can be loaded into ACAS using a standard transfer program. Charges associated with non-standard transfers will be assessed separately based on complexity and format requirements. If the data cannot be transferred electronically, there will be an additional charge as accumulators would need to be updated manually for all members. The cost would be based on the number of members requiring accumulator updates. If requested, we will accept deductible credits via prior carrier EOB copies from members at no additional cost, either at the time a claim is submitted or a recalculation of a claim is requested. The cost of obtaining claim history from the prior carrier is excluded from the proposed pricing.
- **Affordable Care Act – Fees and Assessments** - The Affordable Care Act (ACA) imposes several new fees/assessments, including the Health Insurance Providers Fee (the "Fee"). The Fee became effective on January 1, 2014. The Fee will be suspended for 2017, but reinstated starting in 2018. This recurring annual industry fee is assessed based on each insurer's share of the fully insured market. A total of \$8.0 billion was collected across the industry for 2014. The total assessment increases each year, to an estimated \$14.3 billion in 2018 and will then increase at the rate of premium growth thereafter. This rate quote includes, where permitted, and as applicable, an estimated proportionate allocation of expenses associated with the Fee. Aetna reserves the right to modify these rates, or otherwise recoup such Fee based on subsequent state regulatory approval, future regulatory guidance or if estimates are materially insufficient.
- **Disclosure Statement** - "Aetna" is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. DMO plans are underwritten by Aetna Life Insurance company, except in the following states:
  - Aetna Dental of California, Inc.
  - Maryland, Missouri, North Carolina, Texas: Aetna Dental Inc.
  - New Jersey: Aetna Dental Inc. And Aetna Life Insurance Company"Aetna" is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. PPO/PDN and Indemnity plans are underwritten by Aetna Life



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**Dental Financial Assumptions**

Insurance Company.

Policy forms issued in Oklahoma include: HMO/OK COC-4 09/02, HMO/OK GA-3 11/01CHI/OK GP-3 02/02, CHI/OK INSCT-4 01/02, GR-23, GR-29, GR-700-W, GR-96172 and/or GR-96173.

Certain dental plans are available only for groups of a certain size in accordance with underwriting guidelines. While this material is believed to be accurate as of the print date, it is subject to change. For more specific information about the coverage details, including limitations, exclusions, and other plan requirements, please contact an Aetna representative.

Aetna has various programs for compensating producers (agents, brokers and consultants). If you would like information regarding compensation programs for which your producer is eligible, payments (if any) which Aetna has made to your producer, or other material relationships your producer may have with Aetna, you may contact your producer or your Aetna account representative. Information regarding Aetna's program compensating producers is also available at [www.aetna.com](http://www.aetna.com).

Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Not all health/dental services are covered. Aetna does not provide care or guarantee access to dental services. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change.



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## Dental Financial Assumptions

### Fully-Insured Products

- **Terms of Offer** - The DMO/Dental PPO are offered on a prospectively insured, no deficit carry-forward basis. At renewal, we may take into account City of Ft. Lauderdale's experience to determine the appropriate rating action for the Dental PPO. Note that Aetna's Dental PPO plan is referred to as "PDN" in Texas.

The quoted rates are valid until the earliest of 90 days from the date of this quotation or 30 days prior to the assumed effective date. We reserve the right to update this quotation if the quote is not accepted within this time frame.

- **Plan Offering** - We have assumed that Aetna will be the sole vendor offered to City of Ft. Lauderdale's employees.
- **PPO Location Availability** - Due to state mandated benefit restrictions, Active DPPO is not available on a fully insured basis in Texas. Employees residing in Texas will receive the In-Network PPO Dental plan of benefits on a Passive PPO basis
- **DMO Location Availability** - Our quoted rates assume the DMO will be offered in the following states: CA, FL, GA, NJ, and OH. Please note that DMO will not be offered in any other states, despite if the "National DHMO and DPPO GeoAccess" document shows availability.
- **Customer/Employee Contributions & Participation** - Our rates assume compliance with our standard guidelines on employer contribution strategy and employee contributions. Our standard requirement is that the employer contributes 75% of the employee cost, or 50% of the total employee and dependent cost. Minimum participation requirement for this contribution structure is 75% of total eligible lives.
- **Rate Guarantee** - Our quoted rates are guaranteed for the first 12 months of the policy period and are valid as of the effective date January 1, 2018. The quoted rates apply only to the benefit levels and conditions specified and any variations in benefit level or assumed conditions may require a rate change. We reserve the right to review and possibly modify or terminate the guarantee arrangement if any of the following occur during the guarantee period:
  1. There is a 15% increase or decrease in the number of employees from our enrollment assumptions or from any subsequently reset enrollment assumptions.
  2. A change in the demographic and/or geographic mix of the eligible group from that assumed at the time the guarantee is established.
  3. A material change in the plan of benefits offered that is initiated by City of Ft. Lauderdale or required because of legislative or regulatory action.



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**Dental Financial Assumptions**

4. Failure of City of Ft. Lauderdale to make required premium payments in accordance with policy provisions.

We also reserve the right to reallocate the premium rate ratios due to changes in the composition of eligible census, [and/or to align with competitor ratios].

- **Rate Cap** – We have offered a second and third year rate cap in which we agree the rates for the 2019 policy period will increase over the 2018 policy period by 5.5% for the DPPO plans and 3.75% for the DMO plan plus any applicable increase associated with the Annual Health Insurer Provider Fee (see Patient Protection and Affordable Care Act – Fees and Assessments). We also agree the rates for the 2020 policy period will increase over the 2019 policy period by 5.5% for the DPPO plans and 3.75% for the DMO plan plus any applicable increase associated with the Annual Health Insurer Provider Fee (see Patient Protection and Affordable Care Act – Fees and Assessments). The rate cap is subject to the same terms and conditions as stated under the Rate Guarantee.
- **Health Insurer Provider Fee (HIF)** – *Our proposed rates exclude any HIF taxes. Should HIF taxes be reinstated for 2018 and beyond, the rates will be increased to reflect the required tax.*
- **Aetna Dental PPO II** - Dental PPO II is a vendor based program that offers access to contracted rates for dental claims that may otherwise be paid at billed charges under the out-of-network portion of the Dental PPO plan. The third party vendors participating in the Dental PPO II Program network are considered participating providers and services rendered by such providers will be reimbursed in accordance with the terms of the Customer's plan as in-network service.
- **Dental Out-of-Network Savings Program** –The Dental Out-of-Network Savings program is available for Indemnity and PPO dental plans that determine the Recognized Charge for out-of-network services based on FAIR Health data; it is not, however, available for dental benefits that are integrated with a medical plan. Aetna contracts with third-party network vendors that, in turn, have contracted with dentists who have agreed to charge discounted rates. Those dentists are still considered out-of-network providers, and the services they provide will be covered in accordance with your plan's benefits for out-of-network services.
- **Payment of Dental Premium** – Insured bills are typically generated on the 24th through 26th of each month and mailed within 3 business days. Premium payments are due on the first day of the month for which coverage is provided. We require that all payments be reconciled within one month of receipt. In order for a payment to be considered reconciled, the difference between the amount billed and the amount paid must be resolved. While we expect the monthly premium payment by the due date, we allow a 31-day grace period following the due date.
- **Plan Eligibility** – Our rates assume that permanent full-time employees work a minimum of 25 hours per week on a regularly scheduled basis and that eligible dependents include an



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**Dental Financial Assumptions**

employee's spouse and children up to the limiting age of the plan. Domestic Partners are eligible for coverage where permitted by state law.

- **Run-Off Claim Processing** – Our rates reflect an incurred (mature) claim base and take into account the expenses associated with the processing of run-off claims following cancellation, subject to the conditions of our financial guarantee.
- **Annual Enrollment** – The quoted rates assume that there will be an annual enrollment period when all eligible employees have a choice of enrolling in any of the available Dental plans offered by City of Ft. Lauderdale.
- **Contract Situs** – The primary contract situs is assumed to be Florida. Separate DMO contracts will be issued for California and New Jersey.
- **Dental PPO Directories** – Personalized provider information can be obtained on-line at [www.aetna.com](http://www.aetna.com) or by calling the 1-800 customer service centers. A full supply of paper directories are not included in the rates but can be supplied and bulk-shipped to a single location for an additional \$0.13 per employee, per month.
- **Dental DMO Directories** – Our rates include the cost for DMO provider directories.
- **Commissions** – Have been excluded from our quoted rates.
- **Communication Allowance** - Aetna is including a communication allowance of up to \$2,000 that may be used to reimburse vendors for reasonable and identifiable communication-related expenses incurred by City of Ft. Lauderdale during the first plan year. An example of an expense that could be applied against a Communication allowance is creating, printing, and mailing Member communications. The funds will be available once the January 2018 month premiums have been paid. Payment of communication-related expense(s) by Aetna will be made once City of Ft. Lauderdale has presented the invoice(s) outlining the expense they incurred. The invoices are due no later than the 31 days prior to the end of the current policy year.

Any amounts ("communication allowance") paid by Aetna to a plan sponsor to offset or reimburse such plan sponsor for any expense or costs incurred as a result of contracting with Aetna for benefits plan administration services, shall be paid in accordance with applicable law. Plan sponsors are advised to determine appropriate accounting for these credits with their own counsel or accountant. Any plan sponsor receiving an communication allowance or other payments from Aetna that offset or reimburse expenses that would otherwise be paid from plan assets, should consult with their ERISA counsel to determine if such allowance must be credited to plan assets, and for additional counsel regarding the accounting for reporting of such payments. The allowance is forfeited at the end of each year if not fully utilized (it is not rolled over for a cumulative amount).



**Dental Financial Assumptions**

- **Premium Reduction** -Aetna is offering a one-time premium reduction of \$50,000 or one month of premium, whichever is less. This reduction would apply to a mutually agreed upon month in 2018 and would be included as part of the final contract. Standard contract termination provisions apply and early termination will not impact the amount of the reduction. Future renewals will be calculated based on the annualized premium before giving any effect to the premium reduction. You may wish to consult with your legal advisers about any changes that you may need to make in the administration of your plan as a result of this reduction consistent with your fiduciary obligations such as making adjustments to participant contributions.
- **Additional Products and Services** – Costs for special services rendered, which are not included or assumed in the pricing guarantee will be direct billed. For example, City of Ft. Lauderdale would be subject to additional charges for customized communication materials, as well as costs associated with custom reporting, programming, etc. The costs for these types of services would depend upon the actual services performed and would be determined at the time the service is requested.



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**\*This file can be found on the enclosed CD-ROM, due to size.**

Quality health plans & benefits  
Healthier living  
Financial well-being  
Intelligent solutions



# Solving for today. Preparing for tomorrow.

City of Fort Lauderdale Florida  
Proposal for Your Dental Program

.....  
Executive Summary



# Thank you for this opportunity

*Thank you for the tremendous opportunity to propose dental benefits to City of Fort Lauderdale. We are passionate about helping you achieve your goals. With so much going on in the benefits landscape today – and with increased competitive pressures brought on by the dynamic global economic environment – it is critical that you be ready for the future. Aetna is ready today with solutions that will address your current needs and provide a solid foundation for your benefits strategy for years to come.*



**We stand poised and ready with dental solutions that meet the City of Ft. Lauderdale unique needs and objectives.**

# We deliver the value that you expect from an industry leader



We have over  
294,887 Dental PPO  
providers and  
85,000 in all  
locations nationally  
and our access  
continues to grow

## Making healthy connections for City of Fort Lauderdale

Our unique qualifications will continue to position City of Ft. Lauderdale for success:

- Aetna Dental® is a **strong, trusted, national brand** name that has been serving plan sponsors, employees, and their families for more than 50 years.
- Aetna has an expansive single national dental network. We have more than **294,887 Dental PPO providers and 85,000 practice locations nationally** and our access continues to grow.
- Our Jacksonville, FL Service and Claims Center provides **superior customer service** and **exceptional claims processing**.
- We deliver significant cost savings with the Dental HMO and Dental PPO programs- Aetna's national discounts are up to 7% better than those of our major national competitors!.
- We offer **Competitive premium rates and fees** to demonstrate our commitment to delivering the value you expect from your enhanced Aetna Dental program.
- We provide **excellent Open Enrollment communication support** ensuring the continued success of your well regarded dental program.

# Customer service that's second to none!



## Consultative business partners for a better experience

Exceptional service is our standard! Aetna's account management, implementation, and dental customer service teams are committed to ongoing support of your plan.

Our local sales and service team will partner with City of Fort Lauderdale to provide you with an experienced **"best-in-class" approach to account management**. Over the most recent years, our team has consultatively assisted with administrative and plan design recommendations, and attended numerous Employee meetings and Wellness fairs.

## An implementation process with proven success

Aetna's Public and Labor Division successfully implements dozens of large, complex multi-product programs for our new and existing customers. The Aetna Customer Implementation Management Services team, or CIMS, has a reputation for excellence, expertise in project planning, and a commitment to quality results. We consistently exceed customer expectations each year. CIMS takes the guesswork out of implementing your plans due in part to a sophisticated system called the Customer Implementation Management System. We believe we are one of few health management companies with a system (and process) dedicated to Continuous Quality Improvement (CQI). At the completion of each project, we initiate formal sign-off procedures to determine the implementation activities that went well and those activities requiring improvement.

We believe it is important for City of Fort Lauderdale to know that once a decision has been made to enhance your dental program, you will be in the capable hands of our experienced Account team with the professional support of Aetna's CIMS organization during the implementation process.

We have a  
tenured team  
ready to achieve  
your upcoming  
goals and meet  
your ongoing  
unique needs!



We make it simple for employees and their families to get accurate information the first time.

### We put you at the center of everything we do

Based on years of experience working with employees and their families, we are “doing the basics” right and making it simple to use benefits and get accurate information quickly the first time. As you have experienced, our Jacksonville, FL, service center understands the importance of engagement and self-service and works closely with individuals to take advantage of “teachable moments.” Our representatives take time to explain tools such as Aetna Navigator® and make sure that every interaction supports your plan.

We are constantly refining our customer service model to:

- Increase member engagement
- Anticipate plan sponsor and member needs
- Help members find cost effective ways to take advantage of their benefits

Our customer service organization is unmatched in the industry. In fact, our organization has met our company performance metrics for 138 consecutive months! While our more than 1,000 dental employees are focused on delivering service to our dental members and providers, they integrate seamlessly with our account management teams in support of our customers.

# Building a vision of the future – together



Our proposed strategy for your dental benefits is built on experience and an investment in dental wellness that will empower your employees and their families to reach their optimal dental health.

The programs we offer, combined with our ability to deliver value to you and your employees through a lowest net cost strategy, are just a few of the many reasons we are excited to continue our partnership and collaborate with you.

Aetna is committed to the success of City of Fort Lauderdale dental program. We look forward to further discussing your objectives and how we can work together to leverage our strengths and capabilities to reach the financial and dental health goals of your employees and their families. We extend this commitment on behalf of the 50,000 + Aetna employees who put our customers at the center of all we do each and every day.

Thank you for this opportunity to continue to serve you!

Respectfully-

Mike Driscoll  
VP, Florida Public and Labor Division

Renthia Jackson  
Account Management

Raul Loys  
Dental Account Executive

#### 4.2.3 Experience and Qualifications

Indicate the firm's number of years of experience in providing the professional services as it relates the work contemplated. Provide details of past projects for agencies of similar size and scope. Indicate business structure, IE: Corp., Partnership, LLC. Firm should be registered as a legal entity in the State of Florida; Minority or Woman owned Business (if applicable); Company address, phone number, fax number, E-Mail address, web site, contact person(s), etc. Relative size of the firm, including management, technical and support staff; licenses and any other pertinent information shall be submitted.

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We have over 160 years of experience in providing quality, reliable services to businesses, individuals and the government. Founded in 1853 in Hartford, CT, we entered the group life insurance business in 1913 and group health insurance business in 1936. Our first group hospitalization contract was issued in 1937. We introduced our first major medical product in 1951, our first dental plan in 1957 and our first stand-alone vision product in 2009.

We are one of the nation's leading diversified health care benefits companies, serving approximately 46 million people with information and resources to help them make better informed decisions about their health care. As of December 31, 2016, we serve 19,031 medical plan sponsors and 1,478,097 medical members in the State of Florida. For dental, we have 5,747 plan sponsors and 804,248 members. We have extensive experience locally and understand the challenges that the City of Fort Lauderdale faces.

We offer a broad range of traditional, voluntary and consumer-directed health insurance products and related services, including:

- Medical
- Pharmacy
- Dental
- Vision
- Behavioral health
- Group life and disability plans

- Stop Loss
- Medical management capabilities and health care management services for Medicaid plans
- Workers' compensation administrative services
- Health Information technology services

Our customers include:

- Employer groups
- Individuals
- College students
- Part-time and hourly workers
- Health plans
- Health care providers
- Governmental units
- Government-sponsored plans
- Labor groups
- Expatriates

For over a century and a half, the Aetna name has stood for integrity, reliability and trust. We have helped generations of members by helping them to get access to the health care services they need to live healthy lives.

The ultimate parent of all Aetna affiliated companies is Aetna Inc., a broadly-held, publicly traded, Pennsylvania corporation. Certain employee and non-employee health professionals may own shares of, or options to purchase, Aetna Inc. common stock in the ordinary course of their investment activities. Based on filings with the SEC, as of December 31, 2015, the most recent practicable date, no shareholder beneficially owned more than 10 percent of Aetna's outstanding common shares.

As of December 31, 2016, we had 48,961 employees throughout the United States. And 4,903 of those employees reside in Florida.

Aetna Inc.'s corporate headquarters are located at:

151 Farmington Avenue  
Hartford, CT 06156.  
1-800-US-AETNA (1-800-872-3862)  
[www.aetna.com](http://www.aetna.com)

**Proposal Contact:**

Michael Driscoll  
Senior Sales Executive, Public and Labor  
407-670-3318  
driscollm@aetna.com

We are not a Minority or Woman owned Business.

Licenses are included in Section 4.2.14 as requested.

References are provided in 4.2.15 as requested.

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#### **4.2.4 Approach to Scope of Work**

Provide in concise narrative form, your understanding of the City's needs, goals and objectives as they relate to the project, and your overall approach to accomplishing the project. Give an overview on your proposed vision, ideas and methodology. Describe your proposed approach to the project. As part of the project approach, the proposer shall propose a scheduling methodology (time line) for effectively managing and executing the work in the optimum time. Also provide information on your firm's current workload and how this project will fit into your workload. Describe available facilities, technological capabilities and other available resources you offer for the project.

Additionally, the proposal should specifically address the following items. Each should be presented in the requested order, separated by tabs and listed in the table of contents.

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Our understanding is the City of Fort Lauderdale is looking for cost effective and comprehensive Dental DPPO and Dental HMO Plans, each with broad, accessible networks. We also feel the City has a double objective: wisely using the limited money available for benefits, and providing State of the Art Dental Care for its employees and their families.

We have included a detailed implementation plan laying out how we will accomplish this, including in this section. In the sections that follow, you find information on our large dental networks, our ability to closely match current plans, and our competitive costs, including guarantees on our performance. Our team looks forward to the next steps in this process, especially an opportunity to meet with the City and its team.

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## **Implementation Solutions**

***Submitted to***

***City of Fort Lauderdale***

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**Implementation Plan**

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**Table of Contents**

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**The proactive implementation team approach 3-5***What we do, why we do it and how we do it**The Implementation Team**Roles and Responsibilities***Assumptions 6****Project management tools – descriptions and exhibits 7***Key Events**Implementation Management Plan**Gantt Chart*

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## Implementation Plan

### The proactive implementation team approach

We understand that implementing new health benefits packages can present many challenges. That's why we provide you with a whole team of experts to help guide you through a smooth transition.

You will have many questions along the way, including:

- How are business and member deliverables managed?
- How and when are benefit changes communicated to employees?
- What is the timing of the open enrollment period?
- How is the exchange of key information facilitated?

We help you address these questions by combining a team of experts supported by effective project management tools. This approach, in place for over 30 years and refined annually through our continuous quality initiatives, sets the foundation for a long lasting relationship with you.

### Collaboration and accountability

Our implementation team approach establishes a collaborative environment through the partnership we create with you and your business partners. Your Implementation Manager leads a team of our subject matter experts and City of Fort Lauderdale representatives. While each member of the implementation team contributes his or her unique talents to ensure a seamless transition, the Implementation Manager has overall accountability to you.

Your Implementation Manager develops an Implementation Management Plan that outlines tasks and target completion dates specific to each team member. The Implementation Manager carefully monitors the progress using this plan and other project management tools. Through regularly scheduled meetings and conference calls, the team provides updates and the status and resolution of issues raised during the transition.

### Continuous commitment

We remain committed in our service to you. Several members of the implementation team remain actively involved with the ongoing service of your account.

---

## Implementation Plan

### The implementation team – roles and responsibilities

The implementation team members work together throughout the duration of the project toward a seamless transition of your benefits program. This team includes the following representatives:

#### The City of Fort Lauderdale team

We recommend that the implementation team includes City of Fort Lauderdale representatives from the following areas:

- Employee benefits
- Eligibility
- Finance
- Human resources
- Communications

In addition, we recommend including Lloyd Rhodes.

#### The Aetna team

Your implementation team includes the following Aetna members:

- Mike Driscoll, Sales Executive
- Account Executive/Account Manager
  - Primary Aetna contact throughout implementation
  - Coordinates open enrollment activities
  - Provides ongoing account management after the plan effective date
- Mark Sternat, Proposal Director  
Craig Baker, Strategic Proposal Consultant
  - Provides initial details of sale, rates, special procedures
  - Prepares and documents the Letter of Understanding

**Implementation Plan**

- Member Service Center
  - Provides member services support
  - Processes claims
  - Coordinates audits
- Implementation Manager
  - Directs implementation activities
  - Oversees activities of all Aetna areas
- Plan Benefit Set-Up
  - Reviews benefits plans
  - Codes benefits and structure into Aetna systems
  - Distributes documents to appropriate departments
- Contracts/Agreements
  - Drafts contracts
  - Prepares funding agreements
  - Drafts employee Booklets and/or Certificates of Coverage, if applicable
- Eligibility
  - Maintains member eligibility data
  - Coordinates production and ID card mailings
- Billing
  - Codes billing rates into Aetna systems
  - Prepares billing statements

---

## Implementation Plan

### Assumptions

We have created the project management tools (Key Events, Implementation Management Plan and Gantt Chart) based upon the information and assumptions provided.

- The decision to implement the proposed benefits program will be made by 06/01/2017
- The effective date will be 01/01/2018
- Benefits will be those described in the proposal
- Eligibility certification:
  - Aetna will certify eligibility for dental claims
  - City of Fort Lauderdale will report eligibility via electronic file enrollment
- Funding arrangements:
  - The dental PPO and DMO plans will be on a full-risk basis
- Billing methods:
  - Consolidated List Invoice
- Aetna pays claims incurred on and after the effective date of 01/01/2018
- Prior Carrier will pay claims runoff incurred prior to 01/01/2018

## Implementation Plan

### Project management tools

We manage implementation of your plan with the help of the tools listed below. All dates are approximate and will be modified as priorities are determined.

#### Key Events

The Key Events view of the implementation plan highlights the important milestones and dates that the team focuses on during the implementation.



City of Fort  
Lauderdale Key.pdf

#### Implementation Management Plan

The Implementation Management Plan provides an ongoing status report on the team's progress and identifies the following:

- Tasks to be completed
- The individual(s) responsible
- A scheduled start and finish date

This plan is updated throughout the implementation and distributed to all implementation team members.



City of Fort  
Lauderdale Imp.pdf

#### Gantt Chart

The Gantt Chart is a high-level timeline of the implementation.



City of Fort  
Lauderdale Gantt.pdf

## Disruption Report Definitions

Disruption Summary Line Item	Line on Summary Tab	Indicator shown in Aetna_Yes_No Code on Detail Tab:	Definition
Matched Standard Dental Network	9	Y	Provider is matching as in network for the product quoted.
Matched to Alternate Networks	11	D	Provider matches to a DPO II Alternate Network.
Dental Out of Network Savings Matches	13	W	Provider matches to a Dental NAP (dons) Network
Records Not Considered	5	E	We attempt to exclude any records which we would not have any possibility of matching. These may include records associated with invalid TINs, unknown provider records, etc.
Non-Matching	N/A	N	Provider is non-matching (out of network) with regard to the product being quoted. Records included in this category are records we have matched with our non-par claim information or did not match to any in-network provider for the product being quoted.
Non Matching Records Outside the Service Area	14	N	Records which are outside the service area for the product being quoted. This may be helpful in explaining poor matches for certain products since providers being utilized by the client are not in an area where the Aetna product being quoted is available.

## Dental Disruption Information Sheet

### Name of Case:

City of Fort Lauderdale

MSU Consultant

2103338

rt

### Products Contained in Analysis:

Aetna Dental PPO

Aetna Dental HMO

### MSU Run Date:

3/30/2017

We have included a Yes/No/Exclude/Discount (Yes\_No) column within the detail of our report. This column indicates whether the provider record is in-network (Y), has access to a level of discount (D), is part of the Dental Out of Network (W), is excluded from the analysis (E), or is a non-matching record (N). A detailed description of each of these codes can be obtained by "mousing over" each of the codes to the left.

#### Code

Y

D

W

E

N

### Issues which may affect projected match:

Please note that the attached file did not contain the following fields which would have allowed us to run our full complement of matching criteria. As a result the results may be lower than is actually the case.

☐ TIN

☐ City

☐ State

☐ Zip

☐ Name

Please note that the attached file did not contain the following fields which would have allowed us to portray the results in other meaningful ways.

☐ Claim Dollars

☐ Visits/Members

☐ Par/Non-Par Indicator

Important to note about these results:

**Par/Non-Par Indicator missing** - since there is no indicator on the file identifying which providers utilized are participating with the current carrier,

we cannot provide any comparison of members utilization of current in-network providers to Aetna in-network providers.

	Aetna Dental PPO		Aetna Dental PPO		Aetna Dental PPO		Aetna Dental HMO		Aetna Dental HMO		Aetna Dental HMO	
	Total Records	% of Total	Paid Dollars	% of Paid Dollars	Service_Units	% of Service_Units	Total Records	% of Total	Paid Dollars	% of Paid Dollars	Service_Units	% of Service_Units
Total Records	250	100.00%	\$739,532.88	100.00%	10,451	100.00%	250	100.00%	\$739,532.88	100.00%	10,451	100.00%
Records Not Considered	0	0.00%	\$0.00	0.00%	0	0.00%	0	0.00%	\$0.00	0.00%	0	0.00%
Retired/Deceased Providers	0	0.00%	\$0.00	0.00%	0	0.00%	0	0.00%	\$0.00	0.00%	0	0.00%
Total Excluded Records	0	0.00%	\$0	0.00%	0	0.00%	0	0.00%	\$0	0.00%	0	0.00%
Records Utilized in Analysis	250	100.00%	\$739,532.88	100.00%	10,451	100.00%	250	100.00%	\$739,532.88	100.00%	10,451	100.00%
Matched Standard Dental Network	202	80.80%	\$592,709.64	80.15%	8,713	83.37%	60	24.00%	\$149,865.29	20.26%	2,112	20.21%
Total In-Network Match	202	80.80%	\$592,709.64	80.15%	8,713	83.37%	60	24.00%	\$149,865.29	20.26%	2,112	20.21%
Matched to Alternate Networks	14	5.60%	\$38,838.45	5.25%	511	4.89%	0	0.00%	\$0.00	0.00%	0	0.00%
Total In-Network Matches and Additional Discount Matches	216	86.40%	\$631,548.09	85.40%	9,224	88.26%	60	24.00%	\$149,865.29	20.26%	2,112	20.21%
Dental Out of Network Savings Matches	0	0.00%	\$0.00	0.00%	0	0.00%	0	0.00%	\$0.00	0.00%	0	0.00%
Non-Matching Records Outside Service Area	0	0.00%	\$0.00	0.00%	0	0.00%	0	0.00%	\$0.00	0.00%	0	0.00%

\*This chart is based on Aetna's results compared to the current carriers Par/NonPar provider indicator.

**City of Fort Lauderdale - Request # 2103338**

Aetna Dental PPO				
	Aetna	Records	Paid	Service_Units
Par with Incumbent	Par	94.05%	93.56%	94.03%
	DPO II	3.57%	3.43%	3.42%
	Dental OON Savings	0.00%	0.00%	0.00%

	Aetna	Records	Paid	Service_Units
NonPar with Incumbent	Par	53.66%	49.58%	50.60%
	DPO II	9.76%	9.41%	9.40%
	Dental OON Savings	0.00%	0.00%	0.00%

Aetna Dental HMO				
	Aetna	Records	Paid	Service_Units
Par with Incumbent	Par	30.36%	25.07%	24.59%
	DPO II	0.00%	0.00%	0.00%

	Aetna	Records	Paid	Service_Units
NonPar with Incumbent	Par	10.98%	9.31%	6.74%
	DPO II	0.00%	0.00%	0.00%

**City of Fort Lauderdale  
Top 250 DPPO Providers  
Claims Paid 1/1/2016 - 12/31/2016**

**Company Name:** \_\_\_\_\_

Indicate which of the listed providers is included in your company's proposed DPPO network and include a hard copy as well as an Excel file in your response.

Rank	Federal Employer ID	Name	Address	City	State	Zip	Service Units	Paid	Aetna Dental PPO Aetna Dental HMO	
									In Network? Yes or No	In Network? Yes or No
1	461185149	Destefon, John J	30 NE 3rd St	Ft Lauderdale	FL	33301	218	\$17,628.76	Y	N
2	591389949	Rosenthal, Barry W	9200 NW 44th St	Sunrise	FL	33351	113	\$11,462.40	N	N
3	202058007	Leibowitz, Jayson R	10080 NW 1st Ct	Plantation	FL	33324	172	\$10,701.40	Y	N
4	650341505	Moore, Keith E	901 S Federal Hwy Ste 301	Fort Lauderdale	FL	33316	116	\$9,843.20	N	N
5	453626385	Young, Jared M	1930 Ne 34th Ct	Lighthouse Point	FL	33064	215	\$9,752.35	Y	N
6	592495753	Barr, Scott I	300 NW 70 Ave, #206	Plantation	FL	33317	103	\$9,610.04	N	N
7	203791829	Robinson, Sharon R	6738 W Sunrise Blvd, Ste 105	Plantation	FL	33313	128	\$8,911.27	Y	N
8	650666819	Bartlett, Jeffrey C	2440 E Sunrise Blvd	Fort Lauderdale	FL	33304	168	\$8,226.40	Y	N
9	943420892	Horst, Nadja A	104 SE 1st St	Ft Lauderdale	FL	33301	119	\$8,122.72	Y	N
10	461919850	Douglass, Richard C	660 N State Road 7, Ste 12	Plantation	FL	33317	128	\$7,956.80	Y	N
11	461543139	Alexander, Allison	113 SW 11th Ct, Ste A	Ft Lauderdale	FL	33315	76	\$7,635.46	Y	N
12	412220291	Giraldo, Andrea	114 SW 10th St	Fort Lauderdale	FL	33315	65	\$7,084.40	Y	N
13	591541047	Bennett, James G	1023 Atlantic Blvd	Atlantic Beach	FL	32233	106	\$6,699.00	Y	Y
14	223703976	Mankame, Dipak M	300 NW 70th Ave, Ste 109	Plantation	FL	33317	103	\$6,564.15	Y	N
15	650985810	Yang, James T	10189 Cleary Blvd, Ste 201	Plantation	FL	33324	77	\$6,412.80	Y	N
16	421650718	Stanton, Robert B	1776 N Pine Island Rd, Ste 300	Plantation	FL	33322	78	\$6,254.60	Y	Y
17	650700287	George, Ronald A	4100 S Hospital Dr, Ste 107	Plantation	FL	33317	151	\$6,134.24	Y	Y
18	208195969	Polasky, Dawn L	6231 N Federal Hwy, Ste 109	Ft Lauderdale	FL	33308	79	\$5,796.09	N	N
19	271200319	Riley, Marilyn P	3909 N Andrews Ave	Oakland Park	FL	33309	72	\$5,643.00	Y	N
20	591425149	Wilentz, Abby T	7400 NW 5th St	Plantation	FL	33317	110	\$5,634.80	Y	N
21	592208015	Zenga, William T	2500 N University Dr, Ste 9	Sunrise	FL	33322	53	\$5,489.70	Y	N
22	760741305	Johnson Leong, Charmaine	2717 E Oakland Park Blvd Ste 1	Fort Lauderdale	FL	33306	43	\$5,470.94	N	N
23	200185918	Lane, Thomas R	1831 NE 45th St, Suite B	Fort Lauderdale	FL	33308	39	\$5,395.43	Y	Y
24	271835567	Toral, Armando	4811 Hollywood Blvd, Ste A	Hollywood	FL	33021	89	\$5,343.17	Y	N
25	900723233	Benedetti, Ana P	1535 Sunset Dr	Coral Gables	FL	33143	40	\$5,259.10	N	N
26	264305407	Tendler, Minelle M	199 W Palmetto Park Rd, Ste D	Boca Raton	FL	33432	59	\$5,220.10	Y	N
27	550881045	Freeman, Christopher S	8200 W Sunrise Blvd, Suite B-3	Plantation	FL	33322	92	\$5,182.00	Y	N
28	471820802	Rieger, Eric R	1200 Yamato Rd, Ste A4	Boca Raton	FL	33431	39	\$5,083.40	Y	Y
29	202058007	Palenzuela, Mary A	10080 NW 1st Ct	Plantation	FL	33324	110	\$4,953.60	Y	N
30	650089306	Berger, Joel S	1890 N University Dr, Ste 210	Coral Springs	FL	33071	59	\$4,895.00	Y	N
31	202058007	Herbert, Brent	10080 NW 1st Ct	Plantation	FL	33324	103	\$4,809.20	Y	N
32	460771294	Naierman, Eric H	3333 Sheridan St	Hollywood	FL	33021	50	\$4,799.40	Y	N
33	650019957	Blitman, Robert	8430 W Broward Blvd, Ste 100	Plantation	FL	33324	72	\$4,754.00	Y	N

**City of Fort Lauderdale  
Top 250 DPPO Providers  
Claims Paid 1/1/2016 - 12/31/2016**

**Company Name:** \_\_\_\_\_

Indicate which of the listed providers is included in your company's proposed DPPO network and include a hard copy as well as an Excel file in your response.

Rank	Federal Employer ID	Name	Address	City	State	Zip	Service Units	Paid	Aetna Dental PPO Aetna Dental HMO	
									In Network? Yes or No	In Network? Yes or No
34	650075019	Boukzam, Mark A	4048 W Hillsboro Blvd	Deerfield Beach	FL	33442	71	\$4,658.04	Y	N
35	650969035	Canizales, Jacqueline	10640 Griffin Rd, Ste 107	Davie	FL	33328	62	\$4,571.58	Y	N
36	471526151	Berley, Joel A	7110 Southgate Blvd	Margate	FL	33068	65	\$4,418.56	Y	N
37	650746314	Hernandez, Peter M	10051 Pines Blvd Ste C	Pembroke Pines	FL	33024	68	\$4,406.00	D	N
38	651100498	Mccawley, Daniel W	1625 E Las Olas Blvd	Fort Lauderdale	FL	33301	66	\$4,395.20	D	N
39	471755265	Sherman, Richard L	2249 N University Dr	Pembroke Pines	FL	33024	101	\$4,357.99	Y	N
40	203141319	Kerns, James M	2991 Myrtle Oak Cir	Davie	FL	33328	74	\$4,352.22	Y	N
41	452816684	Martin, Sidney S	660 N State Road 7, Ste 12	Plantation	FL	33317	83	\$4,343.60	Y	Y
42	650000707	Chencin, Josef	3015 Bayview Dr, Ste D	Fort Lauderdale	FL	33306	84	\$4,320.00	Y	N
43	650461148	Zakko, Dalal	2826 E Oakland Park Blvd, Ste 300	Fort Lauderdale	FL	33306	34	\$4,280.90	Y	Y
44	260849265	Hernandez, Roland A	1625 SE 3rd Avenue, Suite 802	Ft Lauderdale	FL	33316	20	\$4,231.95	Y	Y
45	204587282	Dixon, Scott E	1620 SE 4th Ave	Ft Lauderdale	FL	33316	54	\$4,229.00	N	N
46	275197554	Joh, Julia H	4301 N Federal Hwy, Ste 5	Pompano Beach	FL	33064	40	\$4,119.00	Y	N
47	043589759	Castillo, Pedro L	1300 N Federal Hwy, Suite 1	Lake Worth	FL	33460	53	\$4,091.43	Y	N
48	611734577	Bates, Barbara A	1096 W Indiantown Rd, Ste 200	Jupiter	FL	33458	64	\$4,089.51	Y	N
49	650914866	Fredrick, Jason W	10156 W Indiantown Rd	Jupiter	FL	33478	102	\$4,071.90	D	N
50	591425149	Lustman, Craig	809 State Route 208	Monroe	NY	10950	79	\$4,056.00	Y	N
51	650980524	Jones, Ian C	6300 W Atlantic Blvd	Margate	FL	33063	83	\$4,006.76	D	N
52	461543139	Arocha, Arianny	113 SW 11th Ct Ste A	Fort Lauderdale	FL	33315	48	\$3,907.20	Y	N
53	592603212	Heinsen, Gretchen	2480 E Commercial Blvd, Ste 2	Fort Lauderdale	FL	33308	26	\$3,818.21	Y	Y
54	592681987	Barnard, Michael R	1209 W Broward Blvd	Ft Lauderdale	FL	33312	53	\$3,816.71	Y	Y
55	471755265	Templeton, Patricia G	2249 N University Dr	Pembroke Pines	FL	33024	88	\$3,792.56	Y	N
56	650631864	Rozen, Henry	9154 Wiles Rd	Coral Springs	FL	33067	31	\$3,643.00	Y	N
57	650863385	Colella, Candace R	4690 N State Rd 7 Ste 201	Coconut Creek	FL	33073	42	\$3,601.60	Y	N
58	161685076	Mazzei, Leanne	9387 W Sample Rd	Coral Springs	FL	33065	30	\$3,573.12	Y	N
59	592397569	Scharf, Blair	2801 N University Dr, Suite 101	Coral Springs	FL	33065	44	\$3,558.40	N	N
60	592211352	Behn, Jack W	8200 W Sunrise Blvd, Ste A1	Plantation	FL	33322	49	\$3,557.00	N	N
61	134205825	Khakhria, Milan L	104 NW 100th Ave	Plantation	FL	33324	26	\$3,552.35	Y	N
62	650161743	Bracco, Brent J	2467 E Commercial Blvd	Fort Lauderdale	FL	33308	60	\$3,545.40	Y	N
63	650947659	Simon, David G	10115 Forest Hill Blvd Ste 301	Wellington	FL	33414	16	\$3,545.31	D	N
64	205407398	Chen, Timothy P	12741 Miramar Pkwy, Ste 203	Miramar	FL	33027	91	\$3,487.00	Y	Y
65	650246176	Spector, Lawrence A	9132 Wiles Rd	Coral Springs	FL	33067	51	\$3,421.50	Y	N
66	900723233	Benedetti, Ana P	1535 Sunset Dr	Coral Gables	FL	33143	52	\$3,360.00	N	N

**City of Fort Lauderdale  
Top 250 DPPO Providers  
Claims Paid 1/1/2016 - 12/31/2016**

**Company Name:** \_\_\_\_\_

Indicate which of the listed providers is included in your company's proposed DPPO network and include a hard copy as well as an Excel file in your response.

Rank	Federal Employer ID	Name	Address	City	State	Zip	Service Units	Paid	Aetna Dental PPO Aetna Dental HMO	
									In Network? Yes or No	In Network? Yes or No
67	592661313	Schloss, Christopher M	2916 Bayview Dr	Fort Lauderdale	FL	33306	66	\$3,296.20	Y	N
68	271499087	Forum, Richard B	320 SE 18th St	Fort Lauderdale	FL	33316	44	\$3,289.00	N	N
69	261365336	Shelling, Robert	19615 State Road 7, Ste 33	Boca Raton	FL	33498	18	\$3,268.80	Y	Y
70	453626385	Young, Catherine R	1930 NE 34th Ct	Lighthouse Point	FL	33064	57	\$3,222.99	Y	N
71	651147593	Listopad, Howard D	10161 W Sample Rd, Ste A	Coral Springs	FL	33065	41	\$3,168.28	Y	N
72	010574562	Jarrett, Brent J	7312 W Atlantic Blvd	Margate	FL	33063	50	\$3,096.20	Y	N
73	753136614	Maye, Frank J	19615 33 S State Rd 7	Boca Raton	FL	33498	67	\$3,064.60	Y	Y
74	650401664	Weiner, Seymour	8200 W Sunrise Blvd, Ste B2	Plantation	FL	33322	13	\$3,029.71	Y	N
75	591928451	Wiener, B H	800 E Broward Blvd, Ste 305	Ft Lauderdale	FL	33301	20	\$3,028.98	D	N
76	203987895	Malpica, Omar A	14201 W Sunrise Blvd Ste 106	Sunrise	FL	33323	18	\$3,000.00	Y	N
77	611734577	Bates, Barbara A	1096 W Indiantown Rd, Ste 200	Jupiter	FL	33458	55	\$2,996.00	Y	N
78	591425149	Trupkin, Denis P	7400 NW 5th St	Plantation	FL	33317	63	\$2,969.00	Y	N
79	461185149	Cook, Jonathan H	30 Ne 3Rd St	Ft Lauderdale	FL	33301	34	\$2,930.40	Y	N
80	112596095	Jaeger, Michael E	12012 S Shore Blvd, Ste 101	Wellington	FL	33414	52	\$2,917.60	Y	N
81	650937178	Fong, Ian S	1900 N University Dr, Ste 201	Pembroke Pines	FL	33024	17	\$2,915.00	Y	N
82	650766393	Rosenberg, Steven A	7500 NW 5th St, Ste 115	Plantation	FL	33317	80	\$2,907.00	Y	N
83	463189195	Hernandez Rivera, Ricardo N	522 E 25Tth St	Hialeah	FL	33013	26	\$2,885.00	Y	N
84	452733082	Bouchard Lavenka, Cynthia R	14771 Biscayne Blvd	North Miami	FL	33181	71	\$2,865.65	Y	N
85	272813237	Rubensteen, Evan	2151 NW 2nd Ave, Ste 102	Boca Raton	FL	33431	27	\$2,851.68	Y	Y
86	650807157	Douglas, Easton	2609 W Oakland Park Blvd	Fort Lauderdale	FL	33311	22	\$2,835.60	N	N
87	452382491	Olivera, Marisabel	4800 NE 20th Ter, Ste 301S	Ft Lauderdale	FL	33308	69	\$2,823.00	Y	Y
88	043683245	Ferrer, Deborah A	1500 E Broward Blvd	Ft Lauderdale	FL	33301	57	\$2,802.20	Y	N
89	650456698	Graff, Brad W	3107 Stirling Rd, Ste 108	Ft Lauderdale	FL	33312	53	\$2,793.00	Y	N
90	261147142	Ginzler, Bradley M	12651 W Sunrise Blvd, Ste 204	Sunrise	FL	33323	21	\$2,770.65	N	N
91	592550069	Mandell, Charles S	3220 Stirling Rd	Hollywood	FL	33021	47	\$2,768.22	Y	N
92	592343174	Liera, Julio A	2607 Davie Blvd	Fort Lauderdale	FL	33312	37	\$2,763.86	Y	N
93	760706979	Giol, Victor J	2474 SE Federal Hwy	Stuart	FL	34994	32	\$2,742.03	Y	N
94	592427954	Russo, Charles D	2801 N University Dr, Ste 102	Coral Springs	FL	33065	16	\$2,732.40	Y	Y
95	208577828	Urrea Feldsberg, Helena	12301 Taft St Ste 300	Pembroke Pines	FL	33026	50	\$2,723.00	Y	N
96	651025280	Gomez, Luis F	4651 N State Road 7, Ste 4	Coconut Creek	FL	33073	46	\$2,723.00	Y	N
97	412132420	Warner, David K	1946 Wilton Dr	Wilton Manors	FL	33305	58	\$2,720.81	Y	N
98	454014601	Miresmaili, Mandana	3035 E Commercial Blvd	Fort Lauderdale	FL	33308	21	\$2,705.88	Y	N
99	592229420	Lipson, Frank D	333 NW 70th Ave, Ste 104	Plantation	FL	33317	67	\$2,697.57	Y	N

**City of Fort Lauderdale  
Top 250 DPPO Providers  
Claims Paid 1/1/2016 - 12/31/2016**

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Rank	Federal Employer ID	Name	Address	City	State	Zip	Service Units	Paid	Aetna Dental PPO Aetna Dental HMO	
									In Network? Yes or No	In Network? Yes or No
100	300012213	Quesada, Robert E	1500 E Broward Blvd	Fort Lauderdale	FL	33301	25	\$2,682.10	Y	N
101	263766926	Barbag, Adam C	9172 Glades Rd	Boca Raton	FL	33434	48	\$2,682.00	D	N
102	591366609	Miller, Robert J	8903 Glades Rd Ste D6	Boca Raton	FL	33434	5	\$2,646.23	Y	N
103	264848166	Moore, Keith E	901 S Federal Hwy Ste 301	Fort Lauderdale	FL	33316	12	\$2,631.00	N	N
104	272119748	Wagner, Robert M	1275 York Ave	New York	NY	10065	27	\$2,588.80	Y	N
105	273006462	Finkelstein, Heidi R	333 NW 70th Ave	Fort Lauderdale	FL	33317	40	\$2,532.14	Y	N
106	270812901	Caponera, Rinaldo	7420 NW 5th St, Ste 108	Plantation	FL	33317	22	\$2,527.04	Y	Y
107	412139274	Schaumburg, Jennifer S	21150 Biscayne Blvd, Ste 401	Aventura	FL	33180	11	\$2,470.85	Y	N
108	591425149	Babyak, George R	7400 Nw 5th St	Plantation	FL	33317	25	\$2,461.60	Y	N
109	208445461	Shehadeh, Eyad	973 N Nob Hill Rd	Plantation	FL	33324	49	\$2,456.00	Y	N
110	650713391	Nudelberg, Michael E	550 SW 3rd St	Pompano Beach	FL	33060	19	\$2,446.63	Y	N
111	650792969	Montamarta, Francisco T	100 S Military Trl, Ste 4	Deerfield Beach	FL	33442	24	\$2,419.33	Y	Y
112	591541047	Rothberg, Melanie R	5458 Town Center Rd, Ste 16	Boca Raton	FL	33486	55	\$2,409.60	Y	N
113	260829624	Briceno Crespi, Carmen	7615 SW 62nd Ave	South Miami	FL	33143	12	\$2,369.97	N	N
114	473696720	Lepore, Krystina M	9109 Baymeadows Rd, Ste 1	Jacksonville	FL	32256	35	\$2,362.00	Y	Y
115	264429924	Vultaggio, Francesco P	841 SE 8th Ave	Deerfield Bch	FL	33441	30	\$2,342.40	Y	Y
116	650165775	Hosseini, Heather G	1040 Weston Rd, Ste 225	Weston	FL	33326	48	\$2,334.20	Y	N
117	464571377	Short, Steven T	5400 N Federal Hwy	Fort Lauderdale	FL	33308	21	\$2,332.64	Y	Y
118	421598932	Roud, Taras	7015 Beracasa Way, Ste 101	Boca Raton	FL	33433	6	\$2,323.20	D	N
119	650654799	Thomas, Christian M	3471 N Federal Hwy, Ste 501	Ft Lauderdale	FL	33306	57	\$2,317.00	Y	N
120	208036431	Marranzini Grosma, Maria G	4401 S Flamingo Rd, Ste 109	Davie	FL	33330	54	\$2,308.40	Y	N
121	651146878	Fuerst, Peter F	2706 N University Dr	Sunrise	FL	33322	36	\$2,266.40	Y	N
122	650184844	Marks, Lawrence H	5100 Hollywood Blvd Ste 2	Hollywood	FL	33021	32	\$2,263.00	Y	N
123	650717556	Feuer, Mitchell R	900 S Federal Hwy	Hollywood	FL	33020	27	\$2,256.40	Y	N
124	650688337	Simon, David S	7101 W McNab Rd, Ste 102	Tamarac	FL	33321	26	\$2,253.00	Y	N
125	010712049	Slatkoff, Joshua M	2151 NW Boca Raton Blvd, Ste 10	Boca Raton	FL	33431	33	\$2,246.92	Y	N
126	650668849	Wong, Albert G	300 NW 70th Ave, Suite 304	Plantation	FL	33317	47	\$2,240.00	N	N
127	201577593	Scerbo, Peter M	6600 W 12th Ave	Hialeah	FL	33012	35	\$2,232.27	Y	Y
128	542080841	Grandison, Nigel D	10117 Cleary Blvd	Plantation	FL	33324	111	\$2,214.00	Y	Y
129	510446273	Najarian, Stephen	815 S University Dr, Ste 101	Plantation	FL	33324	50	\$2,207.00	Y	N
130	202996316	Bons, Brian K	1637 N Hiatus Rd	Pembroke Pines	FL	33026	13	\$2,182.60	N	N
131	464401786	Garg, Arun K	700 N Hiatus Rd, Ste 102	Pembroke Pines	FL	33026	25	\$2,182.20	Y	N
132	462882102	Deture, Christopher N	1500 E Hillsboro Blvd	Deerfield Beach	FL	33441	19	\$2,148.60	Y	N

**City of Fort Lauderdale  
Top 250 DPPO Providers  
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Aetna Dental PPO Aetna Dental HMO										
Rank	Federal Employer ID	Name	Address	City	State	Zip	Service Units	Paid	In Network? Yes or No	In Network? Yes or No
133	650132415	Blum, Michael R	648 NE 3rd Ave	Fort Lauderdale	FL	33304	27	\$2,123.28	Y	N
134	204399325	Smith, Austin F	10794 Pines Blvd, Ste 101	Pembroke Pines	FL	33026	20	\$2,123.16	Y	N
135	650787194	Taylor, Henderson P	3131 Inverrary Blvd W	Lauderhill	FL	33319	50	\$2,119.80	N	N
136	263118748	Sainsbury, James W	2700 E Bay Dr, Ste 207	Largo	FL	33771	24	\$2,117.00	Y	Y
137	464114693	Selmic, Nadezda	401 E Las Olas Blvd, Ste 140	Fort Lauderdale	FL	33301	51	\$2,103.00	Y	N
138	592756022	Fistel, Alan	7522 Wiles Rd, Ste 104	Coral Springs	FL	33067	23	\$2,095.20	Y	N
139	592724644	Mccauley, Mark C	3115 South Federal Highway	Delray Beach	FL	33483	30	\$2,085.00	Y	N
140	272813237	Gul, Yousaf A	4189 Southpoint Dr E	Jacksonville	FL	32216	37	\$2,079.92	Y	Y
141	271509276	Taha, Ahmed A	1640 S Federal Hwy	Delray Beach	FL	33483	29	\$2,076.00	Y	Y
142	275473032	Igalada Heine, Kristen N	8585 Sunset Dr, Ste 101	Miami	FL	33143	13	\$2,068.32	Y	N
143	582676964	Rosado, Itza M	12781 Miramar Pkwy, Ste 201	Miramar	FL	33027	38	\$2,068.00	Y	N
144	205614193	Benda, Natalia M	6361 N Andrews Ave	Fort Lauderdale	FL	33309	50	\$2,061.42	Y	N
145	270129674	Fox, Eric G	5551 N University Dr, Ste 203	Coral Springs	FL	33067	13	\$2,061.29	Y	Y
146	650821596	Brady, Michael	4330 W Broward Blvd, Suit T	Plantation	FL	33317	17	\$2,058.00	D	N
147	650975638	Garcia, Kathy	1019 S University Dr	Plantation	FL	33324	61	\$2,057.10	Y	N
148	591693658	Bussell, Alan J	6269 N University Dr	Tamarac	FL	33321	26	\$2,050.00	Y	N
149	650121690	Garcia, Juan M	1490 W 49th Pl, Ste 450	Hialeah	FL	33012	51	\$2,035.00	Y	N
150	113697263	Most, Douglas S	544 NW University Blvd, Ste 105	Port Saint Lucie	FL	34986	11	\$2,014.00	Y	Y
151	030576797	Sorroza, Jennifer P	435 E Sheridan St	Dania	FL	33004	65	\$1,981.00	Y	Y
152	463455311	Israel, Elie	305 E Altamonte Springs Dr, Ste 1020	Altamonte Springs	FL	32701	23	\$1,974.86	Y	Y
153	650559387	Pyle, Stephen J	2239 N Commerce Pkwy, Suite 1	Weston	FL	33326	30	\$1,966.00	N	N
154	650632466	Hernandez, Liliana J	4750 NW 7th St, Ste 10	Miami	FL	33126	20	\$1,947.64	Y	Y
155	010718993	Nudel, Tatyana	7321 N State Road 7	Parkland	FL	33073	34	\$1,946.00	Y	N
156	650943768	Lichstrahl, Jared E	301 NW 84th Ave, Ste 203	Plantation	FL	33324	12	\$1,943.60	Y	N
157	261669042	Brilliant, Margo K	18851 NE 29th Ave, Ste 300	Aventura	FL	33180	21	\$1,943.36	Y	N
158	260353884	Cimand, Tami	7797 N University Dr, Ste 201	Tamarac	FL	33321	19	\$1,924.80	Y	N
159	650908498	Darojat, Zuhdiyah M	305 E Altamonte Springs Dr, Ste 1020	Altamonte Springs	FL	32701	23	\$1,920.00	Y	Y
160	263394448	Hilali, Manal	10151 W Commercial Blvd	Sunrise	FL	33351	39	\$1,911.00	Y	N
161	208737121	Browne, Andrew M	9789 Glades Rd	Boca Raton	FL	33434	18	\$1,888.90	D	N
162	465601000	Casas, Silvia B	951 NE 167th St, Ste 104	North Miami Beach	FL	33162	36	\$1,882.00	Y	Y
163	650043559	Arenas, Jorge A	10271 Pines Blvd	Pembroke Pines	FL	33026	63	\$1,874.00	Y	Y
164	650387750	Fedele, Mark W	500 NW Dixie Hwy South	Stuart	FL	34994	40	\$1,871.00	N	N
165	651030631	Arnold, Patrick B	4800 NE 20th Ter, Ste 205	Ft Lauderdale	FL	33308	64	\$1,864.00	Y	N

**City of Fort Lauderdale  
Top 250 DPPO Providers  
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									In Network? Yes or No	In Network? Yes or No
166	591263751	Bluth, Barry A	4175 SW 64th Ave, Ste 103-104	Davie	FL	33314	30	\$1,854.00	Y	Y
167	592582825	Kushner, Benn M	10031 Pines Blvd, Ste W101	Pembroke Pines	FL	33024	20	\$1,843.00	Y	N
168	593752296	Bender, Fara	6169 Jog Rd, Suite B-5	Lake Worth	FL	33467	39	\$1,837.00	D	N
169	650976774	Ring, Christian D	1776 N Pine Island Rd, Ste 300	Plantation	FL	33322	46	\$1,831.60	Y	N
170	591944868	Parker, Stephen T	1003 N 35th Ave	Hollywood	FL	33021	27	\$1,826.60	Y	N
171	200185918	Plower, Katarzyna J	2275 20th St	Vero Beach	FL	32960	33	\$1,826.20	Y	Y
172	260518079	Rezaie, Yeganeh	3801 Hollywood Blvd, Ste 225	Hollywood	FL	33021	69	\$1,819.64	Y	Y
173	592459372	Spoont, E R	21301 Powerline Rd, Suite 208	Boca Raton	FL	33433	20	\$1,814.30	Y	N
174	391221409	Steinmetz, Mark J	W3132 Van Roy Rd	Appleton	WI	54915	18	\$1,801.00	N	N
175	592051908	Rosenthal, Allen H	3836 N University Dr	Sunrise	FL	33351	14	\$1,799.00	Y	Y
176	453740998	Sevel, Dennis S	1350 SW 160th Ave	Weston	FL	33326	21	\$1,797.77	Y	Y
177	650234930	Gittess, Laurie B	1625 N Commerce Pkwy, Ste 317	Weston	FL	33326	14	\$1,796.16	Y	Y
178	562338791	Kawa, Larry B	20423 State Road 7, Ste F18	Boca Raton	FL	33498	31	\$1,780.80	Y	Y
179	273533121	James, Kevin K	685 Royal Palm Beach Blvd, Ste 204	Royal Palm Beach	FL	33411	25	\$1,774.99	Y	N
180	650518576	Davis Iii, John M	19 NE 22nd Ave	Pompano Beach	FL	33062	10	\$1,765.20	N	N
181	651081473	Neuls, Julia W	2633 E Commercial Blvd Ste B	Fort Lauderdale	FL	33308	23	\$1,764.60	Y	N
182	201677120	Shullman, Howard B	12634 Pines Blvd	Pembroke Pines	FL	33027	20	\$1,751.80	N	N
183	592343174	Llera, Antonio J	2607 Davie Blvd	Fort Lauderdale	FL	33312	15	\$1,740.67	Y	N
184	048949574	Ghodsi, Shayan	9375 W Sample Rd	Coral Springs	FL	33065	14	\$1,737.80	Y	N
185	451484825	Friedland, Bryan J	4800 NE 20th Ter, Ste 215	Ft Lauderdale	FL	33308	33	\$1,735.00	Y	N
186	592530483	Ongley, B Linda	1945 N Pine Island Rd	Sunrise	FL	33322	23	\$1,719.40	Y	Y
187	651021909	Romasan, Oana	1700 NE 26th St, Ste 1	Wilton Manors	FL	33305	50	\$1,715.00	Y	Y
188	454337609	Bautista, Enrico S	1776 N Pine Island Rd, Ste 300	Plantation	FL	33322	37	\$1,712.21	Y	Y
189	200185918	Rodriguez, Jorge A	11130 N Kendall Dr, Ste 202	Miami	FL	33176	18	\$1,707.00	Y	Y
190	471565474	Fallah, Rouhollah	7100 W Commercial Blvd, Ste 108	Lauderhill	FL	33319	37	\$1,694.00	Y	Y
191	454640768	Elliot, Jeffrey F	9600 W Sample Rd, Ste 504	Coral Springs	FL	33065	14	\$1,689.83	Y	Y
192	471601631	Mingel, Marc A	6702 N University Dr	Tamarac	FL	33321	26	\$1,679.70	Y	Y
193	901032331	Ochoa, Luis H	5740 Hollywood Blvd	Hollywood	FL	33021	15	\$1,676.00	Y	N
194	650601646	Porras, Edgar J	12251 Taft St, Ste 404	Pembroke Pines	FL	33026	8	\$1,670.00	Y	Y
195	263005908	Spencer, Scott B	210 Jupiter Lakes Blvd, Bldg 5000 Ste 204	Jupiter	FL	33458	8	\$1,665.60	Y	Y
196	650286174	Gorfinkel, Michael S	111 N Pine Island Rd, Ste 101	Plantation	FL	33324	37	\$1,660.00	Y	N
197	650879389	Klein, Mitchell J	7228 W Oakland Park Blvd	Lauderhill	FL	33313	20	\$1,660.00	Y	N
198	591290474	Ozga, Gary F	1296 S Federal Hwy	Pompano Beach	FL	33062	23	\$1,651.40	Y	N

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Top 250 DPPO Providers  
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									In Network? Yes or No	In Network? Yes or No
199	208754293	Roseff, Michael J	8784 Boynton Beach Blvd, Ste 103	Boynton Beach	FL	33472	36	\$1,650.00	Y	Y
200	810671550	Aron, Robert S	1874 W Hillsboro Blvd	Deerfield Beach	FL	33442	27	\$1,650.00	Y	Y
201	911891746	Cirtaut, Linda M	Po Box 13828	Mill Creek	WA	98082	14	\$1,614.00	N	N
202	592289312	Berry, Bryan W	800 E Broward Blvd Ste 410	Ft Lauderdale	FL	33301	27	\$1,606.00	N	N
203	650908498	Proano Wise, Nancy L	2600 W Flagler St	Miami	FL	33135	7	\$1,604.16	Y	Y
204	200185918	Waldee, Kerry G	817 S University Dr, Suite 103	Plantation	FL	33324	10	\$1,602.37	Y	Y
205	582407716	Yates, David W	2474 SE Federal Hwy	Stuart	FL	34994	11	\$1,595.20	D	N
206	650731323	Krinsky, Peter K	7408 NW 5th St	Plantation	FL	33317	31	\$1,574.00	Y	N
207	651007689	Rothfield, Elizabeth A	4601 Hollywood Blvd	Hollywood	FL	33021	42	\$1,556.05	Y	N
208	591614126	Barogiannis, Constantinos	2440 E Commercial Blvd	Fort Lauderdale	FL	33308	19	\$1,521.00	N	N
209	223868692	Oklin, Richard S	6805 Pembroke Rd	Hollywood	FL	33023	4	\$1,506.90	Y	Y
210	651077289	Bennett, David A	10305 NW 41st St, Ste 207	Doral	FL	33178	21	\$1,502.97	Y	N
211	273480873	Anand, Payal M	2410 N University Dr	Coral Springs	FL	33065	13	\$1,501.44	Y	N
212	593694196	Huhn, Clete F	1100 S Orange Ave	Orlando	FL	32806	9	\$1,500.89	Y	N
213	650349658	Ziadie, Elizabeth T	9720 Stirling Rd, Ste 211	Cooper City	FL	33024	27	\$1,500.00	Y	N
214	650006275	Shiffman, Harvey S	8200 S Jog Rd, Ste 201	Boynton Beach	FL	33472	26	\$1,500.00	Y	N
215	461139956	Lekkas, Nick	2870 Ne 8th St	Homestead	FL	33033	16	\$1,500.00	Y	Y
216	200185918	Hohimer Jr, David M	817 S University Dr Su	Plantation	FL	33324	16	\$1,500.00	Y	Y
217	542079759	Kaufman, Robert H	4665 W Atlantic Ave	Delray Beach	FL	33445	14	\$1,500.00	Y	N
218	650144056	Cohen, Jeffrey	4324 Forest Hill Blvd	West Palm Beach	FL	33406	12	\$1,500.00	Y	N
219	650854084	Meier, Scott F	500 University Blvd, Ste 112	Jupiter	FL	33458	11	\$1,500.00	D	N
220	200010251	Marchetto, John J	1600 Town Center Blvd Ste A	Weston	FL	33326	11	\$1,500.00	N	N
221	592714865	Lunsford, Joseph L	6736 Forest Hill Blvd	Greenacres	FL	33413	8	\$1,500.00	N	N
222	260042734	Morrow, Richard S	1881 N University Dr, Ste 2012	Coral Springs	FL	33071	7	\$1,500.00	Y	N
223	582592630	Reilly, James W	1150 Hammond Dr Ste 200	Atlanta	GA	30328	6	\$1,500.00	N	N
224	650642600	Darling, Steven G	8190 S Jog Rd, Ste 200	Boynton Beach	FL	33472	6	\$1,500.00	D	N
225	591273519	Sands, James D	5890 Hallandale Beach Blvd	West Hollywood	FL	33023	41	\$1,494.00	Y	N
226	650481999	Wasserman, Alan G	22053 State Road 7	Boca Raton	FL	33428	27	\$1,474.61	Y	N
227	204132428	Saidi, Ardavan	119 Washington Ave, Suite 601	Miami Beach	FL	33139	7	\$1,471.33	Y	N
228	650719035	Starkman, Jeffrey A	11682B US Highway 1, Ste 60	Palm Beach Gardens	FL	33408	16	\$1,461.44	Y	Y
229	010924720	Kocher, Jennifer C	7593 Boynton Beach Blvd, Ste 200	Boynton Beach	FL	33437	18	\$1,461.00	Y	N
230	205495196	Gomez Trainor, Sandra P	1740 E Commercial Blvd	Fort Lauderdale	FL	33334	23	\$1,441.75	Y	N
231	650019957	Epstein, Mitchell R	8430 W Broward Blvd, Ste 100	Plantation	FL	33324	25	\$1,437.00	Y	N

**City of Fort Lauderdale  
Top 250 DPPO Providers  
Claims Paid 1/1/2016 - 12/31/2016**

**Company Name:** \_\_\_\_\_

Indicate which of the listed providers is included in your company's proposed DPPO network and include a hard copy as well as an Excel file in your response.

Aetna Dental PPO   Aetna Dental HMO

Rank	Federal Employer ID	Name	Address	City	State	Zip	Service Units	Paid	In Network? Yes or No	In Network? Yes or No
232	650721202	Vallejo, Freddy A	600 S Pine Island Rd, Suit #201	Plantation	FL	33324	19	\$1,437.00	Y	N
233	592135962	Walsh, Joseph C	2600 N Military Trl Ste 3	Boca Raton	FL	33431	16	\$1,436.00	N	N
234	264306631	Shults, Randall C	1200 Corporate Center Way, Suite 100	Wellington	FL	33414	6	\$1,435.20	Y	Y
235	592303705	Patel, Jitendra L	4651 NW 31st Ave	Tamarac	FL	33309	22	\$1,431.00	Y	N
236	451797933	Zombek, Steven J	Emerald Hills Medical Squ, 4480 Sheridan St	Hollywood	FL	33021	25	\$1,424.25	Y	N
237	830401313	Winton, Adam J	1201 E Sample Rd, Ste 101	Pompano Beach	FL	33064	5	\$1,422.00	Y	N
238	650981758	Stokesberry, Douglas A	9204 NE 6th Ave	Miami Shores	FL	33138	31	\$1,420.00	N	N
239	591967618	Lev, Robert J	8383 Pines Blvd	Pembroke Pines	FL	33024	22	\$1,419.00	Y	N
240	900923182	Fendrich, Laurence E	18431 Miramar Pkwy	Miramar	FL	33029	15	\$1,418.00	Y	N
241	461424382	Friedel, Lee M	1605 Town Center Blvd, Ste B	Weston	FL	33326	4	\$1,414.85	Y	N
242	471526151	Krohn, Mel R	7500 NW 5th St, Ste 105	Plantation	FL	33317	0	\$1,410.00	Y	N
243	650795660	Baghdassarian, Rosemary	1608 E Commercial Blvd	Oakland Park	FL	33334	17	\$1,395.00	Y	N
244	203965948	Sajoo, Sameer	3471 N Federal Hwy Ste 200	Fort Lauderdale	FL	33306	24	\$1,388.00	N	N
245	264745380	Blanco, Yamilet	800 E Merritt Island Cswy, Ste 105	Merritt Island	FL	32952	2	\$1,386.00	Y	Y
246	650962928	Eggnatz, Michael D	17190 Royal Palm Blvd, Suite #4	Weston	FL	33326	17	\$1,385.00	N	N
247	650796764	Desenze, Philip S	540 E McNab Rd, Ste E	Pompano Beach	FL	33060	27	\$1,379.80	Y	N
248	592655484	Malik, Sawan K	1027 SE 17th St	Fort Lauderdale	FL	33316	1	\$1,377.00	Y	N
249	203404121	Ardalan, Amir R	374 SW Prima Vista Blvd.	Port St. Lucie	FL	34983	23	\$1,376.00	Y	N
250	651131832	Martinez, Mario J	6601 SW 80th St Ste 212	Miami	FL	33143	22	\$1,375.00	N	N

## Section VII – Network Information Form

## SECTION VII - NETWORK INFORMATION

## Network Summary

Please list the current number of DHMO **dentists, not dental offices**, by category by county. For general dentists, list only those currently accepting members. ***If a provider has more than 1 office he or she should be counted only once.***

	<u>Broward</u>	<u>Miami-Dade</u>	<u>Palm Beach</u>	<u>Martin</u>
General Dentists	247	259	83	15
Pediatric Dentists	24	36	14	3
Oral Surgeons	22	29	11	3
Endodontists	25	17	19	3
Periodontists	35	21	10	4
Prosthodontists	0	0	0	0
Orthodontists	17	35	15	3

Please list the current number of PPO **dentists, not dental offices**, by category by county. ***If a provider has more than 1 office he or she should be counted only once.***

	<u>Broward</u>	<u>Miami-Dade</u>	<u>Palm Beach</u>	<u>Martin</u>
General Dentists	789	839	395	28
Pediatric Dentists	56	43	25	2
Oral Surgeons	45	33	18	0
Endodontists	38	28	27	1
Periodontists	61	42	19	1
Prosthodontists	12	1	8	0
Orthodontists	55	58	24	1

## Specific Dentist Network

We have attached an Excel file, *specific providers.xlsx*, with two lists of providers:

- DHMO providers with members assigned
- DPPO providers utilized by City members. Please indicate which of these providers participate in your company's DPPO or DHMO network.

Include the completed form in your proposal. Also provide the completed form in Excel format on a Flash Drive.

#### 4.2.8 National DHMO and DPPO Networks / Geo Access Reports

Please provide a complete listing of all national markets in which you have DHMO and DPPO networks that would be available to City retirees. Include a Geo Access report based on the census provided which includes zip codes. The geo access reports are required only for retirees living outside of the South Florida area.

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##### Dental PPO Products

Our DPPO has networks in all 50 states as well as Washington, D.C., and Puerto Rico.

##### Dental DMO

DMO is available in:

AZ, CA, CO, CT, DE, DC, FL, GA, *HI*, *ID*, IL, IN, IA, *KS*, KY, MA, MD, MI, MN, MO, NE, *NM*, NV, NJ, NY, NC, OH, OK, OR, PA, RI, TN, TX, *UT*, VA, WA, WV, and WI.

\*HI, ID, KS, NM and UT – DMO is available as long as these states are not the contract situs.

DMO is not available in:

AL, AK, AR, LA, ME, MS, MT, ND, NH, PR, SC, SD, VT, VI and WY.

Please Note: Aetna is only quoting on the states where current members reside for DMO. The above list is only for information purposes only and not all these locations have been included in the quote.

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## Proposal Questionnaire

**Responses to the following questions are to be included in your proposal and also in an electronic format (CD) as a Word document.**

### **General**

1. Where are your company's claims and customer service offices located that will be servicing this account? Are there any plans to locate those member call centers out of the country? If so, please elaborate.

---

Claims and customer service for the City of Fort Lauderdale will be managed in our Jacksonville, FL customer service center.

There are no plans to locate our member call centers out of the country.

- 
2. Is your company willing to provide a dedicated toll free number (and dedicated staff) for servicing this account?

---

An integral part of our overall management of dental service centers includes the analysis of current telephone activity and forecasting future growth. We feel our current toll-free telephone lines effectively handle members' inquiries. We are happy to discuss available options.

We recommend the designated staff model because it provides flexibility in meeting staffing needs, resulting in better service.

Our dental customer service organization uses state of the art technology that optimizes service levels to our customers. By nationally coordinating amongst our three strategically located dental service centers, we can provide telephone service across the country from 8:00 a.m. to 6:00 p.m. regardless of the time zone of the caller. We route calls, in most instances, to the first available representative based on logic that allows us to maximize staffing capacity across all dental service centers and meet or exceed service targets.

Each customer service team consists of approximately 20-25 customer service representatives (CSRs). We train all CSRs on all dental products and plan designs to provide prompt and accurate responses to provider and member inquiries, in support of the national approach.

---

3. Is your company capable of providing the following reports on a monthly basis? If not, please provide a description of reports the company is capable of providing and their frequency. Please list the reports you are not able to provide in the deviation section of your proposal.

DPPO Plans

Monthly paid claims separated by plan option, by network, non-network, by employee, by dependent

Quarterly Utilization reports by category of services and CDT code

Monthly Paid Claims and Premium by Plan (by Firefighters & All other groups)

Quarterly Summary Reports of customer service calls providing the number of calls and categorizing the reasons for the calls such as benefit inquiries, claim issues, provider issues, network assistance.

DHMO Plans

Monthly total revenue and expenses including capitation, fee for service and administration.

Number of encounters by CDT code and description, by month

Denied claim report indicating the reasons for denial

Quarterly Utilization reports by category of services

Quarterly Summary Reports of customer service calls for the City providing the number of calls and categorizing the reasons for the calls such as benefit inquiries, claim issues, provider issues, network assistance.

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## DPPO

Our dental reports offer the City of Fort Lauderdale a view of their current and prior year's data, illustrating utilization and financial trends in a concise, graphical format.

We produce standard reports quarterly at the customer level on an incurred claim basis, rolling 12 months and with a 2-month claim lag. Reports are available to fully insured customers with at least 100 dental subscribers.

Aetna Informatics delivers these reports through e.Plan Sponsor Monitor Level A. The e.Plan Sponsor Monitor Internet software tool is a standard component of our administrative services. The reports are in Microsoft® Excel and download easily for review, analysis and electronic communication.

The Level A Dental Standard Report package includes the following exhibits:

- Key Statistics
- Savings and Benefit Payment Distribution
- Trend Analysis by Dental Cost Category
- Dental Provider Network Experience
- Dental Cost Sharing Analysis
- Demographics for Dental Membership
- Top 25 Services by Dollar Amount
- Utilization by Procedure Group

This report becomes available within 30 days of the close of the claim lag period.

## DMO

We can provide a DMO Utilization and Retail Value Report to the City of Fort Lauderdale upon request, at no additional charge. This report may be available on an annual basis after we receive the first 12 months of data. The report includes:

- Number of Services – Number of reported encounters and claims by providers by procedure code
- Orthodontic Claimants – Analysis based on the number of unique claimants
- Retail Value of Services – The product of the number of services (by procedure code) within each network times the FAIR Health Average Charge for those procedures at the time of service
- Plan Design Factor Percent – Benefit percent that the plan effectively pays for. For Fixed Copay DMO plans, the benefit percent is pre-calculated based on copay schedule against national average charges.
- Value of Benefits – Applies the plan design factor to the retail value of services
- Value per Employee per Month – Converts what you would have paid on an indemnity plan basis for an easier comparison to PPO/Indemnity plan costs
- Utilization Rates per 1,000 Members – Shows utilization rates by dental procedure and service category
- Book-of-Business Utilization Rates/1,000 Members – Reflects the most recent full calendar year DMO data – optional display

### **Customer Service Reporting**

We can provide aggregated report data of call reasons by the City of Fort Lauderdale, based on arrangements made at the account implementation. Customized reports outside of the standard are available at an additional cost, determined by the scope of the request.

Please refer to section 4.2.19 for our sample reporting packages.

- 
4. Please provide your website address and a description of the services and capabilities for employers and members available at that site.
- 

Our website address is [www.aetnadental.com](http://www.aetnadental.com). Members are looking for convenient, round-the-clock online tools and information to help them make educated dental care decisions and manage their benefits online. Our Aetna Navigator® secure member website offers many member self-service functions and robust dental health information, tools and resources.

**Self-service capabilities**

Aetna Navigator features secure functionality allowing members to:

- Check claim status and view claim details such as the amount paid by the plan and the member's responsibility
- View eligibility information for themselves or a covered dependent
- View and change primary care dentist selection – DMO only
- Request an ID card, view ID card information and print a scaled-down wallet sized image, if needed. A card image is available for the member to print only.
- View explanation of benefits statements
- Check plan contact information including our toll-free member services number and claim office address
- Contact member services through secure messaging in both English and Spanish
- Download personal claims safely and securely to a computer or disk for use in planning for dental care expenses, tax reporting and record keeping

## Dental health information and resources

We offer user-friendly online tools to help members more effectively use their dental plan and make more informed care decisions. Resources include:

- **DocFind®** – Our online directory of participating providers is accessible from our public website and is available in English and Spanish. We update DocFind six times per week. DocFind includes details about participating dentists, such as location, dental school attended and year of graduation. Public DocFind is also available on mobile devices.
- **Access Healthwise® Knowledgebase** – Our user-friendly decision-support tool helps members make more informed health decisions, such as when to treat a health problem at home, when to call a doctor or dentist and what treatment options may be available. Available in both English and Spanish, we designed Healthwise Knowledgebase to encourage informed health decision-making, allowing users to better understand their treatment options.
- **Estimate the Cost of Care (ECC) – DPPO only** – This interactive tool provides members with cost information to help them plan for and better manage their dental care expenses. Members can compare the estimated average in-network and out-of-network costs in their area for selected dental services and see the potential cost savings by choosing a participating dentist. ECC also links Healthwise Knowledgebase.
- **Dental Plan Selection & Cost Estimator Tool** – Available upon request, we offer this decision support tool during open enrollment to help the City of Fort Lauderdale’s employees select the dental plan that is right for them. We customize the tool to reflect your Aetna benefit offerings. The tool educates employees about their dental benefits and encourages them to select the most cost effective dental plan to meet their needs. It includes high-level in-network plan details, such as copay, coinsurance and deductible amounts, so employees can compare costs of dental plan options. We have found that this approach not only encourages employees to become better dental care consumers but also builds employee satisfaction with their dental benefits.

- 
5. How often is your online directory of providers updated for terminations and additions?
- 

Our online provide directory is updated six times per week.

---

6. Does your company have the ability to take automatic weekly eligibility updates from the City's payroll system, Cyborg, and/or Cigna Guided Solutions?
- 

Yes.

---

7. Are the DPPO and DHMO plans both serviced through the same toll-free number and website?
- 

Yes.

---

8. Is your organization currently in compliance with Florida Department of Financial Services statutes and requirements? If no, describe why not.
- 

Aetna is currently in compliance with all statutes and requirements.

---

9. Is member satisfaction information linked to provider compensation? If so, how?
- 

No. Member satisfaction is not linked to provider compensation.

---

- 
10. How many verbal and written complaints were received per 1,000 members during 2015 and 2016?
- 

Our complaint and appeal ratio is provided in the chart below for 2015 and 2016.

Year	Complaints per 1,000 members per month
2016	0.062
2015	0.068

- 
11. Are claim forms ever required of patients? If so, under what circumstances?
- 

#### DMO

We prepay most covered services under the DMO plan and there is no need for claims submission for reimbursement. Participating dentists are required to submit claim forms for members if a claim is required for special services.

We accept claims electronically from dentists. If a dentist is unable to submit claims electronically, we scan and then convert their paper claim submissions to electronic form for processing.

#### DPPO

Participating dentists are required to submit claim forms for members in our dental PPO plan, creating a paperless process from the member's point of view.

Accepting assignment is not a requirement and is at the discretion of the dentist. However, this happens to approximately 80 - 90 percent of dental PPO claims.

We accept claims electronically from dentists. If a dentist is unable to submit claims electronically, we scan and then convert their paper claim submissions to electronic form for processing.

For out-of-network services, the member may need to submit claims using our standard claim form if the provider is unable or unwilling to submit the bill to Aetna on the member's behalf.

Members can simply download a claim form from Aetna Navigator, our self-service website, and submit it to the address on the back of the claim form. For members who do not have Internet access, providers have claims forms available in their offices.

- 
12. What percentage of your primary care providers are capitated? Specialty providers?
- 

Under the DHMO plan, primary care dentists are capitated. Specialty dentist claims are paid based on a reduced fee for service compensation model.

Under the DPPO plan, providers are not capitated.

- 
13. What percentage of orthodontists, maxillofacial surgeons, endodontists and periodontists have certification in their specialty from an accredited program?
- 

Board certification is not a requirement to participate in our networks. We perform board certification in states that have mandates. We require specialists to have completed residency training in an American Dental Association (ADA) accredited program for the specialty they represent. General dentists must have graduated from an accredited dental school and be licensed in the state in which they practice.

---

- 
14. What process is in place for members to nominate dentists to the DHMO and/or DPPO network? Include the estimated timeframe in which the process will be completed.
- 

Members can nominate a dentist to participate in our network by having the provider call us for information or by directing them to our dedicated dentist website, [www.aetnadental.com](http://www.aetnadental.com). We apply standard evaluation/credentialing procedures to the prospective provider.

After the provider completes the application process, the credentialing takes 30 to 45 days to complete.

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## DHMO

1. What is the current average waiting time for setting appointments for

Broward                      Miami-Dade   Palm Beach      Martin  
General Dentists  
Specialists

---

For appointment periods, our standard is for providers to offer appointment times promptly to treat and maintain members' dental health. Under usual circumstances, the following appointment periods, as noted in our provider contracts, should be followed, unless otherwise state mandated:

- Within 24 hours for emergency care
- Three to five weeks for routine (initial, recall or follow-up) dental care
- Six to eight weeks for a routine hygiene visit

Dentists are independent practitioners who set their own office hours. However, dentists must contractually agree to see patients a minimum of 20 hours and 3 days per week.

We document dentists' office hours as part of the credentialing process. We use this to balance networks by contracting with dentists who offer weekend and evening hours.

Our providers are contractually obligated to offer the same appointment availability to our members as they do for their entire patient base. We review this with the office during orientation. We do not use summary reports to track this information. We deal with appointment issues at the member/provider level if they do arise.

---

- 
2. Does your proposed DHMO plan require the member to select a general dentist and what are the requirements for changing DHMO dentists?
- 

Yes. For the DMO, members access general dental care through a participating primary care dentist and complex treatment through participating specialists.

Members may select a new primary care dentist as frequently as once a month.

Members can make a change online through Aetna Navigator at [www.aetna.com](http://www.aetna.com) or by calling the toll-free member services number. Changes made by the 15th of the month are effective the 1st of the following month.

---

3. Can each family member select his or her own dentist when using the DHMO?
- 

Yes. Every family member may select their own primary care dentist of their choice.

---

4. How often are members permitted to change their selection of a dentist?
- 

Members may select a new primary care dentist as frequently as once a month.

---

5. Does your plan require a referral to a specialist dentist? If yes, please explain the process and turn-around time for the referral.
- 

Yes. The primary care dentist can directly refer members to a specialty dentist for certain services without prior authorization. The dental provider manual provides "Direct Referral" protocol. It also provides a list of services and conditions eligible for direct referral.

The primary care dentist can submit specialty referrals that require authorization by fax, mail, or electronically. In emergency situations, the primary care dentist can obtain authorization by telephone.

Our dental consultants review more complicated treatment plans. Based on their dental knowledge and experience, the consultants review requests for appropriateness and eligibility according to the plan provisions. Supporting documentation, such as a narrative of the member's symptoms, x-rays and/or study models should also accompany the request. In the case of an emergency, a toll-free line is accessible for immediate handling.

If we determine a request to be appropriate and eligible, we approve the referral and return it to the provider. If we deny a request, we forward a letter explaining the consultant's decision to the provider. The participating specialist and member also receive notification. We complete reviews within 10-15 calendar days from receipt.

Referrals do not expire. The referral is valid as long as there are no plan changes.

Our goal is to process 90 percent of referrals within 15 calendar days of receipt. We authorize emergency referrals immediately by telephone.

- 
6. Please provide a description of the process and estimated timeline to add DPPO Dentists and DPPO dentists to your network.
- 

We continually look for opportunities to grow our dental network. We work with customers to identify and target non-participating providers that have proven to be effective. We will continue to take advantage of the leverage that this provides when negotiating with potential providers.

We identify the high claim volume, non-participating providers across our book-of-business on a quarterly basis and reach out to them with recruiting packages. This includes thousands of dentists each year.

Annually, we go through a detailed national network fortification process at a county level. We review:

- The population
- Number of available dentists
- Competitor's networks
- Market penetration.

We also reach out to our sales and account management teams to identify and prioritize areas that might be targeted for sales growth. We send out solicitation kits to these areas and follow-up in an attempt to add them to our networks.

In states where there are “Any Willing Provider” laws, we accept the provider on our standard area specific compensation arrangement, regardless of the population or concentration of providers.

After the provider completes the application process, the credentialing takes 30 to 45 days to complete.

- 
7. Does your plan include a copay for each dentist office visit in addition to the copay for each defined service provided?
- 

There are no office visit copays.

- 
8. Please describe any plans for future DHMO network growth in Broward, Miami-Dade, Palm Beach and Martin Counties. Be specific and include number and type of dentists targeted by county. If no growth is planned, please say so.
- 

We continually look for opportunities to grow our dental network. We work with customers to identify and target non-participating providers that have proven to be effective. We will continue to take advantage of the leverage that this provides when negotiating with potential providers.

---

- 
9. What is the maximum number of members that may be assigned to a specific dentist before a practice is closed to new members? Include a description of how often this is measured and if the calculation includes other DHMO plan members.
- 

#### **DMO**

Primary care dentists in our network generally close their office to new enrollment if appointment availability becomes a problem. They must give written notice to the plan with the terms of their provider agreement. Typically, providers can only close to new members once their roster reaches 250 members.

Members enrolled in the office that is closing are not affected. We notify new members attempting to enroll in a closed office that they need to make another selection.

#### **DPPO**

Dentists participating in our PPO plan may not close their practice to members.

---

10. How many participating general dentists in Broward, Miami-Dade, Palm Beach and Martin Counties left your DHMO network in 2016? How many were added in 2016?
- 

For the DMO:

County	General Dentists Added to Network	General Dentists that Left Network
Broward	34	18
Miami-Dade	30	26
Palm Beach	26	16
Martin County	4	11

For the DPPO:

County	General Dentists Added to Network	General Dentists that Left Network
Broward	93	35
Miami-Dade	104	50
Palm Beach	71	30
Martin County	13	14

- 
11. How many participating specialist dentists in Broward, Miami-Dade, Palm Beach and Martin Counties left your DHMO network in 2016? How many were added in 2016?
- 

For the DMO:

County	Specialist Dentists Added to Network	Specialists Dentists that Left Network
Broward	15	13
Miami-Dade	20	20
Palm Beach	11	11
Martin County	2	11

For the DPPO:

County	Specialist Dentists Added to Network	Specialist Dentists that Left Network
Broward	29	11
Miami-Dade	35	29
Palm Beach	25	23
Martin County	3	13

- 
12. Please describe your credentialing criteria and process for DHMO providers.
- 

Our credentialing and recredentialing is a systematic process of assessing and reassessing the qualifications and practice history of a provider and includes obtaining, validating and assessing professional information about the provider against defined primary and specialist dentist participation criteria. This information includes review of relevant training and experience, registration or licensure to practice in a dental field and an assessment concerning the provider's record of professional competence and conduct.

### **Credentialing**

Prior to acceptance in our network, prospective providers must meet the following criteria:

- Completion of an application with a statement by the applicant, including, but not limited to, the following information:
  - History of malpractice claims
  - History of loss of license
  - Felony convictions
  - History of loss or limitation of privileges or disciplinary activity
  - Attestation that there is no present illegal drug use
  - Attestation to the accuracy of the application

- Current and valid license to practice in the state in which the network is located
- Verification from the state licensing agency of valid license
- Acceptable disciplinary history from the state
- Graduation from an accredited dental college, checked through the state licensing agency
- Successful completion of a regional or state board of dentistry examination, checked through the state licensing agency
- Current unrestricted Drug Enforcement Agency (DEA) certificate; no negative history of denial, suspension, revocation, and voluntary surrender
- Current and valid state certification permit to render general anesthesia and/or intravenous sedation services as applicable per state law
- \$1 million/\$3 million professional liability insurance for oral surgeons and dentists who render general anesthesia services; \$200,000/\$600,000 for other providers unless state law permits a lower liability limit; coverage may be checked through either the carrier by obtaining a copy of the current malpractice face sheet with starting dates and amount of coverage, or state licensing agency if it performs primary source verification
- Acceptable professional liability claims history, requested on application and checked through the malpractice carrier and National Practitioner Data Bank

#### DMO

In addition to the criteria above, the prospective office must have a satisfactory office assessment, which includes a review of the facility, dental office information, record keeping practices and risk management procedures.

After the provider completes the application process, the credentialing takes 30 to 45 days to complete.

## Recredentialing

We recredential existing dentists every three years unless required more frequently by state law. We use the following criteria:

- Current, valid license to practice in the state in which the network is located
  - Verification from the state licensing agency of valid license
  - Acceptable disciplinary history from the state
- Current unrestricted DEA certificate; no negative history of denial, suspension, revocation and voluntary surrender
- Current and valid state certification permit to render general anesthesia and/or intravenous sedation services as applicable per state law
- \$1 million/\$3 million professional liability insurance for oral surgeons and dentists who render general anesthesia services or \$200,000/\$600,000 for other providers unless state law permits a lower liability limit; coverage may be checked through the carrier either by obtaining a copy of the current malpractice face sheets with starting dates and amount of coverage, or state licensing agency if it performs primary verification
- Acceptable professional liability claims history, checked through the malpractice carrier and the National Practitioner Data Bank for all states

In addition, we request a current statement regarding physical and mental health status and lack of impairment due to chemical dependency/substance abuse.

We recredential approximately 33 percent of participating providers each year.

\*We have agreements with dental groups, vendors or other entities that employ or contract directly with dental providers located outside of the United States. Dentists providing services outside of the U.S. are not credentialed by Aetna and are subject to the credentialing requirements, if any, of those other entities. We do not credential dentists contracted from select vendors.

- 
13. How many general dentists are not accepting new patients? Please provide this information separately for Broward, Miami-Dade, Palm Beach Counties and Monroe counties.
- 

DMO (As of 2/28/2017)

Broward	<u>247</u>
Miami-Dade	<u>259</u>
Palm Beach	<u>83</u>
Martin	<u>15</u>

DPPO (As of 2/28/2017)

Broward	<u>747</u>
Miami-Dade	<u>886</u>
Palm Beach	<u>428</u>
Martin	<u>42</u>

---

- 
14. What is the 2016 turnover percentage for your DHMO network of general dentists?
- 

Our turnover rate for the DMO and DPPO is in the chart below:

	2016 YTD		
DMO	Total	Voluntary	Involuntary
DMO Totals	6.8%	1.7%	5.1%
DPPO	Total	Voluntary	Involuntary
DPPO Totals	5.6%	0.6%	5.0%
Dental Total	5.8%	0.8%	5.0%

- 
15. What is the process for a newly-added DHMO member to receive services if he does not yet appear in the provider's eligibility file?
- 

The dentist can call our customer service center to verify eligibility. The member can also print an ID card using our secure member website.

---

16. How are emergency dental services provided and/or reimbursed for members who may be out of area at time of service?
- 

DMO

In the event of a dental emergency, the member contacts their primary care dentist.

Our standard contracts require participating dentists to provide 24-hour coverage, 7 days a week for emergency care. If the emergency is after office hours, the member should follow the instructions provided by the office's answering service or recorded message. Dentists provide or arrange for the provision of treatment for dental emergencies that occur in the member's service area.

If an emergency occurs more than 50 miles away from the member's home, emergency treatment to relieve severe pain, bleeding or infection are covered up to a maximum of \$100. The member pays the charges to the dentist and submits a claim to us. Benefits for permanent dental procedures performed by an out-of-network provider, such as crowns and root canals, are not available without prior approval.

The level of benefits for emergency dental care may vary by state.

#### DPPO

We define the treatment of emergency dental care as services to relieve pain, bleeding or infection. Emergency care is covered 24 hours a day, 7 days a week, anywhere in the world. When emergency services are provided by a participating dentist, we base the copayment/coinsurance amount on a negotiated fee schedule. The member should call Customer Service or check our online provider directory at [www.aetna.com](http://www.aetna.com), to find a dentist to treat the dental emergency.

The member has the option of receiving emergency dental treatment from a non-participating dentist. We base these benefits on the out-of-network level of benefits.

Under active (benefit differential) PPO plans, we cover emergency care charges at the in-network rate up to a maximum of \$75 in benefits. After that, we cover all charges at the out-of-network rate.

Emergency care benefits may vary per state law.

- 
17. Provide a description of benefits available for TMJ. Include details regarding any required authorization processes.
- 

TMJ is not covered under dental benefits.

---

- 
18. Does your proposed DHMO plan include coverage for implants? If yes, please explain the coverage.
- 

This plan does cover implants for a missing tooth. An unreplaced exclusion applies as well as a 5 year replacement frequency.

---

19. Does your proposed DHMO plan include coverage for resin-based composite fillings on posterior teeth? If so, please specify any price differences in filling materials.
- 

The plan does not include coverage for resin-based composite fillings on posterior teeth.

---

20. What benefits, if any, are included for the detection of oral cancer?
- 

Cancer screening tests such as Brush Biopsy are typically not covered.

---

21. For services that are limited to a certain number of occurrences within a plan year, such as prophylaxis, periodontal maintenance, bitewings and periodic exams, please specify how the frequency is monitored (i.e. days, months, etc.). What limitations and guidelines does your company use to determine when a member is eligible for subsequent occurrences?
- 

The limitations are based on calendar year, rolling year or monthly basis. For example, prophylaxis is twice per calendar year.

---

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## **DPPO**

1. Are members required to select a dentist when enrolled in the PPO?

---

We do not require DPPO members to select a primary care dentist.

---

2. What is the average turn around for a clean non-network claim submission?

---

Our claim turnaround time goal is to process at least 93 percent of all claims within 14 calendar days of receipt. As electronic connectivity and automatic adjudication continue to increase, we pay many claims in 5 to 10 calendar days of receipt.

---

3. Please describe the credentialing criteria for PPO dentists.

---

Our credentialing and recredentialing is a systematic process of assessing and reassessing the qualifications and practice history of a provider and includes obtaining, validating and assessing professional information about the provider against defined primary and specialist dentist participation criteria. This information includes review of relevant training and experience, registration or licensure to practice in a dental field and an assessment concerning the provider's record of professional competence and conduct.

## Credentialing

Prior to acceptance in our network, prospective providers must meet the following criteria:

- Completion of an application with a statement by the applicant, including, but not limited to, the following information:
  - History of malpractice claims
  - History of loss of license
  - Felony convictions
  - History of loss or limitation of privileges or disciplinary activity
  - Attestation that there is no present illegal drug use
  - Attestation to the accuracy of the application
- Current and valid license to practice in the state in which the network is located
- Verification from the state licensing agency of valid license
- Acceptable disciplinary history from the state
- Graduation from an accredited dental college, checked through the state licensing agency
- Successful completion of a regional or state board of dentistry examination, checked through the state licensing agency
- Current unrestricted Drug Enforcement Agency (DEA) certificate; no negative history of denial, suspension, revocation, and voluntary surrender
- Current and valid state certification permit to render general anesthesia and/or intravenous sedation services as applicable per state law
- \$1 million/\$3 million professional liability insurance for oral surgeons and dentists who render general anesthesia services; \$200,000/\$600,000 for other providers unless state law permits a lower liability limit; coverage may be checked through either the carrier by obtaining a copy of the current malpractice face sheet with starting dates and amount of coverage, or state licensing agency if it performs primary source verification

- Acceptable professional liability claims history, requested on application and checked through the malpractice carrier and National Practitioner Data Bank

After the provider completes the application process, the credentialing takes 30 to 45 days to complete.

### **Recredentialing**

We recredential existing dentists every three years unless required more frequently by state law. We use the following criteria:

- Current, valid license to practice in the state in which the network is located
  - Verification from the state licensing agency of valid license
  - Acceptable disciplinary history from the state
- Current unrestricted DEA certificate; no negative history of denial, suspension, revocation and voluntary surrender
- Current and valid state certification permit to render general anesthesia and/or intravenous sedation services as applicable per state law
- \$1 million/\$3 million professional liability insurance for oral surgeons and dentists who render general anesthesia services or \$200,000/\$600,000 for other providers unless state law permits a lower liability limit; coverage may be checked through the carrier either by obtaining a copy of the current malpractice face sheets with starting dates and amount of coverage, or state licensing agency if it performs primary verification
- Acceptable professional liability claims history, checked through the malpractice carrier and the National Practitioner Data Bank for all states

In addition, we request a current statement regarding physical and mental health status and lack of impairment due to chemical dependency/substance abuse.

We recredential approximately 33 percent of participating providers each year.

\*We have agreements with dental groups, vendors or other entities that employ or contract directly with dental providers located outside of the United States. Dentists providing services outside of the U.S. are not credentialed by Aetna and are subject to the credentialing requirements, if any, of those other entities. We do not credential dentists contracted from select vendors.

- 
4. Are non-network claims paid subject to usual, customary and reasonable allowances or a schedule of allowances?
- 

Non-network claims are paid subject to reasonable and customary (R&C) based benefit determinations.

---

5. Describe your company's method of determining usual, customary and reasonable charges.
- 

For reasonable and customary (R&C) based benefit determinations, we consult an external database. We are currently using FAIR Health Benchmarks database produced by a new, not-for-profit entity, FAIR Health.

The standard value for the recognized amount is the 80<sup>th</sup> percentile of the R&C database. The City of Fort Lauderdale may opt for the following recognized amount level alternatives: 50<sup>th</sup>, 60<sup>th</sup>, 70<sup>th</sup>, 75<sup>th</sup>, 85<sup>th</sup>, 90<sup>th</sup> or 95<sup>th</sup> percentile. These alternate recognized amount level percentiles will not affect automatic system calculation. Additionally, we can accommodate a \$5 or \$10 corridor within which we would not reduce charges.

---

- 
6. What database does your company use for reasonable and customary profiles? How often is it updated?
- 

We use FAIR Health Benchmarks data for Dental services performed after mid-March 2011.

We update UCR semi-annually.

---

7. What percentile is typically used for dental R&C? What are the options?
- 

The standard value for the recognized amount is the 80<sup>th</sup> percentile of the R&C database. The City of Fort Lauderdale may opt for the following recognized amount level alternatives: 50<sup>th</sup>, 60<sup>th</sup>, 70<sup>th</sup>, 75<sup>th</sup>, 85<sup>th</sup>, 90<sup>th</sup> or 95<sup>th</sup> percentile. These alternate recognized amount level percentiles will not affect automatic system calculation. Additionally, we can accommodate a \$5 or \$10 corridor within which we would not reduce charges.

---

8. Can your system allow certain tolerance ranges to be applied to reasonable and customary limits? Describe.
- 

To promote consistency in processing out-of-network claims, we are unable to fluctuate recognized amount level percentiles based on specific procedures or geographic regions.

---

- 
9. Are participating dentist offices required to file claims on behalf of their members as part of the provider contract?
- 

Yes. Participating dentists are required to submit claim forms for members in our dental PPO plan, creating a paperless process from the member's point of view.

We accept claims electronically from dentists. If a dentist is unable to submit claims electronically, we scan and then convert their paper claim submissions to electronic form for processing.

For out-of-network services, the member may need to submit claims using our standard claim form if the provider is unable or unwilling to submit the bill to Aetna on the member's behalf.

Members can simply download a claim form from Aetna Navigator, our self-service website, and submit it to the address on the back of the claim form. For members who do not have Internet access, providers have claims forms available in their offices.

---

10. Do your proposed DPPO plans include coverage for resin-based composite fillings on posterior teeth? If so, please specify any price differences in filling materials.
- 

The plan does not include coverage for resin-based composite fillings on posterior teeth.

---

11. What benefits, if any, are included for the detection of oral cancer?
- 

Cancer screening tests such as Brush Biopsy are typically not covered.

---

- 
12. For services that are limited to a certain number of occurrences within a plan year, such as prophylaxis, periodontal maintenance, bitewings and periodic exams, please specify how the frequency is monitored (i.e. days, months, etc.). What limitations and guidelines does your company use to determine when a member is eligible for subsequent occurrences?
- 

The limitations are based on calendar year, rolling years or months. For example, prophylaxis is twice per calendar year.

---

#### 4.2.10 Deviations from RFP

Proposers should provide a list of any deviations to the general provisions and requested benefits and provisions outlined in this RFP. If there are no deviations, a statement to this effect must be provided. Deviations to the City's requirements may deem the Proposer non-responsive, as determined by the City.

---

Aetna has reviewed the proposal and current plan designs. We only have one item to point out in the plan design, and are happy to report it would actually be a benefit enhancement:

Plan Name	Benefit Category	Benefit Option	Requested Benefit	Comments
Plan PPO 09	Space maintainers - In and Out of Network	Age limit (over/under a specific age)	Space maintainers through (14) years of age.	Benefit Enhancement -Space maintainers will be covered when needed to preserve space resulting from premature loss of deciduous teeth (includes all adjustments within 6 months after installation), with no age limitation. We are unable to support the age requirement as requested. No form filing support.

Aetna has no deviations to the City's requirements.

---

#### **4.2.11 Grievance and Appeal Procedures**

Proposers should provide a description of the grievance and appeal procedure for DHMO and DPPO plan participants. Be specific in terms of timelines and expected turnarounds.

---

We provide a nationally standardized process for resolving member complaints and appeals which enhances our ability to handle them in a consistent and timely fashion.

We adopt the requirements of an individual state and these supersede the nationally standardized process. Our law department makes the final determination when there is any question as to the applicability of a law.

Our customer service representatives (CSRs) respond to most issues when members call our customer service department. If the issue cannot be resolved during the call, the CSR researches the inquiry and follows up with the member.

Members who are not satisfied with the CSR's response may file an oral or written complaint or appeal. Our complaint and appeal process is outlined below:

##### **Complaints**

The definition of a complaint is any oral or written expression of dissatisfaction/concern, other than an appeal, by a member or a member's authorized representative regarding services provided by Aetna, a network health care professional or a vendor. Complaints include, but are not limited to:

- Quality of administrative service provided by a participating health care professional
- Quality of administrative service provided by Aetna
- Use of his/her protected health information

- A plan benefit, billing, eligibility or contract provision that does not involve a request to review a denied claim or service

Case Type	Resolution Timeframe
Complaint	30 days
Expedited Complaint	5 business days

## Level I Appeals

A Level I appeal is a verbal or written request by a member, or a member's authorized representative, requesting a change in an initial determination decision. Appeals include, but are not limited to:

- Claim payment
- Plan interpretation
- Benefit determinations
- Eligibility

To begin the appeals process, the member or the member's authorized representative submits a verbal or written request asking for a change in the initial determination decision. The member may send the appeal to the address shown or call the toll-free number listed on the notice of adverse benefit determination.

The member or authorized representative has 180 days after receipt of a coverage decision to file an appeal.

A written notice stating the result of the review will be forwarded to the member within the following timeframes:

Case Type	Resolution Timeframe (for each level of appeal)
Expedited appeals	36 hours
Post service appeals	30 days

Written notice of a denied appeal includes:

- a. A statement of the reviewer's understanding of the pertinent facts of the appeal (description of the health care service/claim)
- b. Evidence or documentation used for the basis of the decision
- c. An explanation of the scientific or clinical judgment for the determination, applying the terms of the plan to the member's medical circumstances (as applicable)
- d. The specific rule, guideline, protocol or other similar criterion that was relied upon in making an adverse determination (as applicable)
- e. A statement that a copy of the rule, guideline, protocol or other similar criterion will be provided free of charge to the member upon request (as applicable)
- f. The specific plan provisions on which an adverse benefit determination is based
- g. A list of the titles and qualifications of the individuals participating in the review of the appeal (those individuals involved in the decision making process). Specific names available upon request
- h. A statement that the member is entitled to receive, upon request and free of charge, reasonable access to and copies of, all documents, records and other information relevant to the member's appeal
- i. A description of the next review level, including time frames and how to file (as applicable)
- j. The following statement: "If you do not agree with the final determination on review, you have the right to bring a civil action under Section 502(a) of ERISA."
- k. The following statement:

Fully-insured: "You and your plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor office and your State insurance regulatory agency."

ASC (self-insured): "You and your plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your Plan Administrator or your local U.S. Department of Labor Office."

## **Level II Appeals**

If the member or authorized representative is not satisfied with the outcome of the Level I appeal decision, they may submit an oral or written request, for further review, within 60 days of receipt of a Level I decision. For clinical appeals, a practitioner who typically treats the condition, performs the procedure, or provides the treatment under review and was neither involved in the original denial of coverage determination or Level I appeal, performs the second level review. Administrative denials, such as contractual or benefit exclusions, limitation or exhaustion not requiring clinical judgment, have only one level of appeal.

If we deny Level II appeal, the written notice includes all specific reasons for the denial, including the clinical rationale, reference to applicable plan provisions, dental information reviews and any other applicable appeal procedures that may be available.

## **Tracking**

We developed the Complaints and Appeals Tracking System (CATS) to support our national process. The goals of this system are:

- Administrative consistency
- Centralized data collection
- Business accountability
- A consistent workflow process
- Generation of standard reports

CATS stores the necessary data relating to a complaint or appeal for tracking, resolution and reporting purposes. This centralized data collection enables us to increase customer service, customer satisfaction and promotes regulatory compliance.

CATS provides a single system to capture, track, route and resolve all member, provider and customer complaints and appeals. The application is web based and allows for paperless routing of appropriate documents.

#### 4.2.12 DHMO Quality Assurance

Provide a detailed description of your DHMO and DPPO provider Quality Assurance program.

---

##### DMO

Our Dental Quality Management (QM) program provides quality assurance. It focuses on the ongoing assessment and promotion of appropriate dental care and support services for dental members.

The goals of the QM Program are:

- To implement a comprehensive, multidisciplinary program that addresses and responds to the dental needs of the member population
- To measure, monitor and help improve performance in key aspects of dental service quality for members, providers and customers
- To promote the provision of affordable and timely dental services to members
- To facilitate communication among key functional areas
- To promote compliance with applicable laws

##### Program Structure

The National Dental Quality Oversight committee (QOC) has accountability for and oversees our QM program, including:

- Establishing priorities for the QM program
- Evaluating clinical and operational quality
- Integrating quality management activities among departments
- Reviewing and evaluating services rendered by participating dental providers
- Identifying and evaluating systemic issues and corrective action steps
- Evaluating Complaints, Grievances and Appeals

The QOC includes the following individuals:

- Dental regional managers
- Chief dental officer
- Head of Dental Networks & Administration (chair)

As appropriate, we forward any quality management information our QOC gathers and evaluates to the National Dental Credentialing and Provider Performance committee (CPPC). They reference the information in the credentialing and recredentialing and evaluation of participating providers. The QOC meets at least quarterly.

The National Dental Quality Advisory committee (QAC) is responsible for reviewing clinical issues and assisting in the establishment of national clinical policies, subject to the oversight and authority of the QOC. The QAC meets and reports on its activities to the QOC quarterly, and discusses and makes recommendations to the QOC on clinical issues, quality programs, work plans, policies and procedures. The QAC also reports to the QOC on any delegated activities.

The QAC includes the following individuals:

- Chief Dental Officer (Chair)
- Regional Dental Directors
- National Dental Director of Utilization Management

The Dental Credentialing and Provider Performance committee (CPPC) is a national committee responsible for the credentialing and recredentialing of individual dental providers. The CPPC meets monthly and reports to the QAC quarterly.

The CPPC and its delegated subcommittees have decision-making authority with respect to network providers. The CPPC conducts and/or oversees review activities involving the professional competence or the conduct of dental providers that may adversely affect the health or welfare of any patients.

CPPC membership is appointed by the QOC and includes:

- One Regional Dental Director (chair, appointed by the Chief Dental Officer)
- One additional Regional Dental Director (appointed by the chair of the CPPC)
- Four participating network dentists (including at least one specialist dentist)

The national QOC maintains this QM program in written format. They make it available to the QAC and QOC members, applicable regulatory authorities, and other individuals and committees designated by the QOC.

Clinical and administrative aspects of care are routinely monitored utilizing various processes such as:

- Credentialing and recredentialing of dental providers
- Initial contracting and ongoing office assessments
- Periodic review and evaluation of dental services and care
- Peer review as a component of our network quality oversight
- Member satisfaction surveys
- Grievance and appeals
- Ongoing provider office education
- Quarterly review and evaluation of:
  - Preventive services
  - Primary and specialty dental care
  - Continuity of care
  - Utilization
  - Quality-related member complaints and appeals
  - Member satisfaction surveys
  - Peer review of applicable professional competence and conduct issues
  - Dental provider accessibility and network adequacy
  - Any delegated activities by an outside entity
- Development, implementation and monitoring of clinical practice guidelines

We also evaluate individual instances of alleged or apparent poor quality. Local plan staff is responsible for the investigation and evaluation of the facts surrounding the applicable event, and the facilitation of review and follow-up action by the appropriate committee(s) or individual(s). Examples of situations that may be considered for review include, but are not limited to:

- Member-expressed concerns regarding administrative and/or quality of care issues
- Practitioner-expressed concerns regarding previous dental management
- Evidence of inappropriate dental management identified during routine review of claims or other clinical assessments
- Inappropriate conduct on the part of a dentist

Additional mechanisms used to monitor and evaluate significant aspects of dental care and the delivery of dental services include:

- Member satisfaction surveys
- Member services (e.g., call abandonment rates, average speed of answer and turnaround times)
- Member disenrollment
- PCD changes
- Fraud detection

#### DPPO

Our Dental Quality Management (QM) program provides quality management. This focuses on the ongoing assessment and promotion of appropriate dental care and support services for dental members.

The goals of the QM program are:

- To implement a comprehensive, multidisciplinary program that addresses and responds to the dental needs of the member population
- To measure, monitor and help improve performance in key aspects of dental service quality for members, providers and customers
- To promote the provision of affordable and timely dental services to members
- To facilitate communication among key functional areas
- To promote compliance with applicable law

The National Dental Quality Oversight Committee (QOC) has accountability for and oversees our QM program, including:

- Establishing priorities for the QM program
- Evaluating clinical and operational quality
- Integrating quality management activities among departments
- Reviewing and evaluating services rendered by participating dental providers
- Identifying and evaluating systemic issues and corrective action steps
- Evaluating Complaints, Grievances and Appeals

The QOC includes the following individuals:

- Dental regional managers
- Chief dental officer
- Head of Dental Networks & Administration (chair)

As appropriate, we forward any quality management information our QOC gathers and evaluates to the National Dental Credentialing and Provider Performance committee (CPPC). They reference the information in the credentialing and recredentialing and evaluation of participating providers. The QOC meets at least quarterly.

The National Dental Quality Advisory Committee (QAC) is responsible for reviewing clinical issues and assisting in the establishment of national clinical policies, subject to the oversight and authority of the QOC. The QAC meets and reports on its activities to the QOC, and discusses and makes recommendations to the QOC on clinical issues, quality programs, work plans, policies and procedures. The QAC also reports to the QOC on any delegated activities.

The QAC includes the following individuals:

- Chief Dental Officer (chair)
- Regional Dental Directors
- National Dental Director of Utilization Management

The National Dental Credentialing and Provider Performance Committee (CPPC) is a national committee responsible (subject to state law) for the credentialing and recredentialing of individual dental providers.

The CPPC and its delegated subcommittees have decision-making authority with respect to network providers. The CPPC conducts and/or oversees review activities involving the professional competence and conduct of dental providers.

The QOC appoints CPPC membership and includes:

- One Regional Dental Director (chair, appointed by the Chief Dental Officer)
- One additional Regional Dental Director (appointed by the chair of the CPPC)
- Four participating network dentists (including at least one specialist dentist)

The national QOC maintains this QM program in written format. They make it available to the QAC and QOC members, applicable regulatory authorities, and other individuals and committees designated by the QOC.

We monitor and evaluate important aspects of care and service delivered to members in various ways, including but not limited to:

- Credentialing/recredentialing of dental providers
- Review and evaluation of:
  - Utilization
  - Quality-related member complaints and appeals
  - Peer review of applicable professional competence and conduct issues
  - Any activities delegated to an outside entity
- Development, implementation and monitoring of clinical practice guidelines

We also evaluate individual instances of alleged or apparent poor quality. Local plan staff is responsible for the investigation and evaluation of the facts surrounding the applicable event, and the facilitation of review and follow-up action by the appropriate committee(s) or individual(s). Examples of situations that may be considered for review include, but are not limited to:

- Member-expressed concerns regarding administrative and/or quality of care issues
- Practitioner-expressed concerns regarding previous dental management
- Evidence of inappropriate dental management identified during routine review of claims or other clinical assessments
- Inappropriate conduct on the part of a dentist

Additional mechanisms used to monitor and evaluate significant aspects of dental care and the delivery of dental services include:

- Member services data
- Member disenrollment
- Fraud detection

#### **4.2.13 Proof of Incorporation**

Proposers should furnish proof of State of Incorporation and State in which licensed.

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#### **4.2.14 Authorization to Provide Services**

Proposers should provide certification from the appropriate State offices that your company is authorized to provide the services contained within your proposal.

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Please find our Florida Certificate of Authority Following this document.

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# AETNA LIFE INSURANCE COMPANY

Is hereby authorized to transact  
insurance in the State of Florida.

This certificate signifies that the company  
has satisfied all requirements of the  
Florida Insurance Code for the issuance  
of a license and remains subject to  
all applicable laws of Florida.

Date of Issuance: August 1, 1916  
No. 91-06-6033492



Florida  
Department  
of Insurance

Tom Gallagher  
Treasurer and Insurance Commissioner

**SECTION VIII - REFERENCES**

Provide references for **four (4) current clients.** We would prefer that these be Florida public sector employers with more than 500 subscribers.

1. Name of Organization POLK COUNTY GOVERNMENT  
Total Number of Full-Time Employees 4000  
Name & Title of Contact Holly Newton – Health Plan Financial Analyst/Risk Management  
Telephone Number 863-519-7306  
Fax Number NA  
E-mail Address hollynewton@polk-county.net  
Type of Benefits Provided FI Dental PPO, SI Medical, EAP, FI MAPD, COBRA, FSA  
Number of Employees Covered Approx. 3900 employees covered; 8000 members total  
Plan Inception Date 01/01/2011

2. Name of Organization VOLUSIA COUNTY GOVERNMENT  
Total Number of Full-Time Employees 3,259  
Name & Title of Contact David P. Merrill, Jr., HR Manager (Benefits)  
Telephone Number (386)736-5951 ext. 13492  
Fax Number (386)740-5149  
E-mail Address Dmerrill@volusia.org  
Type of Benefits Provided Dental PPO  
Number of Employees Covered ApProx 3770 Employees covered and 6,031 Members total  
Plan Inception Date January 1, 2015

3. Name of Organization ORLANDO UTILITIES COMMISSION  
Total Number of Full-Time Employees 1,800  
Name & Title of Contact Kate Powers, HR Manager  
Telephone Number 407-434-2003  
Fax Number 407-434-2212  
E-mail Address kpowers@ouc.com  
Type of Benefits Provided Medical, Dental, Vision, FSA  
Number of Employees Covered 1628  
Plan Inception Date 01/01/1990

4. Name of Organization ST. PETERSBURG COLLEGE  
Total Number of Full-Time Employees 2,000  
Name & Title of Contact Ron Boyce , Assistant HR Director  
Telephone Number 727-302-6827  
Fax Number 727-444-6357  
E-mail Address boyce.ronald@spcollege.edu  
Type of Benefits Provided Medical, Dental  
Number of Employees Covered 1,548  
Plan Inception Date 01/012001

The above four references are from **current clients** with whom your firm has contracts. Please provide two (2) references from **former clients** with whom your company may no longer have the contract or contract expired within the past 12 months. We would prefer that these be Florida public sector employers with more than 500 subscribers.

Note: Aetna has no termed references that meet this criteria

5. Name of Organization n/a  
Total Number of Full-Time Employees \_\_\_\_\_  
Name & Title of Contact \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Type of Benefits Provided \_\_\_\_\_  
Number of Employees Covered \_\_\_\_\_  
Plan Inception Date \_\_\_\_\_

6. Name of Organization n/a  
Total Number of Full-Time Employees \_\_\_\_\_  
Name & Title of Contact \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Type of Benefits Provided \_\_\_\_\_  
Number of Employees Covered \_\_\_\_\_  
Plan Inception Date \_\_\_\_\_

#### 4.2.16 Proposing Company History

Proposers should indicate number of years the company has offered group dental plans.

---

We have over 160 years of experience in providing quality, reliable services to businesses, individuals and the government. Founded in 1853 in Hartford, CT, we entered the group life insurance business in 1913 and group health insurance business in 1936. Our first group hospitalization contract was issued in 1937. We introduced our first major medical product in 1951, our first dental plan in 1957 and our first stand-alone vision product in 2009.

We are one of the nation's leading diversified health care benefits companies, serving approximately 46 million people with information and resources to help them make better informed decisions about their health care. We offer a broad range of traditional, voluntary and consumer-directed health insurance products and related services, including:

- Medical
- Pharmacy
- Dental
- Vision
- Behavioral health
- Group life and disability plans
- Stop Loss
- Medical management capabilities and health care management services for Medicaid plans
- Workers' compensation administrative services
- Health Information technology services

Our customers include:

- Employer groups
- Individuals
- College students
- Part-time and hourly workers
- Health plans
- Health care providers
- Governmental units
- Government-sponsored plans
- Labor groups
- Expatriates

For over a century and a half, the Aetna name has stood for integrity, reliability and trust. We have helped generations of members by helping them to get access to the health care services they need to live healthy lives.

---

#### **4.2.17 Minimum Qualifications**

Proposers should provide documentation of minimum qualification as stated in this RFP.

In order to be considered, a Proposer must, as of the proposal return date specified in this RFP and throughout the duration of its program, meet the following applicable minimum qualifications. Proposer must provide documentation of existing qualifications in the proposal.

##### Dental Maintenance Organization

- Authorized by the Florida Department of Financial Services to provide the goods and services requested in the RFP.
- 

Confirmed. Supporting Information has been provided in Sections 4.2.13 and 4.2.14.

---

- Comply with any requirements imposed upon the Proposer by the Florida Department of Insurance with respect to quality assurance.
- 

Confirmed. Supporting Information has been provided in Sections 4.2.13 and 4.2.14.

---

##### Insurance Company and PPO Dental Plan

- Licensed by the State of Florida Department of Insurance to provide the goods and services requested in the RFP; and
- 

Confirmed. Supporting Information has been provided in Sections 4.2.13 and 4.2.14.

---

- 
- Hold an A.M. Best rating of “A” or better and a financial size category of IV or higher or hold an A.M. Best financial performance rating of “6” or better for those insurers with a letter rating of NA-2 or NA-3 and a financial size category of IV or higher.
- 

Confirmed. Aetna holds an A.M. Best rating of “A” and a financial size category of IV or higher.

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Proposers shall satisfy each of the following requirements cited below. Failure to do so may result in the proposal being deemed non-responsive.

**2.14.2** Before awarding a contract, the City reserves the right to require that a Proposer submit such evidence of qualifications as the City may deem necessary. Further, the City may consider any evidence of the financial, technical, and other qualifications and abilities of a firm or principals, including previous experiences of same with the City and performance evaluation for services, in making the award in the best interest of the City.

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Confirmed. Aetna will submit any additional required information upon request.

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**2.14.3** Firm or principals shall have no record of judgments, pending lawsuits against the City or criminal activities involving moral turpitude and not have any conflicts of interest that have not been waived by the City Commission.

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Confirmed. Aetna meets this requirement.

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**2.14.4** Neither firm nor any principal, officer, or stockholder shall be in arrears or in default of any debt or contract involving the City, (as a party to a contract, or otherwise); nor have failed to perform faithfully on any previous contract with the City.

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Confirmed. Aetna meets this requirement.

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## MASTER SERVICES AGREEMENT

This master services agreement ("**Agreement**") between **AETNA LIFE INSURANCE COMPANY**, located at 151 Farmington Avenue, Hartford, Connecticut ("**Aetna**"), and **SAMPLE CUSTOMER MSA**, located at XXXXX FL, xxxxx ("**Customer**") is effective as of January 1, 2018 ("**Effective Date**").

The Customer has established one or more self-funded employee benefits plans, described in Exhibit 1, (the "Plan(s)"), for certain covered persons, as defined in the Plan(s) (the "**Plan Participants**").

The Customer wants to make available to Plan Participants one or more products and administrative services ("**Services**") offered by Aetna, as specified in the attached schedules, and Aetna wants to provide those Services to the Customer for the compensation described herein.

The parties therefore agree as follows:

### 1. TERM

The initial term of this Agreement will be one year beginning on the Effective Date. This Agreement will automatically renew annually unless otherwise terminated pursuant to section 17 (Termination). The initial term and each successive one year renewal shall be considered an "**Agreement Period**". The schedules may provide for different start and end dates for certain Services.

### 2. SERVICES

Aetna shall provide the Services described in the attached schedules.

### 3. STANDARD OF CARE

Aetna and the Customer will discharge their obligations under this Agreement with that level of reasonable care which a similarly situated services provider or plan administrator, respectively, would exercise under similar circumstances. If the Customer delegates claim fiduciary duties to Aetna pursuant to the applicable schedule, Aetna shall observe the standard of care and diligence required of a fiduciary under ERISA Section 404(a)(1)(B).

### 4. SERVICE FEES

The Customer shall pay Aetna the fees according to the Service and Fee Schedule(s) ("**Service Fees**"). Aetna may change the Services and the Service Fees annually by giving the Customer 30 days' notice before the changes take effect. Changes will take effect on the anniversary of the Effective Date unless otherwise indicated in the applicable Service and Fee Schedule(s).

Aetna shall provide the Customer with a monthly statement indicating the Service Fees owed for that month. The Customer shall pay Aetna the Service Fees no later than 31 calendar days after the first calendar day of the month in which the Services are provided (the "**Payment Due Date**"). The Customer shall provide with their payment either a copy of the Aetna invoice, modified to reflect current eligibility, or a copy of a pre-approved invoice which meets Aetna's billing requirements. The Customer shall also reimburse Aetna for certain additional expenses, as stated in the Service and Fee Schedule(s).

All overdue amounts are subject to the late charges outlined in the Service and Fee Schedule(s).

Aetna shall prepare and submit to the Customer an annual report showing the Service Fees paid.

## **5. BENEFIT FUNDING**

The Customer shall choose one of the banking facilities offered by Aetna through which Plan benefit payments, Service Fees and Plan benefit related charges will be made. All such amounts will be paid through the banking facility by check, electronic funds transfer or other reasonable transfer methods. The Customer shall reimburse the banking facility for all such payments on the day of the request. All such reimbursements will be made by wire transfer in federal funds using the instructions provided by Aetna, or by another transfer method agreed upon by both parties.

Since funding is provided on a checks issued basis, Customer and Aetna agree that outstanding payments to providers (e.g., uncashed checks or checks not presented for payment) will be handled in the manner indicated and memorialized by the Parties in a separate form letter. The terms and conditions of this Agreement shall apply to that letter.

In the event that Aetna has exercised its right to suspend claim payments or terminate this Agreement as stated in section 17(B) (Termination), Aetna may place a stop payment order on all of the Customer's outstanding benefit checks.

Prior to the Effective Date of this Agreement, Customer shall deposit a "Payment Fund" with the banking facility which will be subject to its control. Such Payment Fund shall be in an amount determined by Aetna to be sufficient to fund all Plan benefits for a period of at least one week and shall not be drawn from Plan assets. Aetna will periodically assess the sufficiency of the Payment Fund and may, at its sole discretion, direct Customer to deposit additional amounts to the Payment Fund upon 24 hours written notice. The Payment Fund may be used to fund Plan benefits and related charges in the event the Customer fails to perform its payment and funding obligation under the first paragraph of this section 5. The Payment Fund shall be maintained by the banking facility following termination of the Agreement for such period of time as Aetna determines is necessary to cover Plan benefits. Customer will not be credited with interest on amounts held in the Payment Fund.

## **6. FIDUCIARY DUTY**

It is understood and agreed that the Customer, as plan administrator, retains complete authority and responsibility for the Plan, its operation, and the benefits provided there under, and that Aetna is empowered to act on behalf of the Customer in connection with the Plan only to the extent expressly stated in this Agreement or as agreed to in writing by Aetna and the Customer.

The Customer has the sole and complete authority to determine eligibility of persons to participate in the Plan.

Claim fiduciary responsibility is identified in the applicable Schedule.

## **7. CUSTOMER'S RESPONSIBILITIES**

- (A) Eligibility** – The Customer shall supply Aetna, by electronic medium acceptable to Aetna, with all relevant information identifying Plan Participants and shall notify Aetna by the tenth day of the month following any changes in Plan participation. Aetna is not required to honor a notification of termination of a Plan Participant's eligibility which Aetna receives more than 60 days after termination of such Plan Participant. Aetna has no responsibility for determining whether an individual meets the eligibility requirements of the Plan.

- (B) **Plan Document Review** – The Customer shall provide Aetna with all Plan documents at least 30 days prior to the Effective Date. Aetna will review the Plan documents to determine any potential differences that may exist among such Plan documents and Aetna’s claim processing systems and internal policies and procedures. Aetna does NOT review the Customer’s Summary of Benefits and Coverage (“**SBC**”), Summary Plan Description (“**SPD**”) or other Plan documents for compliance with applicable law. The Customer also agrees that it is responsible for satisfying any and all Plan reporting and disclosure requirements imposed by law, including updating the SBC or SPD and other Plan documents and issuing any necessary summaries of material modifications to reflect any changes in benefits.
- (C) **Notice of Plan or Benefit Change** – The Customer shall notify Aetna in writing of any changes in Plan documents or Plan benefits (including changes in eligibility requirements) at least 30 days prior to the effective date of such changes. Aetna will have 30 days following receipt of such notice to inform the Customer whether Aetna will agree to administer the proposed changes. If the proposed changes increase Aetna’s costs, alter Aetna’s ability to meet any performance standards or otherwise impose substantial operational challenges, Aetna may require an adjustment to the Service Fees or other financial terms.
- (D) **Employee Notices** – The Customer shall furnish each employee covered by the Plan written notice that the Customer has complete financial liability for the payment of Plan benefits. The Customer shall inform its Plan Participants, in a manner that satisfies applicable law, that confidential information relating to their benefit claims may be disclosed to third parties in connection with Plan administration.
- (E) **Miscellaneous** – The Customer shall promptly provide Aetna with such information regarding administration of the Plan as Aetna may reasonably request from time to time. Aetna is entitled to rely on the information most recently supplied by the Customer in connection with the Services and Aetna’s other obligations under the Agreement. Aetna is not responsible for any delay or error caused by the Customer’s failure to furnish correct information in a timely manner. Aetna is not responsible for responding to Plan Participant requests for copies of Plan documents. The Customer shall be liable for all Plan benefit payments made by Aetna, including those payments made following the termination date or which are outstanding on the termination date.

## 8. RECORDS

Aetna, its affiliates and authorized agents shall use all Plan-related documents, records and reports received or created by Aetna in the course of delivering the Services (“**Plan Records**”) in compliance with applicable privacy laws and regulations. Aetna may de-identify Plan Records and use them for quality improvement, statistical analyses, product development and other lawful, non-Plan related purposes. Such Plan Records will be kept by Aetna for a minimum of seven years, unless Aetna turns such documentation over to the Customer or a designee of the Customer.

Aetna agrees in accordance with Florida Statute Section 119.0701 to comply with public records laws including the following:

- (a) Keep and maintain public records that ordinarily and necessarily would be required by the Customer in order to perform the service.
- (b) Provide the public with access to public records on the same terms and conditions that the Customer would provide the records and at a cost that does not exceed the cost provided in Chapter 119 of the Florida Statutes or as otherwise provided by law.
- (c) Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law.
- (d) Meet all requirements for retaining public records and transfer, at no cost, to the Customer, all public records in

possession of Aetna upon termination of the Agreement and destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. All records stored electronically must be provided to the Customer in a format that is compatible with the information technology systems of the Customer.

## 9. CONFIDENTIALITY

- (A) **Business Confidential Information** - Neither party may use “Business Confidential Information” (as defined below) of the other party for its own purpose, nor disclose any Business Confidential Information to any third party. However, a party may disclose Business Confidential Information to that party’s representatives who have a need to know such information in relation to the administration of the Plan, but only if such representatives are informed of the confidentiality provisions of this Agreement and agree to abide by them. The Customer shall not disclose Aetna’s provider discount or payment information to any third party, including the Customer’s representatives, without Aetna’s prior written consent and until each recipient has executed a confidentiality agreement reasonably satisfactory to Aetna.

The term “**Business Confidential Information**” as it relates to the Customer means the Customer identifiable business proprietary data, procedures, materials, lists and systems, but does not include Protected Health Information (“PHI”) as defined by HIPAA or other claims-related information.

The term “**Business Confidential Information**” as it relates to Aetna means the Aetna identifiable business proprietary data, rates, fees, provider discount or payment information, procedures, materials, lists and systems.

- (B) **Plan Participant Information** - Each party will maintain the confidentiality of Plan Participant-identifiable information, in accordance with applicable law and, as appropriate, the terms of the HIPAA business associate agreement associated with this Agreement. The Customer may identify, in writing, certain Customer employees or third parties, who the Plan has authorized to receive Plan Participant-identifiable information from Aetna in connection with Plan administration. Subject to more restrictive state and federal law, Aetna will disclose Plan Participant-identifiable information to the Customer designated employees or third parties. In the case of a third party, Aetna may require execution by the third party of a non-disclosure agreement reasonably acceptable to Aetna. The Customer agrees that it will only request disclosure of PHI to a third party or to designated employees if: (i) it has amended its Plan documents, in accordance with 45 CFR 164.314(b) and 164.504(f)(2), so as to allow the Customer designated employees or third parties to receive PHI, has certified such to the Plan in accordance with 45 CFR 164.504(f)(2)(ii), and will provide a copy of such certification to Aetna upon request; and (ii) the Plan has determined, through its own policies and procedures and in compliance with HIPAA, that the PHI that it requests from Aetna is the minimum information necessary for the purpose for which it was requested.
- (C) **Upon Termination** - Upon termination of the Agreement, each party, upon the request of the other, will return or destroy all copies of all of the other's Business Confidential Information in its possession or control except to the extent such Business Confidential Information must be retained pursuant to applicable law or cannot be disaggregated from Aetna’s databases. Aetna may retain copies of any such Business Confidential Information it deems necessary for the defense of litigation concerning the Services it provided under this Agreement, for use in the processing of runoff claims for Plan benefits, and for regulatory purposes.

## 10. AUDIT RIGHTS

The Customer may, at its own expense, audit Plan claim transactions upon reasonable notice to Aetna. The Customer may conduct one audit per year and the audit must be completed within 2 years of the end of the time period being audited. Audits of any performance guarantees, if applicable, must be completed in the year following the period to which the performance guarantee results apply. Audits must be performed at the location where the Customer's claims are processed.

The Customer may select its own representative to conduct an audit, provided that the representative must be qualified by appropriate training and experience for such work and must perform the audit in accordance with published administrative safeguards or procedures and applicable law. In addition, the representative must not be subject to an Auditor Conflict of Interest which would prevent the representative from performing an independent audit. An "Auditor Conflict of Interest" means any situation in which the designated representative (i) is employed by an entity which is a competitor of Aetna, (ii) has terminated from Aetna or any of its affiliates within the past 12 months, or (iii) is affiliated with a vendor subcontracted by Aetna to adjudicate claims. If the audit firm is not licensed or a member of a national professional group, or if the audit firm has a financial interest in audit findings or results, the audit agent must agree to meet Aetna's standards for professionalism by signing Aetna's Agent Code of Conduct prior to performing the audit. Neither the Customer nor its representative may make or retain any record of provider negotiated rates or information concerning treatment of drug or alcohol abuse, mental/nervous, HIV/AIDs or genetic markers.

The Customer shall provide reasonable advance notice of its intent to audit and shall complete an Audit Request Form providing information reasonably requested by Aetna. No audit may commence until the Audit Request Form is completed and executed by the Customer, the auditor and Aetna. Further, the Customer or its representative shall provide Aetna with a complete listing of the claims chosen for audit at least four weeks prior to the on-site portion of the audit.

The Customer's auditors shall provide their draft audit findings to Aetna, prior to issuing the final report. This draft will provide the basis for discussions between Aetna and the auditors to resolve and finalize any open issues. Aetna shall have a right to review the auditor's final audit report, and include a supplementary statement containing information and material that Aetna considers pertinent to the audit.

Additional guidelines related to the scope of the audit are included in the applicable schedules.

## 11. RECOVERY OF OVERPAYMENTS

Aetna shall reprocess any identified errors in Plan benefit payments (other than errors Aetna reasonably determines to be *de minimis*) and seek to recover any resulting overpayment by attempting to contact the party receiving the overpayment twice by letter, phone, or email. The Customer may direct Aetna not to seek recovery of overpayments from Plan Participants, in which event Aetna will have no further responsibility with respect to those overpayments. The Customer shall reasonably cooperate with Aetna in recovering all overpayments of Plan benefits.

**If Aetna elects to use a third party recovery vendor, collection agency, or attorney to pursue the recovery, the overpayment recoveries will be credited to the Customer net of fees charged by Aetna or those entities.**

Any requested payment from Aetna relating to an overpayment must be based upon documented findings or direct proof of specific claims, agreed to by both parties, and must be due to Aetna's actions or inactions. Indirect or inferential methods of proof – such as statistical sampling, extrapolation of error rate to the population, etc. – may not be used to determine overpayments. In addition, use of software or other review processes that analyze a claim in a manner different from the claim determination and payment procedures and standards used by Aetna shall not be used to determine overpayments.

When seeking recovery of overpayments from a provider, Aetna has established the following process: if it is unable to recover the overpayment through other means, Aetna may offset one or more future payments to that provider for services rendered to Plan Participants by an amount equal to the prior overpayment. Aetna may reduce future payments to the provider (including payments made to that provider involving the same or other health and welfare plans that are administered by Aetna) by the amount of the overpayment, and Aetna will credit the recovered amount to the plan that overpaid the provider. By entering into this Agreement, the Customer is agreeing that its right to recover overpayments shall be governed by this process and that it has no right to recover any specific overpayment unless otherwise provided for in this Agreement.

The Customer may not seek recovery of overpayments from network providers, but the Customer may seek recovery of overpayments from other third parties once the Customer has provided Aetna notice that it will seek such recovery and Aetna has been afforded a reasonable opportunity to recover such amounts. Aetna has no duty to initiate litigation to pursue any overpayment recovery.

## **12. INDEMNIFICATION**

- (A)** Aetna shall indemnify the Customer, its affiliates and their respective directors, officers, and employees (only as employees, not as Plan Participants) for that portion of any loss, liability, damage, expense, settlement, cost or obligation (including reasonable attorneys' fees) ("**Losses**") caused directly by (i) any material breach of this Agreement by Aetna, including a failure to comply with the standard of care in section 3; (ii) Aetna's negligence, willful misconduct, fraud, or breach of fiduciary responsibility; or (iii) Aetna's infringement of any U.S. intellectual property right of a third party, arising out of the Services provided under this Agreement.
- (B)** The Customer shall indemnify Aetna, its affiliates and their respective directors, officers, and employees for that portion of any Losses caused directly by (i) any material breach of this Agreement by the Customer including a failure to comply with the standard of care in section 3; (ii) the Customer's negligence, willful misconduct, fraud, or breach of fiduciary responsibility; (iii) the release or transfer of Plan Participant-identifiable information to the Customer or its designee, or the use or further disclosure of such information by the Customer or such designee; or (iv) in connection with the design or administration of the Plan by the Customer or any acts or omissions of the Customer as an employer or Plan Sponsor.
- (C)** The party seeking indemnification under this Agreement must notify the indemnifying party within 20 days in writing of any actual or threatened action, to which it claims such indemnification applies. Failure to so notify the indemnifying party will not be deemed a waiver of the right to seek indemnification, unless the actions of the indemnifying party have been prejudiced by the failure of the other party to provide notice as indicated above.

The indemnifying party may join the party seeking indemnification as a party to such proceeding; however the indemnifying party shall provide and control the defense and settlement with respect to claims to which this section applies.

- (D) The Customer and Aetna agree that: (i) health care providers are not the agents or employees of the Customer or Aetna and neither party renders medical services or treatments to Plan Participants; (ii) health care providers are solely responsible for the health care they deliver to Plan Participants, and neither the Customer nor Aetna is responsible for the health care that is delivered by health care providers; and (iii) the indemnification obligations of (A) or (B) above do not apply to any portion of any loss relating to the acts or omissions of health care providers with respect to Plan Participants.
- (E) These indemnification obligations above shall not apply to any claims caused by (i) an act, or failure to act, by one party at the direction of the other, or (ii) with respect to intellectual property infringement, the Customer's modification or use of the Services or materials that are not contemplated by this Agreement, unless directed by Aetna, including the combination of such Services or materials with services, materials or processes not provided by Aetna where the combination is the basis for the claim of infringement. For purposes of the exclusions in this paragraph, the term "Customer" includes any person or entity acting on the Customer's behalf or at the Customer's direction. For purposes of (A) and (B) above, the standard of care to be applied in determining whether either party is "negligent" in performing any duties or obligations under this Agreement shall be the standard of care set forth in section 3.

### **13. DEFENSE OF CLAIM LITIGATION**

In the event of a legal, administrative or other action arising out of the administration, processing or determination of a claim for Plan benefits, the party designated in this document as the fiduciary which rendered the decision in the appeal last exercised by the Plan Participant which is being appealed to the court ("appropriate named fiduciary") shall undertake the defense of such action at its expense and settle such action when in its reasonable judgment it appears expedient to do so. If the other party is also named as a party to such action, the appropriate named fiduciary will defend the other party PROVIDED the action relates solely and directly to actions or failure to act by the appropriate named fiduciary and there is no conflict of interest between the parties. The Customer agrees to pay the amount of Plan benefits included in any judgment or settlement in such action. The other party shall not be liable for any other part of such judgment or settlement, including but not limited to legal expenses and punitive damages, except to the extent provided in section 12 (Indemnification).

Notwithstanding anything to the contrary in this section 13, in any multi-claim litigation (including arbitration) disputing reimbursement for benefits for more than one Plan Sponsor, the Customer authorizes Aetna to defend and reasonably settle the Customer's benefit claims in such litigation.

### **14. REMEDIES**

Other than in an action between the parties for third party indemnification, neither party shall be liable to the other for any consequential, incidental or punitive damages whatsoever.

### **15. BINDING ARBITRATION OF CERTAIN DISPUTES**

Any controversy or claim arising out of or relating to this Agreement or the breach, termination, or validity thereof, except for temporary, preliminary, or permanent injunctive relief or any other form of equitable relief, shall be settled by binding arbitration in Hartford, CT, administered by the American Arbitration Association ("AAA") and conducted by a sole arbitrator in accordance with the AAA's Commercial Arbitration Rules ("Rules"). The arbitration shall be governed by the Federal Arbitration Act, 9 U.S.C. §§ 1-16, to the exclusion of state laws inconsistent therewith or that would produce a different result, and judgment on the award rendered by the arbitrator may be entered by any court having jurisdiction thereof. Except as may be required by law or to the extent necessary in connection with a judicial challenge,

or enforcement of an award, neither a party nor the arbitrator may disclose the existence, content, record or results of an arbitration. Fourteen (14) calendar days before the hearing, the parties will exchange and provide to the arbitrator (a) a list of witnesses they intend to call (including any experts) with a short description of the anticipated direct testimony of each witness and an estimate of the length thereof, and (b) pre-marked copies of all exhibits they intend to use at the hearing. Depositions for discovery purposes shall not be permitted. The arbitrator may award only monetary relief and is not empowered to award damages other than compensatory damages.

## **16. COMPLIANCE WITH LAWS**

Aetna shall comply with all applicable federal and state laws including, without limitation, the Patient Protection and Affordable Care Act of 2010 (“**PPACA**”), the Health Insurance Portability and Accountability Act of 1996 (“**HIPAA**”), and the Employee Retirement Income Security Act of 1974 (“**ERISA**”).

## **17. TERMINATION**

This Agreement may be terminated by Aetna or the Customer as follows:

**(A) Termination by the Customer** – The Customer may terminate this Agreement, or the Services provided under one or more schedules, for any reason, by giving Aetna at least 30 days’ prior written notice of when such termination will become effective.

### **(B) Termination by Aetna and Suspension of Claim Payments-**

(1) Aetna may terminate this Agreement, or the Services provided under one or more schedules, for any reason, by giving the Customer at least 30 days’ prior written notice of when such termination will become effective.

(2) If the Customer fails to fund claim wire requests from Aetna, or fails to pay Service Fees by the Payment Due Date, Aetna has the right to cease paying claims and suspend Services until the requested funds or Service Fees have been provided. Aetna may terminate the Agreement immediately upon notice to the Customer if the Customer fails to fund claim wire requests or pay the applicable Service Fees in full within five business days of written notice by Aetna.

**(C) Legal Prohibition** - If any jurisdiction enacts a law or Aetna reasonably interprets an existing law to prohibit the continuance of the Agreement or some portion thereof, the Agreement or that portion shall terminate automatically as to such jurisdiction on the effective date of such law or interpretation; provided, however, if only a portion of the Agreement is impacted, the Agreement shall be construed in all respects as if such invalid or unenforceable provision were omitted.

### **(D) Responsibilities on Termination –**

Upon termination of the Agreement, for any reason other than default of payment by the Customer, Aetna will continue to process runoff claims for Plan benefits that were incurred prior to the termination date, which are received by Aetna within 12 months following the termination date. The Service Fee for such activity is included in the Service Fees described in the Service and Fee Schedule(s). Runoff claims will be processed and paid in

accordance with the terms of this Agreement. New requests for benefit payments received after the 12 month runoff period will be returned to the Customer or to a successor administrator at the Customer's expense. Claims which were pending or disputed prior to the start of the runoff period will be handled to their conclusion by Aetna, as well as provider performance or incentive payments paid for prior period performance pay outs, and Customer agrees to fund such claims or payments when requested by Aetna.

The Customer shall continue to fund Plan benefit payments and agrees to instruct its bank to continue to make funds available until all outstanding Plan benefit payments have been paid or until such time as mutually agreed upon by Aetna and the Customer. The Customer's wire line and bank account from which funds are requested must remain open for one year after runoff processing ends, or two years after termination.

Upon termination of the Agreement and provided all Service Fees have been paid, Aetna will release to the Customer, or its successor administrator, all claim data in Aetna's standard format, within a reasonable time period following the termination date. All costs associated with the release of such data shall be paid by the Customer.

## 18. GENERAL

- (A) **Relationship of the Parties** - The parties to this Agreement are independent contractors. This Agreement is not intended and shall not be interpreted or construed to create an association, agency, joint venture or partnership between the parties or to impose any liability attributable to such a relationship. Each party shall be solely responsible for all wages, taxes, withholding, workers compensation, insurance and any other obligation on behalf of any of its employees, and shall indemnify the other party with respect to any claims by such persons.
- (B) **Intellectual Property** - Aetna represents that it has either the ownership rights or the right to use all of the intellectual property used by Aetna in providing the Services under this Agreement (the "**Aetna IP**"). Aetna has granted the Customer a nonexclusive, non-assignable, royalty free, limited right to use certain of the Aetna IP for the purposes described in this Agreement. Nothing in this Agreement shall be deemed to grant any additional ownership rights in the Aetna IP to the Customer.
- (C) **Communications** - Aetna and the Customer may rely upon any communication believed by them to be genuine and to have been signed or presented by the proper party or parties. For a notice or other communication under this Agreement to be valid, it must be in writing and delivered (i) by hand, (ii) by e-mail or (iii) by fax to a representative of each party as mutually agreed upon. Notices or communications may also be sent by U.S. mail to the address below.

If to Aetna:  
sample  
sample  
sample  
FL  
sample

If to the Customer:  
sample  
sample  
sample  
FL  
sample

- (D) **Force Majeure** – With the exception of the Customer’s obligation to fund benefit payments and Service Fees, neither party shall be deemed to have breached this Agreement, or be held liable for any failure or delay in the performance of any portion of its obligations under this Agreement, including performance guarantees if applicable, if prevented from doing so by a cause or causes beyond the reasonable control of the party. Such causes include, but are not limited to: acts of God; acts of terrorism; pandemic; fires; wars; floods; storms; earthquakes; riots; labor disputes or shortages; and governmental laws, ordinances, rules, regulations, or the opinions rendered by any court, whether valid or invalid.
- (E) **Governing Law** - The Agreement shall be governed by and interpreted in accordance with applicable federal law, including ERISA. To the extent such federal law does not govern, the Agreement shall be governed by Connecticut law.
- (F) **Financial Sanctions** – If Plan benefits or reimbursements provided under this Agreement violate, or will violate any economic or trade sanctions, such Plan benefits or reimbursements are immediately considered invalid. Aetna cannot make payments for claims or Services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or a country under sanction by the United States, unless permitted under a written office of Foreign Assets Control (OFAC) license.
- (G) **Waiver** - No delay or failure of either party in exercising any right under this Agreement shall be deemed to constitute a waiver of that right.
- (H) **Third Party Beneficiaries** - There are no intended third party beneficiaries of this Agreement.
- (I) **Severability** – If any provision of this Agreement or the application of any such provision to any person or circumstance shall be held invalid, illegal or unenforceable in any respect by a court of competent jurisdiction, such invalidity, illegality or unenforceability shall not affect any other provision of this Agreement and all other conditions and provisions of this Agreement shall nevertheless remain in full force and effect.
- (J) **Entire Agreement; Order of Priority** - This Agreement, and the accompanying HIPAA business associate agreement, constitutes the entire understanding between the parties with respect to the subject matter of this Agreement, and supersedes all other agreements, whether oral or written, between the Parties.
- (K) **Amendment** – No modification or amendment of this Agreement will be effective unless it is in writing and signed by both Parties, except that a change to a party’s address of record as set forth in section 18(C) (Communications) may be made without being countersigned by the other party.
- (L) **Taxes** – The Customer shall be responsible for any sales, use, or other similarly assessed and administered tax (and related penalties) incurred by Aetna by reason of Plan benefit payments made or Services performed hereunder, and any interest thereon. Additionally, if Aetna makes a payment to a third party vendor at the

request of the Customer, Aetna will assume the tax reporting obligation, such as Form 1099-MISC or other applicable forms.

- (M) Assignment** - This Agreement may not be assigned by either party without the written approval of the other party. The duties and obligations of the parties will be binding upon, and inure to the benefit of, successors, assigns, or merged or consolidated entities of the parties.
- (N) Survival** - Sections 5, 8 through 13 and 17(D) shall survive termination of the Agreement.

The parties are signing this agreement as of the date stated in the introductory clause.

**SAMPLE CUSTOMER MSA**

**Aetna Life Insurance Company**

By: {{\*\_es\_:signer1:signature}}

By:

Name: {{\*\_es\_:signer1:fullname}}

Name: Mark T. Bertolini

Title: {{\*\_es\_:sender1:title}}

Title: Chairman, Chief Executive Officer and  
President

**GENERAL ADMINISTRATION SCHEDULE  
TO THE  
MASTER SERVICES AGREEMENT-  
EFFECTIVE January 1, 2018**

This General Administration Schedule describes certain of the Services to be performed by Aetna for the Customer pursuant to the Agreement. The Services described in this schedule apply generally to any medical, dental, pharmacy and behavioral health Plans that are subject to the Agreement. Terms used but not otherwise defined in this schedule shall have the meaning assigned to them in the Agreement.

**1. CLAIM SERVICES:**

- (A) Aetna shall process claims for Plan benefits incurred on or after the Effective Date using Aetna's normal claim determination, payment and audit procedures and applicable cost control standards in a manner consistent with the terms of the Plan(s), any applicable provider contract, and the Agreement. Aetna shall issue a payment of benefits and related charges on behalf of the Customer in accordance with section 5 of the Agreement, for such benefits and related charges that are determined to be payable under the Plan(s). With respect to any claims that are denied on behalf of the Customer, Aetna shall notify the Plan Participant of the denial and of the Plan Participant's right of review of the denial in accordance with applicable law.
- (B) Where the Plan contains a coordination of benefits clause or antiduplication clause, Aetna shall administer all claims consistent with such provisions and any information concurrently in its possession regarding duplicate or primary coverage. Aetna shall have no obligation to recover sums owed to the Plan by virtue of the Plan's rights to coordinate where the claim was incurred prior to the Effective Date. Aetna has no obligation to bring actions based on subrogation or lien rights, unless the Customer has elected Aetna's subrogation services as indicated in the Service and Fee Schedule.
- (C) In circumstances where Aetna may have a contractual, claim or payment dispute with a provider, the settlement of that dispute with the provider may include a one-time payment in settlement to the provider or to Aetna, or may otherwise impact future payments to providers. Aetna, in its discretion, may apportion the settlement to self-funded customers, either as an additional service fee from, or as a credit to, the Customer, as may be the case, based upon specific applicable claims, proportional membership or some other allocation methodology, after taking into account Aetna's cost of recovery. The Customer shall remain liable after termination of the Agreement, for their portion of any settlement payments arising from claims paid while an active customer.

**2. MEMBER SERVICES:**

Aetna shall establish and maintain one or more service centers, responsible for handling calls and other correspondence from Plan Participants with respect to questions relating to the Plan and Services under the Agreement.

**3. PLAN SPONSOR SERVICES:**

- (A) Aetna shall assign an experienced Account Management Team to the Customer's account. This team will be available to assist the Customer in connection with the Services provided under the Agreement.

- (B)** Aetna shall design and install a benefit-account structure separately by class of employees, division, subsidiary, associated company, or other classification reasonably requested by the Customer.
- (C)** Aetna shall assist the Customer in connection with the design of the Customer's Plan, including actuarial and underwriting support reasonably requested by the Customer, provided that the Customer shall have ultimate responsibility for the content of the Plan and compliance with law in connection therewith.
- (D)** Aetna shall make employee identification cards available to Plan Participants. Upon request, Aetna will arrange for the custom printing of identification cards, with all costs borne by the Customer.
- (E)** Upon request of the Customer, Aetna shall provide the Customer with information reasonably available to Aetna relating to the administration of the Plans which is necessary for the Customer to prepare reports that are required to be filed with the United States Internal Revenue Service and Department of Labor.
- (F)** Aetna shall provide the following reports to the Customer for no additional charge:
- (1) Monthly/Quarterly/Annual Reports - Aetna shall prepare the following reports in accordance with the benefit-account structure for use by the Customer in the financial management and administrative control of the Plan benefits:
    - (a) a monthly listing of funds requested and received for payment of Plan benefits;
    - (b) a monthly reconciliation of funds requested to claims paid within the benefit-account structure;
    - (c) a monthly listing of paid benefits;
    - (d) online access to monthly, quarterly and annual standard claim analysis reports; and
    - (e) if applicable, monthly, quarterly, or annual HealthFund product reports for customers with at least 100 enrolled lives in each HealthFund to be used for the financial evaluation and management of each HealthFund plan.
  - (2) Annual Accounting Reports - Aetna shall prepare standard annual accounting reports detailing product specific financial and plan information including enrollment fees and/or rates for each Agreement Period.
  - (3) Annual Renewal Reports – Aetna shall prepare standard annual renewal reports detailing product specific financial and plan information, including enrollment fees and/or rates for each Agreement Period.
- Any additional reporting formats and the price for any such reports shall be mutually agreed upon by the Customer and Aetna.
- (G)** Upon request of the Customer, for no additional charge, Aetna shall provide either of the following services in support of the preparation of Plan descriptions:
- (1) Prepare an Aetna standard Plan description, including descriptions of benefit revisions; or

- (2) Review the Customer-prepared employee Plan descriptions, subject to the Customer's final and sole authority regarding benefits and provisions in the self-insured portion of the Plan.

Upon request of the Customer, Aetna shall prepare a non-standard Plan description, provided the Customer must agree in advance to reimburse Aetna for the costs of that work. If the Customer requires both preparation (1) and review (2), Aetna may require an additional charge.

- (H) Upon request of the Customer, Aetna will arrange for the printing of Plan descriptions, with all costs borne by the Customer.
- (I) Upon request of the Customer, if applicable, Aetna will provide assistance in connection with the preparation of the Customer's draft Summaries of Benefits and Coverage (SBCs). Aetna may charge an additional fee for such request.
- (J) The Customer acknowledges that it has the responsibility to review and approve all Plan documents and SBCs, if applicable, and shall have the final and sole authority regarding the benefits and provisions of the Plan(s), as outlined in the Customer's Plan document. Aetna shall have no responsibility or liability for the content of any of the Customer's Plan documents, or SBC's, if applicable, regardless of the role Aetna may have played in the preparation of such documents.

#### 4. NETWORK ACCESS SERVICES

- (A) Aetna shall provide Plan Participants with access to Aetna's network hospitals, physicians and other health care providers ("**Network Providers**") who have agreed to provide services at agreed upon rates and who are participating in the applicable Aetna network covering the Plan Participants.
- (B) Contracted rates with Network Providers may be based on fee-for-service rates, case rates, per diems and in some circumstances, include performance-based contract arrangements, risk-adjustment mechanisms, quality incentives, pay-for-performance and other incentive and adjustment mechanisms. These mechanisms may include payments to physicians, physician groups, health systems and other provider organizations, including but not limited to organizations that may refer to themselves as accountable care organizations and patient-centered medical homes, in the form of periodic payments and incentive arrangements based on performance. Such payments may be more specifically described in an addendum to the Agreement. The details of such payment arrangements are available upon request. Retroactive adjustments are occasionally made to Aetna's contract rates. Retroactive adjustments may occur, for example, when the federal government does not issue cost of living data in sufficient time for an adjustment to be made on a timely basis, or because contract negotiations were not completed by the end of the prior price period or due to contract dispute settlements. In all cases, Aetna shall adjust the Customer's payments accordingly. The Customer's liability for all such adjustments shall survive the termination of the Agreement.
- (C) Aetna may contract with vendors who in turn are responsible for contracting with the providers who perform the health care services, and potentially for certain other services related to those providers such as claims processing, credentialing, and utilization management. Under some of these arrangements, the vendor bills Aetna directly for those services by its network of providers at the vendor's contracted rate with Aetna, and Aetna pays the vendor for those services. In certain cases, the amount billed by the vendor to Aetna, paid pursuant to the plan, includes an administrative fee for delegated services by the vendor. As a result, the amount the vendor pays to the health care provider through the vendor's contract with the provider may be different than the amount paid pursuant to the

Plan because the allowed amount under the Plan will be Aetna's contracted rate with the vendor, and not the contracted amount between the vendor and the health care provider.

- (D)** Aetna reserves the right to set a minimum plan benefit design structure for in-area network claims to which the Customer must comply in order to access a particular Aetna network.
- (E)** Aetna shall maintain an online directory containing information regarding Network Providers. Upon request and for an additional charge, Aetna shall provide the Customer with paper copies of physician directories.
- (F)** Aetna makes no guarantee and disclaims any obligation to make any specific health care providers or any particular number of health care providers available for use by Plan Participants or that any level of discounts or savings will be afforded to or realized by the Customer, the Plan or Plan Participants.
- (G)** Sutter Health and Affiliates, the dominant health system in much of northern California, uses its bargaining power to insist on unique requirements to participate in the Aetna network. Aetna's contract with Sutter requires payment of claims that might otherwise be denied, such as those not medically necessary or experimental or investigational (but does not require payment for services the Plan expressly excludes from coverage, such as for cosmetic surgery). Aetna will charge the Plan for these claims in order to be able to continue providing Plan Participants with access to Sutter's services on an in-network basis. Consult your SPD text to ensure that the description of Aetna's services accommodates such arrangements. Sutter also requires that the Customer agree to be bound by the terms of Aetna's contract with Sutter, including, but not limited to, the dispute resolution and binding arbitration provisions. The Customer agrees to be bound by the terms of the Sutter contract, including future amendments. The Customer may request a copy of the Sutter contract for its own use, upon completion of a confidentiality agreement. If a copy is furnished to the Customer, the Customer will hold the terms of the Sutter agreement in strict confidence in accordance with its confidentiality provisions.

**DENTAL  
SERVICE AND FEE SCHEDULE-  
TO THE MASTER SERVICES AGREEMENT  
EFFECTIVE January 1, 2018**

The Service Fees and Services effective for the period beginning January 1, 2018 and ending January 1, 2019 are specified below. They shall be amended for future periods, in accordance with section 4 of the Agreement. Any reference to "Member" shall mean a Plan Participant as defined in the Agreement.

**DENTAL SERVICES SCHEDULE  
TO THE  
MASTER SERVICES AGREEMENT  
EFFECTIVE January 1, 2018**

Subject to the terms and conditions of the Agreement, the Services available from Aetna are described below. Unless otherwise agreed in writing, only the Services selected by the Customer in the Service and Fee Schedule (as modified by Aetna from time to time pursuant to section 4 of the Agreement) will be provided by Aetna. Additional Services may be provided at the Customer's written request under the terms of the Agreement. This Schedule shall supersede any previous documents describing the Services.

**I. CLAIM FIDUCIARY**

The Customer and Aetna agree that with respect to Section 503 of the Employee Retirement Income Security Act of 1974, as amended, or applicable state law as appropriate, Aetna will be the "appropriate named fiduciary" of the Plan for the purpose of reviewing denied claims under the Plan. The Customer understands that the performance of fiduciary duties under ERISA, or applicable state law as appropriate, necessarily involves the exercise of discretion on Aetna's part in the determination and evaluation of facts and evidence presented in support of any claim or appeal. Therefore, and to the extent not already implied as a matter of law, the Customer hereby delegates to Aetna discretionary authority to determine entitlement to benefits under the applicable Plan documents for each claim received, including discretionary authority to determine and evaluate facts and evidence, and discretionary authority to construe the terms of the Plan. It is also agreed that, as between the Customer and Aetna, Aetna's decision on any claim is final and that Aetna has no other fiduciary responsibility.

**II. ADDITIONAL AUDIT GUIDELINES**

Aetna is not responsible for paying Customers' audit fees or the costs associated with an audit. Aetna will bear its own expenses associated with an audit; provided (i) the on-site portion of the audit is completed within five days, and (ii) the sample size is no more than 250 claims. Aetna will notify the Customer prior to the audit, if an audit request would require an additional payment from the Customer for any audits in excess of the aforementioned thresholds.

**III. DENTAL MANAGEMENT SERVICES**

**1. Dental Utilization Management:**

The Dental utilization management program provides for appropriate review, by licensed dentists and other dental professionals, of certain dental claims, as well as of voluntary predeterminations, in order to assist in making coverage determinations based on the necessity and appropriateness of services rendered to treat Plan Participants' dental conditions.

**2. Dental/Medical Integration (DMI) Program:**

The DMI program is designed to educate Plan Participants on the impact of good oral health care on the management of certain diseases and conditions. Plan Participants identified with diabetes, coronary artery disease/cerebrovascular disease or who are pregnant, are sent educational materials explaining the correlation between their disease or condition and periodontal disease. The following programs are included:

- Enhanced Benefit Program for Pregnant Women (offers additional benefits, i.e., an additional cleaning).
- Enhanced Benefit Program for Diabetes and Coronary Artery Disease (offers additional benefits, i.e., an additional cleaning).
- Member Outreach Program (educational materials sent to Plan Participants or outreach phone calls made to Plan Participants encouraging the importance of oral care).

#### **IV. TECHNOLOGY/WEB TOOLS**

##### **1. DocFind®**

Aetna's online participating provider directory--updated daily -- that anyone can use to locate network physicians and other health care providers such as dentists, optometrists, hospitals and pharmacies.

##### **2. Aetna Navigator®**

Aetna Navigator is a secure Employee website that can be used as an online resource for personalized health and financial information.

##### **3. iTriage®**

iTriage contains comprehensive dental health information in collaboration with The Columbia University College of Dental Medicine. The site includes detailed information on conditions and procedures, and information on the effects that medical conditions such as diabetes and heart disease can have on oral health. The site also features resources for children to learn about dental terms and the importance of taking care of their teeth at an early age; and provides important information to parents about children's dental health, from a baby's first dental visit to the teen years.

#### **V. ID CARDS**

Upon the Customer's request, Aetna will include third party vendor information on Plan Participant identification cards. In such event, the Customer shall indemnify Aetna, its affiliates and their respective directors, officers, and employees from that portion of any actual third party loss (including reasonable attorney's fees) resulting from the inclusion of such third party vendor information on identification cards.

#### **VI. DENTAL SAVINGS PROGRAMS**

##### **1. Available Programs**

###### **A. DENTAL PPO II NETWORK PROGRAM (PPO II).**

PPO II dental Providers are considered participating providers in the Customer's Plan, and Covered Services rendered by such Providers will be paid as in-network services in accordance with the terms of the Customer's Plan. When available, the Contracted Rates with PPO II Providers may result in savings for the Customer and Plan Participants. Aetna contracts with one or more third-party network vendors to access their Contracted Rates with Providers. The Providers have agreed to accept the Contracted Rate and not to balance bill Plan Participants.

## B. DENTAL OUT OF NETWORK SAVINGS PROGRAM.

The Dental Out of Network Savings Program provides access to reduced rates for many dental claims paid under non-network standalone dental Indemnity plans and the out-of-network portion of standalone dental PPO plans. Aetna contracts with one or more third-party network vendors to access their Contracted Rates with Providers. The Providers have agreed to accept the Contracted Rate and not to balance bill Plan Participants. Dental Out of Network Savings Program dental Providers are *not* considered participating provider's in the Customer's Plan.

## 2. Terms and Conditions Applicable to Both Programs

### A. Customer Charges For Provider Payments

For Plan benefits rendered by a Provider for which Aetna has accessed a Contracted Rate, the Customer shall be charged the amount paid to the Provider, less any applicable coinsurance and/or deductible owed by the Plan Participant under the Plan.

### B. Access Fees

- (i) As compensation for the services provided by Aetna under either program for Savings achieved, the Customer shall pay an Access Fee to Aetna as described in the Service and Fee Schedule (excluding Savings with respect to claims for which Aetna is liable for funding, e.g., claims in excess of an individual or aggregate stop loss point).
- (ii) Aetna shall provide a quarterly report of Savings and Access Fees. Access Fees may be included with claims in other reports.

### C. Plan Participant Information Regarding the Programs

The Customer is responsible for informing Plan Participants of the availability of the programs. For the Dental Out of Network Savings Program, a Customer's summary plan description must define Recognized Charge in a way that conforms to Aetna's requirements and must clearly indicate that Plan benefits under the program are covered at the benefit level for out-of-network (non-preferred) providers.

### D. Definitions

As used in this section VI:

**"Access Fee"** means the amount to be paid by the Customer to Aetna for access to the Savings provided under the program, as indicated in the Service and Fee Schedule.

**"Contracted Rate"** means the amount the Provider has agreed to accept as payment under the Provider's contract with a third party network vendor.

**"Provider"** means those dentists and other dental care providers who have agreed pursuant to a contract with a third-party network vendor to provide Plan benefits at a Contracted Rate under the program.

**"Recognized Charge"** is defined in the Customer's Plan. Where a similar term (such as "reasonable charge amount") is used in the Customer's Plan instead of "recognized charge", it will have the same meaning as

Recognized Charge.

**“Savings”** means: (i) for the PPOII Program, the difference between the average charges for the area as identified in the FAIR Health claims database and the Contracted Rate; (ii) for the DONS Program, the difference between the Recognized Charge for each Plan benefit, and the Contracted Rate for the Plan benefit under the program. For any Plan benefit where the Recognized Charge is lower than the Contracted Rate, the Savings will be zero.

The Customer acknowledges that:

- (i) Aetna does not credential, monitor or oversee those Providers who participate through third party contracts, or in the Dental Out of Network Savings Program. Providers in either program may not necessarily be available or convenient.
- (ii) For the Dental PPO II Network Program, information about participating PPO II Providers can be found on DocFind®, Aetna’s online provider listing, on our website at [www.Aetna.com](http://www.Aetna.com) or by other comparable means. PPO II Providers listed on DocFind may not necessarily be available or convenient.
- (iii) For the Dental Out of Network Savings Program, Aetna does not publish a directory of Providers that have agreed to provide Plan benefits at Contracted Rates under their contract with a third party network vendor.
- (iv) The following claim situations may not be eligible for either program:
  - Claims involving Medicare when Aetna is the secondary payer
  - Claims involving coordination of benefits (COB) when Aetna is the secondary payer

#### E. General Provisions

- (i) Aetna’s only liability to the Customer for any loss of access to a discount arising under or related to either program, regardless of the form of action, shall be limited to the Access Fees actually paid to Aetna by the Customer for services rendered; provided, however, this limitation will not apply to or affect any performance standards set forth in the Agreement.
- (ii). The terms and conditions of either program shall remain in effect for any claims incurred prior to the termination date that are administered by Aetna after the termination date.

**TEMPORARY EXHIBIT 1 –HEALTH COVERAGE  
PLAN OF BENEFITS  
TO THE  
MASTER SERVICES AGREEMENT  
EFFECTIVE January 1, 2018**

The Plan(s) described in this Temporary Appendix are benefit plans of the Customer. These benefits are not insured with Aetna but will be paid from the Customer's funds. Until this Temporary Appendix is otherwise modified or replaced in its entirety by agreement between Aetna and the Customer:

1. Aetna will provide certain administrative services to the Plan as outlined in the Letter of Understanding signed by Aetna.
2. Aetna will use the description of covered benefits, services and programs outlined in the Plan Design(s), including any subsequent changes agreed to by Aetna and the Customer, in the administration of the Plan(s).
3. Further, in the administration of the Plan(s), Aetna will use Aetna's standard plan General Exclusions and standard Glossary definitions of terms.

The terms of this Temporary Appendix control until superseded by a subsequent Plan document or Summary Plan Description, for any specific benefits applicable to any class(es) of employees, as indicated therein.

#### **4.2.19 Sample Administration Forms**

Proposers should include a sample identification card, claims forms, enrollment forms and explanation of benefits forms.

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Please refer to the Samples and Brochures for a sample identification card, claim form, enrollment form and explanation of benefits form.

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***No information was requested in section 4.2.20***

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#### **4.2.21 Minority/Women (M/WBE) Participation**

If your firm is a certified minority business enterprise as defined by the Florida Small and Minority Business Assistance Act of 1985, provide copies of your certification(s). If your firm is not a certified M/WBE, describe your company's previous efforts, as well as planned efforts in meeting M/WBE procurement goals under Florida Statutes 287.09451.

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Aetna is not a certified minority business enterprise. However, we have a variety of initiative to support supplier diversity we have discussed below.

We would also like to point out a comprehensive service we have with a Florida based M/WBE vendor called Benefits Outsource, Inc. to provide COBRA Administration services, and would be happy to discuss offering this program with the City should they be interested.

#### **Aetna's Supplier Diversity Program**

At Aetna, we take every opportunity to be inclusive in our sourcing activities. With this understanding, we have established proactive efforts to reach traditionally underutilized (TUU) suppliers. We believe we have achieved a level of success purchasing with TUU suppliers in support of our national portfolio, however we continue to look for new opportunities to integrate TUU suppliers into the way we do business.

As evidence of our commitment to the diverse communities we serve, in 2014 Aetna's first and second tier expense with certified minority-owned (MBE), women-owned (WBE), lesbian, gay, bisexual, transgender-owned (LGBT), disability-owned (DISBE), veteran-owned (VBE) and registered small businesses (SBE) totaled \$252 million.

For your review we have included our Supplier Diversity Program objectives, definitions, community involvement and achievements.

## **Program Objectives**

Our program has two major objectives. The first objective is to increase first tier dollars procured directly with TUU suppliers. Each year, we establish both enterprise and business area Supplier Diversity targets that are directly tied to the Aetna scorecard. Performance is tracked and communicated to key business area leaders monthly and to our Executive Committee quarterly. As an enterprise we strive to demonstrate year-over-year growth in our Supplier Diversity expense.

The second objective of our program is to develop second tier purchasing partnerships. Aetna requires our prime suppliers to meet second tier targets in support of both our Supplier Diversity strategy and business needs. We believe that in order for us to be successful, not only do we have to support TUU suppliers, but so do the companies with whom we do business.

## **Diverse Businesses Definitions**

Aetna defines minority-owned and women-owned business enterprises (MBE/WBE), as suppliers that have been certified as such by a third party organization acceptable to Aetna. These companies are 51 percent owned, controlled, operated, and managed by members of a minority group or non-minority women. Minority groups include: African Americans, Hispanic Americans, Native Americans, Asian Indian Americans and Asian Pacific Americans.

Lesbian, gay, bisexual and transgender-owned businesses (LGBT) are defined as at least 51% owned by one or more, gay, lesbian, bisexual or transgendered individuals.

Disability-owned business enterprises (DISBE) are defined as at least 51% owned, operated, managed, and controlled by an individual with a disability or service-disabled veteran who is either a U.S. citizen or a lawful permanent resident.

Veteran-owned business enterprises (VBE) are defined as small businesses that are at least 51% unconditionally owned by one or more veterans (as defined at 38 U.S.C. (2)); or in the case of any publicly owned business, at least 51% of the stock which is unconditionally owned by one or more veterans; and whose management and daily business operations are controlled by one or more veterans.

Small business enterprises (SBE) are defined as suppliers registered with the Small Business Administration. Small Business designations include: small business, small disadvantaged business, disadvantage business, disabled veteran owned business, veteran owned business, HUBZone, or the SBA 8(a) Program.

### **Certification**

In order to validate ownership, TUU suppliers are required to obtain certification through a third party agency. Aetna accepts certification from the following:

- National Minority Supplier Development Council (NMSDC)
- Women's Business Enterprise National Council (WBENC)
- National Gay and Lesbian Chamber of Commerce (NGLCC)
- US Business Leadership Network (USBLN)
- US Department of Veterans Affairs

We also accept registration through the Small Business Administration (SBA) for our small business suppliers. We evaluate certification from other third-party organizations on a case by case basis and actively solicit participation from TUU suppliers certified through state, county and city agencies.

### **Aetna's Community Involvement**

Aetna holds a national corporate membership with the following organizations:

- National Minority Supplier Development Council (NMSDC)
- Women's Business Enterprise National Council (WBENC)
- National Gay And Lesbian Chamber of Commerce (NGLCC)

We also participate on the following boards and councils:

- Board of Directors for the Greater New England Minority Supplier Development Council (GNEMSDC)
- Procurement Council through the National Gay and Lesbian Chamber of Commerce (NGLCC)
- Healthcare Industry Group (HCIG) through National Minority Supplier Development Council (NMSDC)

#### **4.2.22 Required Forms**

**a. Proposal Certification**

Complete and attach the Proposal Certification provided herein.

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**b. Non-Collusion Statement**

This form is to be completed, if applicable, and inserted in this section.

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**c. Local Business Preference (LBP)**

This form is to be completed, if applicable, and inserted in this section.

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**d. Contract Payment Method**

This form must be completed and returned with your proposal. Proposers must presently have the ability to accept these credit cards or take whatever steps necessary to implement acceptance of a card before the start of the contract term, or contract award by the City.

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**e. Sample Insurance Certificate**

Demonstrate your firm's ability to comply with insurance requirements. Provide a previous certificate or other evidence listing the Insurance Companies names for the required coverage and limits.

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Box label- sealed package with the RFP number, due and open date, and RFP title clearly marked on the outside

Bid 575-11928

Bid End Date Apr 11, 2017 2:00:00 PM EDT

Group DHMO and DPPO Dental Plan Benefits

From: Aetna Life Insurance Company

151 Farmington Avenue

Hartford, CT 06156

**BID/PROPOSAL CERTIFICATION**

**Please Note:** If responding to this solicitation through BidSync, the electronic version of the bid response will prevail, unless a paper version is clearly marked **by the bidder** in some manner to indicate that it will supplant the electronic version. All fields below must be completed. If the field does not apply to you, please note N/A in that field.

If you are a foreign corporation, you may be required to obtain a certificate of authority from the department of state, in accordance with Florida Statute §607.1501 (visit <http://www.dos.state.fl.us/>).

Company: (Legal Registration) Aetna Life Insurance Company EIN (Optional): 06-6033492

Address: 151 Farmington Avenue

City: Hartford State: CT Zip: 06156

Telephone No. (860) 273-0123 FAX No. (860) 273-3382 Email: CopeckMS@aetna.com

Delivery: Calendar days after receipt of Purchase Order (**section 1.02 of General Conditions**): Effective as of 1/1/2018

Total Bid Discount (**section 1.05 of General Conditions**): None

Does your firm qualify for MBE or WBE status (**section 1.09 of General Conditions**): MBE N/A WBE N/A

**ADDENDUM ACKNOWLEDGEMENT** - Proposer acknowledges that the following addenda have been received and are included in the proposal:

Addendum No.	Date Issued	Addendum No.	Date Issued	Addendum No.	Date Issued
<u>1</u>	<u>3/24/17</u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>

**VARIANCES:** If you take exception or have variances to any term, condition, specification, scope of service, or requirement in this competitive solicitation you must specify such exception or variance in the space provided below or reference in the space provided below all variances contained on other pages within your response. Additional pages may be attached if necessary. No exceptions or variances will be deemed to be part of the response submitted unless such is listed and contained in the space provided below. The City does not, by virtue of submitting a variance, necessarily accept any variances. If no statement is contained in the below space, it is hereby implied that your response is in full compliance with this competitive solicitation. If you do not have variances, simply mark N/A. **If submitting your response electronically through BIDSINC you must also click the "Take Exception" button.**

Subject to our RFP Response and the deviations/clarifications contained therein.

The below signatory hereby agrees to furnish the following article(s) or services at the price(s) and terms stated subject to all instructions, conditions, specifications addenda, legal advertisement, and conditions contained in the bid/proposal. I have read all attachments including the specifications and fully understand what is required. By submitting this signed proposal I will accept a contract if approved by the City and such acceptance covers all terms, conditions, and specifications of this bid/proposal. The below signatory also hereby agrees, by virtue of submitting or attempting to submit a response, that in no event shall the City's liability for respondent's direct, indirect, incidental, consequential, special or exemplary damages, expenses, or lost profits arising out of this competitive solicitation process, including but not limited to public advertisement, bid conferences, site visits, evaluations, oral presentations, or award proceedings exceed the amount of Five Hundred Dollars (\$500.00). This limitation shall not apply to claims arising under any provision of indemnification or the City's protest ordinance contained in this competitive solicitation.

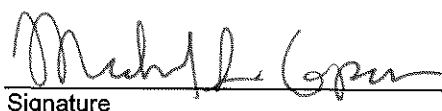
Submitted by:

Michael S. Copeck

Name (printed)

Date:

4/7/2017



Signature

Assistant Vice President and Actuary

Title

revised 04/10/15

**NON-COLLUSION STATEMENT:**

By signing this offer, the vendor/contractor certifies that this offer is made independently and *free* from collusion. Vendor shall disclose below any City of Fort Lauderdale, FL officer or employee, or any relative of any such officer or employee who is an officer or director of, or has a material interest in, the vendor's business, who is in a position to influence this procurement.

Any City of Fort Lauderdale, FL officer or employee who has any input into the writing of specifications or requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, to be in a position to influence this procurement.

For purposes hereof, a person has a material interest if they directly or indirectly own more than 5 percent of the total assets or capital stock of any business entity, or if they otherwise stand to personally gain if the contract is awarded to this vendor.

In accordance with City of Fort Lauderdale, FL Policy and Standards Manual, 6.10.8.3,

3.3. City employees may not contract with the City through any corporation or business entity in which they or their immediate family members hold a controlling financial interest (e.g. ownership of five (5) percent or more).

3.4. Immediate family members (spouse, parents and children) are also prohibited from contracting with the City subject to the same general rules.

**Failure of a vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the City Procurement Code.**

<b><u>NAME</u></b>	<b><u>RELATIONSHIPS</u></b>
None	
_____	_____
_____	_____
	_____
	_____

**In the event the vendor does not indicate any names, the City shall interpret this to mean that the vendor has indicated that no such relationships exist.**

**CONTRACT PAYMENT METHOD BY P-CARD**

THIS FORM MUST BY SUBMITTED WITH YOUR RESPONSE

The City of Fort Lauderdale has implemented a Procurement Card (P-Card) program which changes how payments are remitted to its vendors. The City has transitioned from traditional paper checks to payment by credit card via MasterCard or Visa. This allows you as a vendor of the City of Fort Lauderdale to receive your payment fast and safely. No more waiting for checks to be printed and mailed.

Payments will be made utilizing the City's P-Card (MasterCard or Visa). Accordingly, firms must presently have the ability to accept credit card payment or take whatever steps necessary to implement acceptance of a credit card before the commencement of a contract.

Please indicate which credit card payment you prefer:

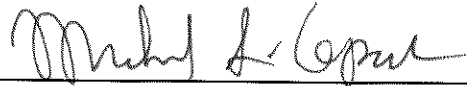
\* \_\_\_\_\_ Master Card

\* \_\_\_\_\_ Visa Card

Company Name: Aetna Life Insurance Company

Michael S. Copeck

Name (printed)



Signature

4/7/2017

Date:

Assistant Vice President and Actuary

Title

\* Agreed. Aetna would need additional information to understand the details on the current arrangement. We look forward to sitting down and identifying the best way to support the city and this arrangement.

I, Melinda Westbrook, Assistant Corporate Secretary of Aetna Life Insurance Company (the "Company"), do hereby certify that:

- (A) The following vote was duly adopted by the Board of Directors of the Company at its meeting held on November 20, 1987, that such vote was amended by the Board of Directors at its meeting held on March 29, 1991, and that such vote, as amended, remains in full force and effect as of this date:

VOTED: That each of the following officers:

Chairman  
Vice Chairman  
President  
Executive Vice President  
Group Executive  
Senior Vice President  
Vice President  
Controller  
General Counsel  
Corporate Secretary  
Assistant Vice President  
Assistant Corporate Secretary

- (1) are hereby severally authorized to sign in the Company's name:
- (a) insurance contracts of every type and description which this Company is authorized to write;
  - (b) agreements relating to the purchase, sale, or exchange of securities including any consents and modifications given or made under such agreements;
  - (c) conveyances and leases of real estate or any interest therein including any modifications thereof;
  - (d) assignments and releases of mortgages and other liens, claims or demands;
  - (e) any other written instrument which they are authorized to approve in the normal course of Company business; and
  - (f) any other written instrument when specifically authorized by the Board of Directors, the Chairman, the Vice Chairman or the President;

and are further severally authorized (i) to delegate all or any part of the foregoing authority to one or more officers, employees or agents of this Company, provided that each such delegation is in writing and a copy thereof is filed in the Office of the Corporate Secretary, or (ii) to designate any attorney at law representing this Company on a matter under their direction, to so sign this Company's name; and

- (2) are hereby severally authorized to possess this Company's duplicate seals and to affix the same to items (a) through (f) above; and are further severally authorized to designate, in a writing filed in the Office of the Corporate Secretary, any officer, employee or agent of this Company to possess and to so affix this Company's duplicate seals.

(B) Michael S. Copeck is Assistant Vice President and Actuary of the Company.

Dated at Hartford, Connecticut, on May 9, 2012.


Melinda Westbrook  
Assistant Corporate Secretary

(COMPANY NAME, AUTHORITY TO SIGN)



## ADDENDUM NO. 1

RFP No. 575-11928  
TITLE: Group DHMO and DPPO Dental Plan Benefits

ISSUED: March 24, 2017

This addendum is being issued to make the following change:

1. Section 3.6.4 shall now read:

Dependent Coverage

Eligible dependents shall include a covered employee's spouse if not divorced or legally separated or domestic partner and a covered employee's child to the end of the calendar year in which the child reaches age **twenty six (26)**, if the child meets all of the following:

- (a) The child is dependent upon the employee for support and is not married.
- (b) The child is living in the household of the employee, or the child is a full-time or part time student.

This definition shall apply to any and all plans offered by The City.

All other terms, conditions, and specifications remain unchanged.

AnnDebra Diaz, CPPB  
Senior Procurement Specialist

Company Name: Aetna Life Insurance Company  
(please print)

Bidder's Signature: Mindy L. Lopez

Date: 4/7/17

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The information being designated as Trade Secret is so under the definitions of FL Statute 812.081. As defined in the statute Trade secret is a "compilation of information which is for use, or is used, in the operation of a business and which provides the business an advantage, or an opportunity to obtain an advantage, over those who do not know or use it".

Florida Statutes – Statute 812.081: "Trade secrets; theft, embezzlement; unlawful copying; definitions; penalty.— ...c) "Trade secret" means the whole or any portion or phase of any formula, pattern, device, combination of devices, or compilation of information which is for use, or is used, in the operation of a business and which provides the business an advantage, or an opportunity to obtain an advantage, over those who do not know or use it. "Trade secret" includes any scientific, technical, or commercial information, including any design, process, procedure, list of suppliers, list of customers, business code, or improvement thereof. Irrespective of novelty, invention, patentability, the state of the prior art, and the level of skill in the business, art, or field to which the subject matter pertains, a trade secret is considered to be:

1. Secret;
2. Of value;
3. For use or in use by the business; and
4. Of advantage to the business, or providing an opportunity to obtain an advantage, over those who do not know or use it when the owner thereof takes measures to prevent it from becoming available to persons other than those selected by the owner to have access thereto for limited purposes."

Aetna considers these Trade Secrets protected under FL Statutes 815.045 and 815.04. The legislature indicated in 815.045 the importance to protect Trade Secrets if such Trade Secrets have been correctly identified. We shall protect these Trade Secrets if requested to be released before or after the procurement has been awarded under all the statutes cited under this response.

Florida Statutes— Statute 815.045 : “Trade secret information.—The Legislature finds that it is a public necessity that trade secret information as defined in s. 812.081, and as provided for in s. 815.04(3), be expressly made confidential and exempt from the public records law because it is a felony to disclose such records. Due to the legal uncertainty as to whether a public employee would be protected from a felony conviction if otherwise complying with chapter 119, and with s. 24(a), Art. I of the State Constitution, it is imperative that a public records exemption be created. The Legislature in making disclosure of trade secrets a crime has clearly established the importance attached to trade secret protection. Disclosing trade secrets in an agency’s possession would negatively impact the business interests of those providing an agency such trade secrets by damaging them in the marketplace, and those entities and individuals disclosing such trade secrets would hesitate to cooperate with that agency, which would impair the effective and efficient administration of governmental functions. Thus, the public and private harm in disclosing trade secrets significantly outweighs any public benefit derived from disclosure, and the public’s ability to scrutinize and monitor agency action is not diminished by nondisclosure of trade secrets.”

Florida Statutes – Statute 815.04 Offenses against intellectual property; public records exemption.— (4) A person who willfully, knowingly, and without authorization discloses or takes data, programs, or supporting documentation that is a trade secret as defined in s. 812.081 or is confidential as provided by law residing or existing internal or external to a computer, computer system, computer network, or electronic device commits an offense against intellectual property.

Aetna is claiming this information as Confidential:

#### **4.2.22 Required Forms**

— SSAE 16, SOC 2, Type I report (2.25) \*

**\*This file can be found on the enclosed CD-ROM, due to size.**

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Dental Benefits Summary  
Firefighters

<b>Passive PPO With PPOII Network</b>	
Annual Deductible*	
Individual	<b>\$100</b>
Family	<b>None</b>
Preventive Services	<b>100%</b>
Basic Services	<b>80%</b>
Major Services	<b>50%</b>
Annual Benefit Maximum	<b>\$1,500</b>
Office Visit Copay	<b>N/A</b>
Orthodontic Services (Adult and Child)	<b>50%</b>
Orthodontic Deductible	<b>None</b>
Orthodontic Lifetime Maximum	<b>\$1,500</b>
*The deductible applies to: Basic & Major services only	

<b>Passive PPO With PPOII Network</b>	
<b>Partial List of Services</b>	
<b>Preventive</b>	
Oral examinations (a)	100%
Cleanings (a) Adult/Child	100%
Fluoride (a)	100%
Sealants (permanent molars only) (a)	100%
Bitewing Images (a)	100%
Full mouth series Images (a)	100%
Space Maintainers	100%
<b>Basic</b>	
Root canal therapy	
Anterior teeth / Bicuspid teeth	80%
Root canal therapy, molar teeth	80%
Scaling and root planing (a)	80%
Gingivectomy*	80%
Amalgam (silver) fillings	80%
Composite fillings	80%
Stainless steel crowns	80%
Incision and drainage of abscess*	80%
Uncomplicated extractions	80%
Surgical removal of erupted tooth*	80%
Surgical removal of impacted tooth (soft tissue)*	80%
Osseous surgery (a)*	80%
Surgical removal of impacted tooth (partial bony/ full bony)*	80%
General anesthesia/intravenous sedation*	80%
Crown Lengthening	80%
<b>Major</b>	
Inlays	50%
Onlays	50%
Crowns	50%
Full & partial dentures	50%
Pontics	50%
Denture repairs	50%
Crown Build-Ups	50%
*Certain services may be covered under the Medical Plan. Contact Member Services for more details.	
(a) Frequency and/or age limitations may apply to these services. These limits are described in the booklet/certificate.	



## Dental Benefits Summary Firefighters

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### Other Important Information

This Aetna Dental® Preferred Provider Organization (PPO) benefits summary is provided by Aetna Life Insurance Company for some of the more frequently performed dental procedures. Under the Dental Preferred Provider Organization (PPO) plan, you may choose at the time of service either a PPO participating dentist or any nonparticipating dentist. With the PPO plan, savings are possible because the participating dentists have agreed to provide care for covered services at negotiated rates. Non-participating benefits are subject to recognized charge limits.

### Emergency Dental Care

If you need emergency dental care for the palliative treatment (pain relieving, stabilizing) of a dental emergency, you are covered 24 hours a day, 7 days a week.

When emergency services are provided by a participating PPO dentist, your co-payment/coinsurance amount will be based on a negotiated fee schedule. When emergency services are provided by a non-participating dentist, you will be responsible for the difference between the plan payment and the dentist's usual charge. Refer to your plan documents for details. Subject to state requirements. Out-of-area emergency dental care may be reviewed by our dental consultants to verify appropriateness of treatment.

### Partial List of Exclusions and Limitations\* - Coverage is not provided for the following:

1. Services or supplies that are covered in whole or in part:
  - (a) under any other part of this Dental Care Plan; or
  - (b) under any other plan of group benefits provided by or through your employer.
2. Services and supplies to diagnose or treat a disease or injury that is not:
  - (a) a non-occupational disease; or
  - (b) a non-occupational injury.
3. Services not listed in the Dental Care Schedule that applies, unless otherwise specified in the Booklet-Certificate.
4. Those for replacement of a lost, missing or stolen appliance, and those for replacement of appliances that have been damaged due to abuse, misuse or neglect.
5. Those for plastic, reconstructive or cosmetic surgery, or other dental services or supplies, that are primarily intended to improve, alter or enhance appearance. This applies whether or not the services and supplies are for psychological or emotional reasons. Facings on molar crowns and pontics will always be considered cosmetic.
6. Those for or in connection with services, procedures, drugs or other supplies that are determined by Aetna to be experimental or still under clinical investigation by health professionals.
7. Those for dentures, crowns, inlays, onlays, bridgework, or other appliances or services used for the purpose of splinting, to alter vertical dimension, to restore occlusion, or to correct attrition, abrasion or erosion.
8. Those for any of the following services (Does not apply to the DMO plan in TX):
  - (a) an appliance or modification of one if an impression for it was made before the person became a covered person;
  - (b) a crown, bridge, or cast or processed restoration if a tooth was prepared for it before the person became a covered person; or
  - (c) root canal therapy if the pulp chamber for it was opened before the person became a covered person.
9. Services that Aetna defines as not necessary for the diagnosis, care or treatment of the condition involved. This applies even if they are prescribed, recommended or approved by the attending physician or dentist.
10. Those for services intended for treatment of any jaw joint disorder, unless otherwise specified in the Booklet-Certificate.
11. Those for space maintainers, except when needed to preserve space resulting from the premature loss of deciduous teeth.
12. Those for orthodontic treatment, unless otherwise specified in the Booklet-Certificate.
13. Those for general anesthesia and intravenous sedation, unless specifically covered. For plans that cover these services, they will not be eligible for benefits unless done in conjunction with another necessary covered service.
14. Those for treatment by other than a dentist, except that scaling or cleaning of teeth and topical application of fluoride may be done by a licensed dental hygienist. In this case, the treatment must be given under the supervision and guidance of a dentist.
15. Those in connection with a service given to a person age 5 or older if that person becomes a covered person other than:
  - (a) during the first 31 days the person is eligible for this coverage, or
  - (b) as prescribed for any period of open enrollment agreed to by the employer and Aetna. This does not apply to charges incurred:
    - (i) after the end of the 12-month period starting on the date the person became a covered person; or
    - (ii) as a result of accidental injuries sustained while the person was a covered person; or
    - (iii) for a primary care service in the Dental Care Schedule that applies as shown under the headings Visits and Exams, and X-rays and Pathology.



## Dental Benefits Summary Firefighters

16. Services given by a nonparticipating dental provider to the extent that the charges exceed the amount payable for the services shown in the Dental Care Schedule that applies.
17. Those for a crown, cast or processed restoration unless:
  - (a) it is treatment for decay or traumatic injury, and teeth cannot be restored with a filling material; or
  - (b) the tooth is an abutment to a covered partial denture or fixed bridge.
18. Those for pontics, crowns, cast or processed restorations made with high-noble metals, unless otherwise specified in the Booklet-Certificate.
19. Those for surgical removal of impacted wisdom teeth only for orthodontic reasons, unless otherwise specified in the Booklet-Certificate.
20. Services needed solely in connection with non-covered services.
21. Services done where there is no evidence of pathology, dysfunction or disease other than covered preventive services.

Any exclusion above will not apply to the extent that coverage of the charges is required under any law that applies to the coverage.

\*This is a partial list of exclusions and limitations, others may apply. Please check your plan booklet for details.

### **Your Dental Care Plan Coverage Is Subject to the Following Rules:**

#### Replacement Rule

The replacement of; addition to; or modification of: existing dentures; crowns; casts or processed restorations; removable denture; fixed bridgework; or other prosthetic services is covered only if one of the following terms is met:

The replacement or addition of teeth is required to replace one or more teeth extracted after the existing denture or bridgework was installed. This coverage must have been in force for the covered person when the extraction took place.

The existing denture, crown; cast or processed restoration, removable denture, bridgework, or other prosthetic service cannot be made serviceable, and was installed at least 5 years before its replacement.

The existing denture is an immediate temporary one to replace one or more natural teeth extracted while the person is covered, and cannot be made permanent, and replacement by a permanent denture is required. The replacement must take place within 12 months from the date of initial installation of the immediate temporary denture.

The extraction of a third molar does not qualify. Any such appliance or fixed bridge must include the replacement of an extracted tooth or teeth.

#### Tooth Missing But Not Replaced Rule

Coverage for the first installation of removable dentures; fixed bridgework and other prosthetic services is subject to the requirements that such removable dentures; fixed bridgework and other prosthetic services are (i) needed to replace one or more natural teeth that were removed while this policy was in force for the covered person; and (ii) are not abutments to a partial denture; removable bridge; or fixed bridge installed during the prior 5 years.

Alternate Treatment Rule: If more than one service can be used to treat a covered person's dental condition, Aetna may decide to authorize coverage only for a less costly covered service provided that all of the following terms are met:

- (a) the service must be listed on the Dental Care Schedule;
- (b) the service selected must be deemed by the dental profession to be an appropriate method of treatment; and
- (c) the service selected must meet broadly accepted national standards of dental practice.

If treatment is being given by a participating dental provider and the covered person asks for a more costly covered service than that for which coverage is approved, the specific copayment for such service will consist of:

- (a) the copayment for the approved less costly service; plus
- (b) the difference in cost between the approved less costly service and the more costly covered service.



## Dental Benefits Summary Firefighters

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### Finding Participating Providers

Consult Aetna Dentals online provider directory, DocFind®, for the most current provider listings. Participating providers are independent contractors in private practice and are neither employees nor agents of Aetna Dental or its affiliates. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice. For the most current information, please contact the selected provider or Aetna Member Services at the toll-free number on your online ID card, or use our Internet-based provider directory (DocFind) available at [www.aetna.com](http://www.aetna.com).

Specific products may not be available on both a self-funded and insured basis. The information in this document is subject to change without notice. In case of a conflict between your plan documents and this information, the plan documents will govern.

In the event of a problem with coverage, members should contact Member Services at the toll-free number on their online ID cards for information on how to utilize the grievance procedure when appropriate.

All member care and related decisions are the sole responsibility of participating providers. Aetna Dental does not provide health care services and, therefore, cannot guarantee any results or outcomes.

Dental plans are provided or administered by Aetna Life Insurance Company, Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Health Inc.

In Texas, the Dental Preferred Provider Organization (PPO) is known as the Participating Dental Network (PDN), and is administered by Aetna Life Insurance Company.

This material is for informational purposes only and is neither an offer of coverage nor dental advice. It contains only a partial, general description of plan or program benefits and does not constitute a contract. The availability of a plan or program may vary by geographic service area. Certain dental plans are available only for groups of a certain size in accordance with underwriting guidelines. Some benefits are subject to limitations or exclusions. Consult the plan documents (Schedule of Benefits, Certificate/Evidence of Coverage, Booklet, Booklet-Certificate, Group Agreement, Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plan.

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call 877-238-6200.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,  
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),  
1-800-648-7817, TTY: 711,  
Fax: 859-425-3379 (CA HMO customers: 860-262-7705),  
[CRCoordinator@aetna.com](mailto:CRCoordinator@aetna.com).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

*Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).*

TTY: 711

For language assistance in your language call 877-238-6200 at no cost. (English)



Dental Benefits Summary  
Firefighters

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Para obtener asistencia lingüística en español, llame sin cargo al 877-238-6200. (Spanish)

欲取得繁體中文語言協助，請撥打877-238-6200，無需付費。(Chinese)

Pour une assistance linguistique en français appeler le 877-238-6200 sans frais. (French)

Para sa tulong sa wika na nasa Tagalog, tawagan ang 877-238-6200 nang walang bayad. (Tagalog)

Benötigen Sie Hilfe oder Informationen in deutscher Sprache? Rufen Sie uns kostenlos unter der Nummer 877-238-6200 an. (German)

للمساعدة في (اللغة العربية)، الرجاء الاتصال على الرقم المجاني 877-238-6200. (Arabic)

Pou jwenn asistans nan lang Kreyòl Ayisyen, rele nimewo 877-238-6200 gratis. (French Creole)

Per ricevere assistenza linguistica in italiano, può chiamare gratuitamente 877-238-6200. (Italian)

日本語で援助をご希望の方は、877-238-6200 まで無料でお電話ください。(Japanese)

한국어로 언어 지원을 받고 싶으시면 무료 통화번호인 877-238-6200 번으로 전화해 주십시오. (Korean)

برای راهنمایی به زبان فارسی با شماره 877-238-6200. بدون هیچ هزینه ای تماس بگیرید. انگلیسی (Persian)

Aby uzyskać pomoc w języku polskim, zadzwoń bezpłatnie pod numer 877-238-6200. (Polish)

Para obter assistência linguística em português ligue para o 877-238-6200 gratuitamente. (Portuguese)

Чтобы получить помощь русскоязычного переводчика, позвоните по бесплатному номеру 877-238-6200. (Russian)

Để được hỗ trợ ngôn ngữ bằng (ngôn ngữ), hãy gọi miễn phí đến số 877-238-6200. (Vietnamese)



Dental Benefits Summary  
Management & Teamsters

	<b>Active PPO</b>	
	<b>With PPOII Network</b>	
	<b>Participating</b>	<b>Non-participating</b>
<b>Annual Deductible*</b>		
Individual	None	\$100
Family	None	\$300
<b>Preventive Services</b>	100%	100%
<b>Basic Services</b>	100%	60%
<b>Major Services</b>	60%	60%
<b>Annual Benefit Maximum</b>	\$1,500	\$1,500
<b>Office Visit Copay</b>	N/A	N/A
<b>Orthodontic Services (Adult and Child)</b>	60%	60%
<b>Orthodontic Deductible</b>	None	None
<b>Orthodontic Lifetime Maximum</b>	\$2,500	\$2,500

\*The deductible applies to: Basic & Major services only

<b>Partial List of Services</b>	<b>Active PPO</b>	
	<b>With PPOII Network</b>	
	<b>Participating</b>	<b>Non-participating</b>
<b>Preventive</b>		
Oral examinations (a)	100%	100%
Cleanings (a) Adult/Child	100%	100%
Fluoride (a)	100%	100%
Sealants (permanent molars only) (a)	100%	100%
Bitewing Images (a)	100%	100%
Full mouth series Images (a)	100%	100%
Space Maintainers	100%	100%
<b>Basic</b>		
Root canal therapy		
Anterior teeth / Bicuspid teeth	100%	60%
Root canal therapy, molar teeth	100%	60%
Scaling and root planing (a)	100%	60%
Gingivectomy*	100%	60%
Amalgam (silver) fillings	100%	60%
Composite fillings	100%	60%
Stainless steel crowns	100%	60%
Incision and drainage of abscess*	100%	60%
Uncomplicated extractions	100%	60%
Surgical removal of erupted tooth*	100%	60%
Surgical removal of impacted tooth (soft tissue)*	100%	60%
Osseous surgery (a)*	100%	60%
Surgical removal of impacted tooth (partial bony/ full bony)*	100%	60%
General anesthesia/intravenous sedation*	100%	60%
Crown Lengthening	100%	60%
<b>Major</b>		
Inlays	60%	60%
Onlays	60%	60%
Crowns	60%	60%
Full & partial dentures	60%	60%
Pontics	60%	60%
Denture repairs	60%	60%
Crown Build-Ups	60%	60%
Implants	60%	60%

\*Certain services may be covered under the Medical Plan. Contact Member Services for more details.

(a) Frequency and/or age limitations may apply to these services. These limits are described in the booklet/certificate.



## Dental Benefits Summary Management & Teamsters

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### Other Important Information

This Aetna Dental® Preferred Provider Organization (PPO) benefits summary is provided by Aetna Life Insurance Company for some of the more frequently performed dental procedures. Under the Dental Preferred Provider Organization (PPO) plan, you may choose at the time of service either a PPO participating dentist or any nonparticipating dentist. With the PPO plan, savings are possible because the participating dentists have agreed to provide care for covered services at negotiated rates. Non-participating benefits are subject to recognized charge limits.

### Emergency Dental Care

If you need emergency dental care for the palliative treatment (pain relieving, stabilizing) of a dental emergency, you are covered 24 hours a day, 7 days a week.

When emergency services are provided by a participating PPO dentist, your co-payment/coinsurance amount will be based on a negotiated fee schedule. When emergency services are provided by a non-participating dentist, you will be responsible for the difference between the plan payment and the dentist's usual charge. Refer to your plan documents for details. Subject to state requirements. Out-of-area emergency dental care may be reviewed by our dental consultants to verify appropriateness of treatment.

### Partial List of Exclusions and Limitations\* - Coverage is not provided for the following:

1. Services or supplies that are covered in whole or in part:
  - (a) under any other part of this Dental Care Plan; or
  - (b) under any other plan of group benefits provided by or through your employer.
2. Services and supplies to diagnose or treat a disease or injury that is not:
  - (a) a non-occupational disease; or
  - (b) a non-occupational injury.
3. Services not listed in the Dental Care Schedule that applies, unless otherwise specified in the Booklet-Certificate.
4. Those for replacement of a lost, missing or stolen appliance, and those for replacement of appliances that have been damaged due to abuse, misuse or neglect.
5. Those for plastic, reconstructive or cosmetic surgery, or other dental services or supplies, that are primarily intended to improve, alter or enhance appearance. This applies whether or not the services and supplies are for psychological or emotional reasons. Facings on molar crowns and pontics will always be considered cosmetic.
6. Those for or in connection with services, procedures, drugs or other supplies that are determined by Aetna to be experimental or still under clinical investigation by health professionals.
7. Those for dentures, crowns, inlays, onlays, bridgework, or other appliances or services used for the purpose of splinting, to alter vertical dimension, to restore occlusion, or to correct attrition, abrasion or erosion.
8. Those for any of the following services (Does not apply to the DMO plan in TX):
  - (a) an appliance or modification of one if an impression for it was made before the person became a covered person;
  - (b) a crown, bridge, or cast or processed restoration if a tooth was prepared for it before the person became a covered person; or
  - (c) root canal therapy if the pulp chamber for it was opened before the person became a covered person.
9. Services that Aetna defines as not necessary for the diagnosis, care or treatment of the condition involved. This applies even if they are prescribed, recommended or approved by the attending physician or dentist.
10. Those for services intended for treatment of any jaw joint disorder, unless otherwise specified in the Booklet-Certificate.
11. Those for space maintainers, except when needed to preserve space resulting from the premature loss of deciduous teeth.
12. Those for orthodontic treatment, unless otherwise specified in the Booklet-Certificate.
13. Those for general anesthesia and intravenous sedation, unless specifically covered. For plans that cover these services, they will not be eligible for benefits unless done in conjunction with another necessary covered service.
14. Those for treatment by other than a dentist, except that scaling or cleaning of teeth and topical application of fluoride may be done by a licensed dental hygienist. In this case, the treatment must be given under the supervision and guidance of a dentist.
15. Those in connection with a service given to a person age 5 or older if that person becomes a covered person other than:
  - (a) during the first 31 days the person is eligible for this coverage, or
  - (b) as prescribed for any period of open enrollment agreed to by the employer and Aetna. This does not apply to charges incurred:
    - (i) after the end of the 12-month period starting on the date the person became a covered person; or
    - (ii) as a result of accidental injuries sustained while the person was a covered person; or
    - (iii) for a primary care service in the Dental Care Schedule that applies as shown under the headings Visits and Exams, and X-rays and Pathology.



## Dental Benefits Summary Management & Teamsters

16. Services given by a nonparticipating dental provider to the extent that the charges exceed the amount payable for the services shown in the Dental Care Schedule that applies.
17. Those for a crown, cast or processed restoration unless:
  - (a) it is treatment for decay or traumatic injury, and teeth cannot be restored with a filling material; or
  - (b) the tooth is an abutment to a covered partial denture or fixed bridge.
18. Those for pontics, crowns, cast or processed restorations made with high-noble metals, unless otherwise specified in the Booklet-Certificate.
19. Those for surgical removal of impacted wisdom teeth only for orthodontic reasons, unless otherwise specified in the Booklet-Certificate.
20. Services needed solely in connection with non-covered services.
21. Services done where there is no evidence of pathology, dysfunction or disease other than covered preventive services.

Any exclusion above will not apply to the extent that coverage of the charges is required under any law that applies to the coverage.

\*This is a partial list of exclusions and limitations, others may apply. Please check your plan booklet for details.

### **Your Dental Care Plan Coverage Is Subject to the Following Rules:**

#### Replacement Rule

The replacement of; addition to; or modification of: existing dentures; crowns; casts or processed restorations; removable denture; fixed bridgework; or other prosthetic services is covered only if one of the following terms is met:

The replacement or addition of teeth is required to replace one or more teeth extracted after the existing denture or bridgework was installed. This coverage must have been in force for the covered person when the extraction took place.

The existing denture, crown; cast or processed restoration, removable denture, bridgework, or other prosthetic service cannot be made serviceable, and was installed at least 5 years before its replacement.

The existing denture is an immediate temporary one to replace one or more natural teeth extracted while the person is covered, and cannot be made permanent, and replacement by a permanent denture is required. The replacement must take place within 12 months from the date of initial installation of the immediate temporary denture.

The extraction of a third molar does not qualify. Any such appliance or fixed bridge must include the replacement of an extracted tooth or teeth.

#### Tooth Missing But Not Replaced Rule

Coverage for the first installation of removable dentures; fixed bridgework and other prosthetic services is subject to the requirements that such removable dentures; fixed bridgework and other prosthetic services are (i) needed to replace one or more natural teeth that were removed while this policy was in force for the covered person; and (ii) are not abutments to a partial denture; removable bridge; or fixed bridge installed during the prior 5 years.

Alternate Treatment Rule: If more than one service can be used to treat a covered person's dental condition, Aetna may decide to authorize coverage only for a less costly covered service provided that all of the following terms are met:

- (a) the service must be listed on the Dental Care Schedule;
- (b) the service selected must be deemed by the dental profession to be an appropriate method of treatment; and
- (c) the service selected must meet broadly accepted national standards of dental practice.

If treatment is being given by a participating dental provider and the covered person asks for a more costly covered service than that for which coverage is approved, the specific copayment for such service will consist of:

- (a) the copayment for the approved less costly service; plus
- (b) the difference in cost between the approved less costly service and the more costly covered service.



## Dental Benefits Summary Management & Teamsters

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### Finding Participating Providers

Consult Aetna Dentals online provider directory, DocFind®, for the most current provider listings. Participating providers are independent contractors in private practice and are neither employees nor agents of Aetna Dental or its affiliates. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice. For the most current information, please contact the selected provider or Aetna Member Services at the toll-free number on your online ID card, or use our Internet-based provider directory (DocFind) available at [www.aetna.com](http://www.aetna.com).

Specific products may not be available on both a self-funded and insured basis. The information in this document is subject to change without notice. In case of a conflict between your plan documents and this information, the plan documents will govern.

In the event of a problem with coverage, members should contact Member Services at the toll-free number on their online ID cards for information on how to utilize the grievance procedure when appropriate.

All member care and related decisions are the sole responsibility of participating providers. Aetna Dental does not provide health care services and, therefore, cannot guarantee any results or outcomes.

Dental plans are provided or administered by Aetna Life Insurance Company, Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Health Inc.

In Texas, the Dental Preferred Provider Organization (PPO) is known as the Participating Dental Network (PDN), and is administered by Aetna Life Insurance Company.

This material is for informational purposes only and is neither an offer of coverage nor dental advice. It contains only a partial, general description of plan or program benefits and does not constitute a contract. The availability of a plan or program may vary by geographic service area. Certain dental plans are available only for groups of a certain size in accordance with underwriting guidelines. Some benefits are subject to limitations or exclusions. Consult the plan documents (Schedule of Benefits, Certificate/Evidence of Coverage, Booklet, Booklet-Certificate, Group Agreement, Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plan.

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call 877-238-6200.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,  
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),  
1-800-648-7817, TTY: 711,  
Fax: 859-425-3379 (CA HMO customers: 860-262-7705),  
[CRCoordinator@aetna.com](mailto:CRCoordinator@aetna.com).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

*Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).*

TTY: 711



Dental Benefits Summary  
Management & Teamsters

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For language assistance in your language call 877-238-6200 at no cost. (English)

Para obtener asistencia lingüística en español, llame sin cargo al 877-238-6200. (Spanish)

欲取得繁體中文語言協助，請撥打877-238-6200，無需付費。(Chinese)

Pour une assistance linguistique en français appeler le 877-238-6200 sans frais. (French)

Para sa tulong sa wika na nasa Tagalog, tawagan ang 877-238-6200 nang walang bayad. (Tagalog)

Benötigen Sie Hilfe oder Informationen in deutscher Sprache? Rufen Sie uns kostenlos unter der Nummer 877-238-6200 an. (German)

للمساعدة في (اللغة العربية)، الرجاء الاتصال على الرقم المجاني 877-238-6200. (Arabic)

Pou jwenn asistans nan lang Kreyòl Ayisyen, rele nimewo 877-238-6200 gratis. (French Creole)

Per ricevere assistenza linguistica in italiano, può chiamare gratuitamente 877-238-6200. (Italian)

日本語で援助をご希望の方は、877-238-6200 まで無料でお電話ください。(Japanese)

한국어로 언어 지원을 받고 싶으시면 무료 통화번호인 877-238-6200 번으로 전화해 주십시오. (Korean)

برای راهنمایی به زبان فارسی با شماره 877-238-6200. بدون هیچ هزینه ای تماس بگیرید. انگلیسی (Persian)

Aby uzyskać pomoc w języku polskim, zadzwoń bezpłatnie pod numer 877-238-6200. (Polish)

Para obter assistência linguística em português ligue para o 877-238-6200 gratuitamente. (Portuguese)

Чтобы получить помощь русскоязычного переводчика, позвоните по бесплатному номеру 877-238-6200. (Russian)

Để được hỗ trợ ngôn ngữ bằng (ngôn ngữ), hãy gọi miễn phí đến số 877-238-6200. (Vietnamese)

## Dental Benefits Summary

CODE	PROCEDURE	PATIENT PAYS	CODE	PROCEDURE	PATIENT PAYS
	Office Visit Copay	\$0			
<b>DIAGNOSTIC</b>					
D0120-D0180	Oral Evaluations	No Charge	D0277	Vertical Bitewings - 7 to 8 Films	No Charge
D0210	Full mouth series Images	No Charge	D0330	Panoramic Image	No Charge
D0220-D0230	Periapicals	No Charge	D0391	Interpretation of Diagnostic Image	No Charge
D0240	Intraoral, Occlusal Image	No Charge	D0460	Pulp Vitality Test	No Charge
D0250-D0251	Extraoral Images	No Charge	D0470	Diagnostic Casts	No Charge
D0270-D0274	Bitewings	No Charge	D0472-D0474	Accession of Tissue	No Charge
<b>PREVENTIVE</b>					
D1110	Prophy - Adult	No Charge	D1510	Space Maintainer - Fixed Unilateral	No Charge
D1120	Prophy - Child	No Charge	D1515	Space Maintainer - Fixed Bilateral	No Charge
D4346	Scaling in presence of generalized moderate/severe gingival inflammation – full mouth, after oral evaluation	\$35	D1520	Space Maintainer - Removable Unilateral	No Charge
D1208	Fluoride - Child	No Charge	D1525	Space Maintainer - Removable Bilateral	No Charge
D1206	Application of Topical Fluoride Varnish	No Charge	D1550	Recement Space Maintainer	\$12
D1330	Oral Hygiene Instruction	No Charge	D1555	Removal of Space Maintainer	\$12
D1351, D1354	Sealant	No Charge	D1575	Distal shoe space maintainer - fixed - unilateral	No Charge
D1352	Preventive Resin Restoration	No Charge	D2990	Resin Infiltration of Lesion	No Charge
D1353	Sealant Repair - Per Tooth	No Charge			
Diagnostic and Preventive services may be subject to age and frequency limitations. See your booklet for details.					
<b>RESTORATIVE</b>					
<b>PRIMARY OR PERMANENT TEETH</b>					
D2140	Amalgam - 1 Surf Primary or Permanent	No Charge	D2391	Resin-Based Composite 1 Surf, Posterior	\$49
D2150	Amalgam - 2 Surf Primary or Permanent	No Charge	D2392	Resin-Based Composite 2 Surf, Posterior	\$63
D2160	Amalgam - 3 Surf Primary or Permanent	No Charge	D2393	Resin-Based Composite 3 Surf, Posterior	\$77
D2161	Amalgam - 4+ Surf Primary or Permanent	No Charge	D2394	Resin-Based Composite 4+ Surf, Posterior	\$106
D2330	Resin-Based Composite 1 Surf, Anterior	No Charge	D2921	Reattachment of tooth fragment, incisal edge or dusp	\$4
D2331	Resin-Based Composite 2 Surf, Anterior	No Charge	D2940	Protective Restoration	No Charge
D2332	Resin-Based Composite 3 Surf, Anterior	No Charge	D2941	Interim therapeutic restoration - primary dentition	No Charge
D2335	Resin-Based Composite 4+ Surf; Anterior (or involving Incisal angle)	\$42	D2951	Pin Retention - In Addition to Restoration	No Charge
D2390	Resin-Based Composite Crown, Anterior	No Charge			
<b>CROWNS/BRIDGES</b>					
D2510	Inlay - Metallic 1 Surf	\$189	D6077	Implant Supported Retainer for Cast Metal FPD (Titanium, Titanium Alloy or High Noble Metal)	\$207
D2520	Inlay - Metallic 2 Surf	\$189	D6080	Implant Maintenance Procedures	\$88
D2530	Inlay - Metallic 3 Surf	\$189	D6081	Scaling/debridement in presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	11
D2542	Onlay - Metallic 2 Surf	\$200	D6094	Abutment Supported Crown - (Titanium)	\$207
D2543	Onlay - Metallic 3 Surf	\$200	D6110	Implant Abut Sup Removable Dent-MaxCom	\$231
D2544	Onlay, Metallic - 4 or More Surf	\$200	D6111	Implant Abut Sup Removable Dent-Mand Com	\$231
D2610	Inlay, Porcelain/Ceramic - 1 Surf	\$189	D6112	Implant Abut Sup Removable Dent-Max Par	\$231
D2620	Inlay, Porcelain/Ceramic - 2 Surf	\$189	D6113	Implant Abut Sup Removable Dent-Mand Par	\$231
D2630	Inlay, Porcelain/Ceramic - 3 or More Surf	\$189	D6114	Implant Abut Sup Fixed Dent-Max Com	\$231
D2642	Onlay, Porcelain/Ceramic - 2 Surf	\$200	D6115	Implant Abut Sup Fixed Dent-Mand Com	\$231
D2643	Onlay, Porcelain/Ceramic - 3 Surf	\$200	D6116	Implant Abut Sup Fixed Dent-Max Par	\$231
D2644	Onlay, Porcelain/Ceramic - 4 or More Surf	\$200	D6117	Implant Abut Sup Fixed Dent-Mand Par	\$231
D2650	Inlay, Composite/Resin - 1 Surf	\$189	D6205	Pontic - Indirect Resin Based Composite	\$207
D2651	Inlay, Composite/Resin - 2 Surf	\$189	D6210	Pontic - Cast High Noble Metal	\$207
D2652	Inlay, Composite/Resin - 3 Surf	\$189	D6211	Pontic - Cast Predominantly Base Metal	\$207
D2662	Onlay, Composite/Resin - 2 Surf	\$200	D6212	Pontic - Cast Noble Metal	\$207
D2663	Onlay, Composite/Resin - 3 Surf	\$200	D6214	Pontic - Titanium	\$207
D2664	Onlay, Composite/Resin - 4 or More Surf	\$200	D6240	Pontic - Porcelain Fused to High Noble Metal	\$207

\*Patient Pays\* applies to procedures provided by the member's Primary Care Dentist or approved specialty dentist.

## Dental Benefits Summary

D2710	Crown - Resin-Based Composite, Indirect	\$207	D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$207
D2712	Crown - 3/4 Resin-Based Composite, Indirect	\$151	D6242	Pontic - Porcelain Fused to Noble Metal	\$207
D2720	Crown - Resin With High Noble Metal	\$207	D6245	Pontic - Porcelain/Ceramic	\$207
D2721	Crown - Resin With Predominantly Base Metal	\$207	D6250	Pontic - Resin With High Noble Metal	\$207
D2722	Crown - Resin With Noble Metal	\$207	D6251	Pontic - Resin With Predominantly Base Metal	\$207
D2740	Crown - Porcelain/Ceramic Substrate	\$207	D6252	Pontic - Resin With Noble Metal	\$207
D2750	Crown - Porcelain Fused to High Noble Metal	\$207	D6545	Retainer - Cast Metal for Resin-Bonded Fixed	\$189
D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$207	D6548	Retainer - Porcelain/Ceramic for Resin-Bonded Fixed Prosthesis	\$189
D2752	Crown - Porcelain Fused to Noble Metal	\$207	D6549	Resin Retainer - Resin Bonded Prosthesis	\$104
D2780	Crown - 3/4 Cast High Noble Metal	\$207	D6600	Inlay - Porcelain/Ceramic, 2 Surf	\$189
D2781	Crown - 3/4 Cast Predominantly Based Metal	\$207	D6601	Inlay - Porcelain/Ceramic, 3+ Surf	\$189
D2782	Crown - 3/4 Cast Noble Metal	\$207	D6602	Inlay - Cast High Noble Metal, 2 Surf	\$221
D2783	Crown - 3/4 Porcelain/Ceramic	\$207	D6603	Inlay - Cast High Noble Metal, 3+ Surf	\$221
D2790	Crown - Full Cast High Noble Metal	\$207	D6604	Inlay - Cast Predominantly Base Metal, 2 Surf	\$189
D2791	Crown - Full Cast Predominantly Base Metal	\$207	D6605	Inlay - Cast Predominantly Base Metal, 3+ Surf	\$189
D2792	Crown - Full Cast Noble Metal	\$207	D6606	Inlay - Cast Noble Metal, 2 Surf	\$210
D2794	Crown - Titanium	\$207	D6607	Inlay - Cast Noble Metal, 3+ Surf	\$210
D2910	Recent Inlay, Onlay or Partial Coverage Restoration	No Charge	D6608	Onlay - Porcelain/Ceramic, 2 Surf	\$200
D2915	Recent Cast or Prefab Post and Core	No Charge	D6609	Onlay - Porcelain/Ceramic, 3+ Surf	\$200
D2920	Recent Crown	No Charge	D6610	Onlay - Cast High Noble Metal, 2 Surf	\$232
D2929	Prefab Porcelain/Ceramic Crown - Primary Tooth	No Charge	D6611	Onlay - Cast High Noble Metal, 3+ Surf	\$232
D2930	Prefab, Stainless Steel Crown - Primary Tooth	No Charge	D6612	Onlay - Cast Predominantly Base Metal, 2 Surf	\$200
D2931	Prefab, Stainless Steel Crown - Permanent Tooth	No Charge	D6613	Onlay - Cast Predominantly Base Metal, 3+ Surf	\$200
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	No Charge	D6614	Onlay - Cast Noble Metal, 2 Surf	\$221
D2950	Core Buildup, Including Any Pins	\$123	D6615	Onlay - Cast Noble Metal, 3+ Surf	\$221
D2952	Post & Core in Addition to Crown	\$101	D6624	Inlay - Titanium	\$221
D6010	Endosteal implant – surgical placement	\$1,215	D6634	Onlay - Titanium	\$232
D6056	Prefabricated abutment – includes placement	\$440	D6710	Crown - Indirect Resin Based Composite	\$207
D6058	Abutment Supported Porcelain/Ceramic Crown	\$207	D6720	Crown - Resin With High Noble Metal	\$207
D6059	Abutment Supported Porcelain Fused to Metal Crown (High Noble Metal)	\$207	D6721	Crown - Resin With Predominantly Base Metal	\$207
D6060	Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)	\$207	D6722	Crown - Resin With Noble Metal	\$207
D6061	Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)	\$207	D6740	Crown - Porcelain/Ceramic	\$207
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)	\$207	D6750	Crown - Porcelain Fused to High Noble Metal	\$207
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	\$207	D6751	Crown - Porcelain Fused to Predominantly Base Metal	\$207
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	\$207	D6752	Crown - Porcelain Fused to Noble Metal	\$207
D6065	Implant Supported Porcelain/Ceramic Crown	\$207	D6780	Crown - 3/4 Cast High Noble Metal	\$207
D6066	Implant Supported Porcelain Fused to Metal Crown (Titanium, Titanium Alloy or High Noble Metal)	\$207	D6781	Crown - 3/4 Cast Predominantly Base Metal	\$207
D6067	Implant Supported Metal Crown (Titanium, Titanium Alloy or High Noble Metal)	\$207	D6782	Crown - 3/4 Cast Noble Metal	\$207
D6068	Abutment Supported Retainer for Porcelain/Ceramic FPD	\$207	D6783	Crown - 3/4 Porcelain/Ceramic	\$207
D6069	Abutment Supported Retainer for Porcelain Fused to Metal FPD (High Noble Metal)	\$207	D6790	Crown - Full Cast High Noble Metal	\$207
D6070	Abutment Supported Retainer for Porcelain Fused to Metal FPD (Predominantly Base Metal)	\$207	D6791	Crown - Full Cast Predominantly Base Metal	\$207
D6071	Abutment Supported Retainer for Porcelain Fused to Metal FPD (Noble Metal)	\$207	D6792	Crown - Full Cast Noble Metal	\$207

"Patient Pays" applies to procedures provided by the member's Primary Care Dentist or approved specialty dentist.

## Dental Benefits Summary

D6072	Abutment Supported Retainer for Cast Metal FPD (High Noble Metal)	\$207	D6794	Crown - Titanium	\$207
D6073	Abutment Supported Retainer for Cast Metal FPD (Predominantly Base Metal)	\$207	D6930	Recement Fixed Partial Denture	\$20
D6074	Abutment Supported Retainer for Cast Metal FPD (Noble Metal)	\$207	Additional Charge per Unit for Full Mouth Rehabilitation.		\$125
D6075	Implant Supported Retainer for Ceramic FPD	\$207			
D6076	Implant Supported Retainer for Porcelain Fused to Metal FPD (Titanium, Titanium Alloy or High	\$207			

Full mouth rehabilitation is defined as 6 or more units of covered crowns and/or pontics under one treatment plan.

Charges for crowns and bridgework are per unit. There will be additional charges for the actual cost for gold/high noble metal.

### ENDODONTICS

D3110	Pulp Cap - Direct (excluding final restoration)	No Charge	D3333	Internal Root Repair of Perforation Defects	No Charge
D3120	Pulp Cap - Indirect (excluding final restoration)	No Charge	D3346	Retreatment of Previous Root Canal Therapy - Anterior	\$110
D3220	Therapeutic Pulpotomy (excluding final restoration)	No Charge	D3347	Retreatment of Previous Root Canal Therapy - Bicuspid	\$110
D3221	Pulpal Debridement, Primary and Permanent Teeth	\$14	D3348	Retreatment of Previous Root Canal Therapy - Molar	\$266
D3222	Partial Pulpotomy	No Charge	D3410 (1)	Apicoectomy/Periradicular Surgery - Anterior	No Charge
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth	No Charge	D3421 (1)	Apicoectomy/Periradicular Surgery - Bicuspid (First Root)	No Charge
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth	No Charge	D3425 (1)	Apicoectomy/Periradicular Surgery - Molar (First Root)	No Charge
D3310	Root Canal Therapy - Anterior (excluding final restoration)	No Charge	D3426 (1)	Apicoectomy/Periradicular Surgery- Each Additional Root	No Charge
D3320	Root Canal Therapy - Bicuspid (excluding final restoration)	No Charge	D3427 (1)	Periradicular surgery without apicoectomy	No Charge
D3330	Root Canal Therapy - Molar (excluding final restoration)	\$161	D3430 (1)	Retrograde Filling - Per Root	No Charge
D3331	Treatment of Root Canal Obstruction, Nonsurgical Access	No Charge	D3450 (1)	Root Amputation - Per Root	\$66
D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth	No Charge			

(1) Certain services may be covered under the Medical Plan. Contact Member Services for more details.

### PERIODONTICS

D4210 (1)	Gingivectomy or Gingivoplasty - 4 or More Teeth - Per Quadrant	\$91	D4275 (1)	Soft Tissue Allograft	\$237
D4211 (1)	Gingivectomy or Gingivoplasty - 1-3 Teeth - Per Quadrant	\$39	D4276 (1)	Connective Tissue/Pedicle Graft, Per Tooth	\$112
D4212 (1)	Gingivectomy to allow access, per tooth	\$13	D4277 (1)	Free soft tissue graft - first tooth	\$48
D4240 (1)	Gingival Flap Procedure, Including Root Planing - 4 or More Teeth - Per Quadrant	\$90	D4278 (1)	Free soft tissue graft - each additional tooth	\$24
D4241 (1)	Gingival Flap Procedure, Including Root Planing - 1-3 Teeth - Per Quadrant	\$55	D4283 (1)	Autogenous connective tissue graft	\$37
D4245 (1)	Apically Positioned Flap	\$74	D4285 (1)	Non-autogenous connective tissue graft	\$130
D4249	Clinical Crown Lengthening, Hard Tissue	\$88	D4341	Periodontal Scaling and Root Planing - 4 or More Teeth - Per Quadrant	\$37
D4260 (1)	Osseous Surgery (Including Flap Entry and Closure) - 4 or More Teeth - Per Quadrant	\$147	D4342	Periodontal Scaling and Root Planing - 1-3 Teeth - Per Quadrant	\$22
D4261 (1)	Osseous Surgery (Including Flap Entry and Closure) - 1-3 Teeth - Per Quadrant	\$88	D4355	Debridement	\$70
D4268 (1)	Surgical Revision Procedure, Per Tooth	\$59	D4910	Periodontal Maintenance	\$25
D4270 (1)	Pedicle Soft Tissue Graft Procedure	\$116	D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist)	\$11
D4273 (1)	Subepithelial Connective Tissue Graft, Per Tooth	\$68			

(1) Certain services may be covered under the Medical Plan. Contact Member Services for more details.

### PROSTHODONTICS-REMOVABLE (2)

## Dental Benefits Summary

D5110	Complete Denture - Maxillary	\$231	D5223-D5224	Immediate max/mand partial denture - cast base framework w/resin denture base (including any conventional clasps, rests and teeth)	\$273
D5120	Complete Denture - Mandibular	\$231	D5225	Maxillary Partial Denture - Flexible Base (including any clasps, rests and teeth)	\$264
D5130	Immediate Denture - Maxillary	\$237	D5226	Mandibular Partial Denture - Flexible Base (including any clasps, rests and teeth)	\$264
D5140	Immediate Denture - Mandibular	\$237	D5281	Removable Unilateral Partial Denture - One Piece Cast Metal (including clasps and teeth)	\$231
D5211	Maxillary Partial Denture - Resin Base (including any conventional clasps, rests and teeth)	\$231	D5410	Adjust Complete Denture - Maxillary	\$11
D5212	Mandibular Partial Denture - Resin Base (including any conventional clasps, rests and teeth)	\$231	D5411	Adjust Complete Denture - Mandibular	\$11
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth)	\$237	D5421	Adjust Partial Denture - Maxillary	\$11
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth)	\$237	D5422	Adjust Partial Denture - Mandibular	\$11
D5221-D5222	Immediate max/mand partial dental - resin base (including any conventional clasps, rests and teeth)	\$266			

(2) Includes relines, adjustments, rebases within the 1st six months. Adjustments to dentures that are done within six months of placement of the denture, are limited to no more than four adjustments.

### REPAIRS TO PROSTHETICS

D5510	Repair Broken Complete Denture Base	\$35	D5730	Reline Complete Maxillary Denture (Chairside)	No Charge
D5520	Replace Missing or Broken Teeth - Complete Denture (each tooth)	\$30	D5731	Reline Complete Mandibular Denture (Chairside)	No Charge
D5610	Repair Resin Denture Base	\$35	D5740	Reline Maxillary Partial Denture (Chairside)	No Charge
D5620	Repair Cast Framework	\$35	D5741	Reline Mandibular Partial Denture (Chairside)	No Charge
D5630	Repair or Replace Broken Clasp	\$35	D5750	Reline Complete Maxillary Denture (Lab)	\$53
D5640	Replace Broken Teeth - Per Tooth	\$30	D5751	Reline Complete Mandibular Denture (Lab)	\$53
D5650	Add Tooth to Existing Partial Denture	\$35	D5760	Reline Maxillary Partial Denture (Lab)	\$53
D5660	Add Clasp to Existing Partial Denture	\$33	D5761	Reline Mandibular Partial Denture (Lab)	\$53
D5670	Replace All Teeth and Acrylic on Cast Metal Framework (Maxillary)	\$110	D5820	Interim Partial Denture (Maxillary) (3)	\$99
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular)	\$110	D5821	Interim Partial Denture (Mandibular) (3)	\$99
D5710	Rebase Complete Maxillary Denture	\$110	D5850	Tissue Conditioning, Maxillary	\$44
D5711	Rebase Complete Mandibular Denture	\$110	D5851	Tissue Conditioning, Mandibular	\$44
D5720	Rebase Maxillary Partial Denture	\$110	D5860	Overdenture - Complete, by Report	\$231
D5721	Rebase Mandibular Partial Denture	\$110			

(3) Eligible on Anterior Teeth only.

### ORAL SURGERY

D7111	Extraction, Coronal Remnants - Deciduous Tooth	No Charge	D7285 (1)	Biopsy of Oral Tissue - Hard (Bone, Tooth)	\$55
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	No Charge	D7286 (1)	Biopsy of Oral Tissue - Soft	\$55
D7210 (1)	Surgical Removal of Erupted Tooth	No Charge	D7287 (1)	Cytological Sample Collection	\$28
D7220 (1)	Removal of Impacted Tooth - Soft Tissue	No Charge	D7310 (1)	Alveoloplasty in Conjunction With Extractions - 4 or More Teeth or Tooth Spaces - Per Quadrant	\$20
D7230 (1)	Removal of Impacted Tooth - Partially Bony	\$55	D7311 (1)	Alveoloplasty in Conjunction With Extractions - 1 to 3 Teeth or Tooth Spaces - Per Quadrant	\$10
D7240 (1)	Removal of Impacted Tooth - Completely Bony	\$85	D7320 (1)	Alveoloplasty Not in Conjunction With Extractions - 4 or More Teeth or Tooth Spaces - Per Quadrant	\$28
D7241 (1)	Removal of Impacted Tooth - Completely Bony, With Unusual Surgical Complications	\$85	D7321 (1)	Alveoloplasty Not in Conjunction With Extractions - 1-3 Teeth or Tooth Spaces - Per Quadrant	\$14

"Patient Pays" applies to procedures provided by the member's Primary Care Dentist or approved specialty dentist.

## Dental Benefits Summary

D7250 (1)	Surgical Removal of Residual Tooth Roots	\$16	D7510 (1)	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$22
D7251	Coronectomy - intentional partial tooth removal	\$39	D7511 (1)	Incision and Drainage of Abscess - Intraoral Soft Tissue - Complicated	\$24
D7280 (1)	Surgical Access of Unerupted Tooth	\$27	D7960 (1)	Frenulectomy (Frenectomy, Frenotomy) Separate Procedure	\$26
D7282 (1)	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	\$33	D7963 (1)	Frenuloplasty	\$28
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	\$7			

(1) Certain services may be covered under the Medical Plan. Contact Member Services for more details.

### OTHER (ADJUNCTIVE) SERVICES

D9110	Palliative (Emergency) Treatment of Dental Pain - minor procedure	\$11	D9940	Occlusal Guard, by Report	\$150
D9223	Deep sedation/general anesthesia - each 15 minute increment	\$87	D9943	Occlusal guard adjustment	\$19
D9243	Intravenous conscious sedation/analgesia - each 15 minute increment	\$87	D9942	Repair and/or Reline of Occlusal Guard	\$18
D9310	Consultation - Diagnostic Service Provided by Dentist or Physician Other Than Requesting Dentist or Physician	No Charge	D9951	Occlusal Adjustment - limited	\$35
D9311	Consultation with a medical health care professional	No Charge	D9952	Occlusal Adjustment - complete	\$96
D9932-D9935	Denture cleaning and inspection	\$25			

### ORTHODONTICS

	Orthodontic Screening Exam	\$30			
	Diagnostic Records	\$150			
	<b>Comprehensive Orthodontic Treatment</b>				
	Adolescent	\$1,945			
	Adult	\$1,945			
	Orthodontic Retention	\$275			

### PLAN EXCLUSIONS AND LIMITATIONS\*

#### Some Services Not Covered Under the Plan Are:

1. Services or supplies that are covered in whole or in part:
  - (a) under any other part of this Dental Care Plan; or
  - (b) under any other plan of group benefits provided by or through your employer.
2. Services and supplies to diagnose or treat a disease or injury that is not:
  - (a) a non-occupational disease; or
  - (b) a non-occupational injury.
3. Services not listed in the Dental Care Schedule that applies, unless otherwise specified in the Booklet-Certificate.
4. Those for replacement of a lost, missing or stolen appliance, and those for replacement of appliances that have been damaged due to abuse, misuse or neglect.
5. Those for plastic, reconstructive or cosmetic surgery, or other dental services or supplies, that are primarily intended to improve, alter or enhance appearance. This applies whether or not the services and supplies are for psychological or emotional reasons. Facings on molar crowns and pontics will always be considered cosmetic.
6. Those for or in connection with services, procedures, drugs or other supplies that are determined by Aetna to be experimental or still under clinical investigation by health professionals.
7. Those for dentures, crowns, inlays, onlays, bridgework, or other appliances or services used for the purpose of splinting, to alter vertical dimension, to restore occlusion, or to correct attrition, abrasion or erosion. Does not apply to CA contracts.
8. Those for any of the following services (Does not apply to TX contracts):
  - (a) An appliance or modification of one if an impression for it was made before the person became a covered person;
  - (b) A crown, bridge, or cast or processed restoration if a tooth was prepared for it before the person became a covered person;
  - (c) Root canal therapy if the pulp chamber for it was opened before the person became a covered person.
9. Services that Aetna defines as not necessary for the diagnosis, care or treatment of the condition involved. This applies even if they are prescribed, recommended or approved by the attending physician or dentist.
10. Those for services intended for treatment of any jaw joint disorder, unless otherwise specified in the Booklet-Certificate.
11. Those for space maintainers, except when needed to preserve space resulting from the premature loss of deciduous teeth.

\*Patient Pays™ applies to procedures provided by the member's Primary Care Dentist or approved specialty dentist.

## Dental Benefits Summary

12. Those for orthodontic treatment, unless otherwise specified in the Booklet-Certificate.
13. Those for general anesthesia and intravenous sedation, unless specifically covered. For plans that cover these services, they will not be eligible for benefits unless done in conjunction with another necessary covered service.
14. Those for treatment by other than a dentist, except that scaling or cleaning of teeth and topical application of fluoride may be done by a licensed dental hygienist. In this case, the treatment must be given under the supervision and guidance of a dentist.
15. Those in connection with a service given to a dependent age 5 or older if that dependent becomes a covered dependent other than: (a) during the first 31 days the dependent is eligible for this coverage, or (b) as prescribed for any period of open enrollment agreed to by the employer and Aetna. This does not apply to charges incurred: (i) after the end of the 12-month period starting on the date the dependent became a covered dependent; or (ii) as a result of accidental injuries sustained while the dependent was a covered dependent; or (iii) for a primary care service in the Dental Care Schedule that applies as shown under the headings Visits and Exams, and X-rays and Pathology.
16. Services given by a nonparticipating dental provider to the extent that the charges exceed the amount payable for the services shown in the Dental Care Schedule that applies.
17. Those for a crown, cast or processed restoration unless: (a) It is treatment for decay or traumatic injury and teeth cannot be restored with a filling material; or (b) The tooth is an abutment to a covered partial denture or fixed bridge.
18. Those for pontics, crowns, cast or processed restorations made with high-noble metals, unless otherwise specified in the Booklet-Certificate.
19. Those for surgical removal of impacted wisdom teeth only for orthodontic reasons, unless otherwise specified in the Booklet-Certificate.
20. Services needed solely in connection with non-covered services.
21. Services done where there is no evidence of pathology, dysfunction or disease other than covered preventive services. Does not apply to CA contracts.
Any exclusion above will not apply to the extent that coverage of the charge is required under any law that applies to the coverage.
*This is a partial list of exclusions and limitations, others may apply. Please check your plan booklet for details.
<b>Other Important Information</b>
This Benefit summary of the Aetna Dental Maintenance Organization (DMO®) provides information on benefits provided when services are rendered by a participating dentist. In order for a covered person to be eligible for benefits, dental services must be provided by a primary care dentist selected from the network of participating DMO dentists. Out of network benefits may apply. Please refer to your Schedule of Benefits.
Due to state law, limited (varying by state) DMO® benefits for non-emergency services rendered by non-participating providers are available for plan contracts written in: CT, IL, KY and OH and for members residing in MA and OK (regardless of contract situs state).
<b>Specialty Referrals</b>
1. Under the DMO dental plan, services performed by specialists are eligible for coverage only when prescribed by the primary care dentist and authorized by Aetna Dental. If Aetna's payment to the specialty dentist is based on a negotiated fee, then the member's copayment for the service will be based on the same negotiated fee. If Aetna's payment is on another basis, then the copayment will be based on the dentist's usual fee for the service, reviewed by Aetna for reasonableness.
2. DMO members may visit an orthodontist without first obtaining a referral from their primary care dentist. In an effort to ease the administrative burden on both participating Aetna dentists and members, Dental has opened direct access for DMO members to orthodontic services.
<b>Emergency Dental Care</b>
If you need emergency dental care for the palliative treatment (pain relieving, stabilizing) of a dental emergency, you are covered 24 hours a day, 7 days a week. You should contact your Primary Care Dentist to receive treatment. If you are unable to contact your PCD, contact Member Services for assistance in locating a dentist. Refer to your plan documents for details. Subject to state requirements. Out-of-area emergency dental care may be reviewed by our dental consultants to verify appropriateness of treatment.
<b>Your Dental Care Plan Coverage Is Subject to the Following Rules:</b>

## Dental Benefits Summary

### Replacement Rule

The replacement of; addition to; or modification of:  
existing dentures;  
crowns;  
casts or processed restorations;  
removable denture;  
fixed bridgework; or  
other prosthetic services  
is covered only if one of the following terms is met:

The replacement or addition of teeth is required to replace one or more teeth extracted after the existing denture or bridgework was installed. This coverage must have been in force for the covered person when the extraction took place.

The existing denture, crown; cast or processed restoration, removable denture, bridgework, or other prosthetic service cannot be made serviceable, and was installed at least 5 years before its replacement.

The existing denture is an immediate temporary one to replace one or more natural teeth extracted while the person is covered, and cannot be made permanent, and replacement by a permanent denture is required. The replacement must take place within 12 months from the date of initial installation of the immediate temporary denture.

The extraction of a third molar does not qualify. Any such appliance or fixed bridge must include the replacement of an extracted tooth or teeth.

### Tooth Missing But Not Replaced Rule (Does not apply to TX and CA contracts.)

Coverage for the first installation of removable dentures; fixed bridgework and other prosthetic services is subject to the requirements that such removable dentures; fixed bridgework and other prosthetic services are (i) needed to replace one or more natural teeth that were removed while this policy was in force for the covered person; and (ii) are not abutments to a partial denture; removable bridge; or fixed bridge installed during the prior 5 years.

Alternate Treatment Rule: If more than one service can be used to treat a covered person's dental condition, Aetna may decide to authorize coverage only for a less costly covered service provided that all of the following terms are met:

- (a) the service must be listed on the Dental Care Schedule;
- (b) the service selected must be deemed by the dental profession to be an appropriate method of treatment; and
- (c) the service selected must meet broadly accepted national standards of dental practice.

If treatment is being given by a participating dental provider and the covered person asks for a more costly covered service than that for which coverage is approved, the specific copayment for such service will consist of:

- (a) the copayment for the approved less costly service; plus
- (b) the difference in cost between the approved less costly service and the more costly covered service.

### **Finding Participating Providers**

Consult Aetna Dental's online provider directory, DocFind®, for the most current provider listings. Participating providers are independent contractors in private practice and are neither employees nor agents of Aetna Dental or its affiliates. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice. Not every provider listed in the directory will be accepting new patients. Although Aetna Dental has identified providers who were not accepting patients in our DMO plan as known to Aetna Dental at the time the provider directory was created, the status of a provider's practice may have changed. For the most current information, please contact the selected provider or Aetna Member Services at the toll-free number on your online ID card, or use our Internet-based provider directory (DocFind) available at [www.aetna.com](http://www.aetna.com).

Specific products may not be available on both a self-funded and insured basis. The information in this document is subject to change without notice. In case of a conflict between your plan documents and this information, the plan documents will govern. In the event of a problem with coverage, members should contact Member Services at the toll-free number on their online ID cards for information on how to utilize the grievance procedure when appropriate. All member care and related decisions are the sole responsibility of participating providers. Aetna Dental does not provide health care services and, therefore, cannot guarantee any results or outcomes.

Dental plans are provided or administered by Aetna Life Insurance Company, Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Health Inc.

In Arizona, DMO Dental Plans are provided or administered by Aetna Health Inc.



## Dental Benefits Summary

This material is for informational purposes only and is neither an offer of coverage nor dental advice. It contains only a partial, general description of plan or program benefits and does not constitute a contract. Aetna does not provide dental services and, therefore, cannot guarantee any results or outcomes. The availability of a plan or program may vary by geographic service area. Certain dental plans are available only for groups of a certain size in accordance with underwriting guidelines. Some benefits are subject to limitations or exclusions. Consult the plan documents (Schedule of Benefits, Certificate/Evidence of Coverage, Booklet, Booklet-Certificate, Group Agreement, Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plan.

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color,

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call 877-238-6200.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,  
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),  
1-800-648-7817, TTY: 711,  
Fax: 859-425-3379 (CA HMO customers: 860-262-7705),  
[CRCoordinator@aetna.com](mailto:CRCoordinator@aetna.com).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

*Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).*

TTY: 711

For language assistance in your language call 877-238-6200 at no cost. (English)

Para obtener asistencia lingüística en español, llame sin cargo al 877-238-6200. (Spanish)

欲取得繁體中文語言協助，請撥打877-238-6200，無需付費。(Chinese)

Pour une assistance linguistique en français appeler le 877-238-6200 sans frais. (French)

Para sa tulong sa wika na nasa Tagalog, tawagan ang 877-238-6200 nang walang bayad. (Tagalog)

Benötigen Sie Hilfe oder Informationen in deutscher Sprache? Rufen Sie uns kostenlos unter der Nummer 877-238-6200 an. (German)

(Arabic) للمساعدة في (اللغة العربية)، الرجاء الاتصال على الرقم المجاني 877-238-6200.

Pou jwenn asistans nan lang Kreyòl Ayisyen, rele nimewo 877-238-6200 gratis. (French Creole)

Per ricevere assistenza linguistica in italiano, può chiamare gratuitamente 877-238-6200. (Italian)

日本語で援助をご希望の方は、877-238-6200 まで無料でお電話ください。(Japanese)

한국어로 언어 지원을 받고 싶으시면 무료 통화번호인 877-238-6200 번으로 전화해 주십시오. (Korean)

(Persian) برای راهنمایی به زبان فارسی با شماره 877-238-6200. بدون هیچ هزینه ای تماس بگیرید. انگلیسی

Aby uzyskać pomoc w języku polskim, zadzwoń bezpłatnie pod numer 877-238-6200. (Polish)

Para obter assistência linguística em português ligue para o 877-238-6200 gratuitamente. (Portuguese)

Чтобы получить помощь русскоязычного переводчика, позвоните по бесплатному номеру 877-238-6200. (Russian)

Để được hỗ trợ ngôn ngữ bằng (ngôn ngữ), hãy gọi miễn phí đến số 877-238-6200. (Vietnamese)

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**Benefit Review Document**

We have reviewed the City of Fort Lauderdale's requested dental plans and matched them as closely as possible to Aetna's Dental PPO.

We have listed here those benefits that we cannot administer exactly as requested. Where benefits are not specified, we have assumed Aetna's standard benefit provisions will apply. We have assumed Aetna's standard claim policies, schedule frequencies, definitions, limitations and exclusions will also apply unless otherwise noted.

All plans and benefits are subject to and governed by applicable contracts, policies and government regulations. The information herein is believed to be accurate as of the date of submission and is subject to change without notice. All benefits of the plan are subject to coordination of benefits and the terms (including exclusions) of the Agreement.

Our plan review is based on a contract situs of New Jersey. Plan features and product availability are subject to extra-territorial mandates and federal requirements as applicable.

**Clarifications**

\*\*Aetna Standard Exclusions, Limits and Guidelines will apply.

\*\*Orthodontia: Aetna standard requirements for orthodontia coverage will be applied, including Aetna standard schedule for ortho applies. (ie., Quarterly)

\*\*\* Preferred 09 Plan Assume based on strategy of PPO plan in and out of network plans will apply. Reviewed as a Passive Plan.

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**Benefit Review Document**

Plan Design	RFP/SPD Ref	Benefit Category	Benefit Option	Requested Benefit	Comments
Dental PPO / Fully Insured	Plan PPO 09	Space maintainers -In and Out of Network	Age limit (over/under a specific age)	Space maintainers through(14) years of age.	BETTER THAN-Space maintainers will be covered when needed to preserve space resulting from premature loss of deciduous teeth (includes all adjustments within 6 months after installation), with no age limitation. We are unable to support the age requirement as requested. No form filing support.

**City of Fort Lauderdale  
DHMO Copay Comparison**

**Proposer's**  
**Name**    Aetna Life Insurance Company

CDT Code	Benefit	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here
	<b>Specialist Services</b>	AETNA DMO PLAN 76I	HUMANA DENTAL - CURRENT PLAN		
	<b>Are charges for noble &amp; high noble metal included in listed copays?</b>	NO			
	<b>Are lab charges included in listed copays?</b>	MEMBERS CANNOT BE BILLED FOR LAB FEES			
	<b>Charge for cases involving more than 6 crowns, implants and/or fixed bridge units</b>	YES - 125.00 ADDITIONAL COPAY PER UNIT FOR TREATMENT OF 6 OR MORE UNITS OF COVERED CROWN/BRIDGE IN SAME TREATMENT PLAN			
	<b>Office Visit Copay in addition to copay for specific service</b>	IF PLAN WAS QUOTED WITH OFFICE VISIT COPAY, OFFICE VISIST COPAY WOULD APPLY TO ALL OFFICE VISITS IN ADDITION TO ANY COPAYS REQUIRED FOR ACTUAL SERVICES PERFORMED.			
<b><u>Diagnostic</u></b>					
<b>Clinical Oral Evaluations</b>					
D0120	Periodic Oral Evaluation	\$0	\$0		
D0140	Limited Oral Evaluation	\$0	\$0		
D0145	Oral Evaluation for a Patient Under 3 Years of Age	\$0	\$0		
D0150	Comprehensive Oral Evaluation	\$0	\$0		
D0160	Detailed and Extensive Oral Evaluation	\$0	\$0		
D0170	Re-evaluation - Limited, Problem Focused	\$0	\$0		
D0180	Comprehensive Periodontal Evaluation	\$0	\$0		
<b>Pre-diagnostic Services</b>					

**City of Fort Lauderdale  
DHMO Copay Comparison**

**Proposer's**  
**Name**    Aetna Life Insurance Company

<b>CDT Code</b>	<b>Benefit</b>	<b>Enter DHMO Plan Name Here</b>	<b>Enter DHMO Plan Name Here</b>	<b>Enter DHMO Plan Name Here</b>	<b>Enter DHMO Plan Name Here</b>
D0190	Screening of a patient	\$0. -D0190 & D0191 - THESE PROCEDURES ARE INCLUSIVE TO ORAL EXAM - PATIENT CANNOT BE BILLED SEPARATELY FOR THESE SERVICES	NOT LISTED		
D0191	Assessment of a patient	\$0. SEE D0190	NOT LISTED		
<b>Radiographs/Diagnostic Imaging (Including Interpretation)</b>					
D0210	Intraoral - Complete Series (Including Bitewings)	\$0	\$0		
D0220	Intraoral - Periapical, First Film	\$0	\$0		
D0230	Intraoral - Periapical, Each Additional Film	\$0	\$0		
D0240	Intraoral - Occlusal Film	\$0	\$0		
D0250	Extraoral - First Film	\$0	\$0		
D0260	Extraoral - Each Additional Film	\$0	\$0		
D0270	Bitewing - Single Film	\$0	\$0		
D0272	Bitewings - Two Films	\$0	\$0		
D0273	Bitewings - Three Films	\$0	\$0		
D0274	Bitewings - Four Films	\$0	\$0		
D0277	Vertical Bitewings - 7 to 8 Films	\$0	\$0		
D0290	Posterior-Anterior or Lateral Skull and Facial Bone Survey Film	NOT COVERED	NOT LISTED		
D0310	Sialography	NOT COVERED	NOT LISTED		
D0320	Temporomandibular Joint Arthrograph	NOT COVERED	NOT LISTED		
D0321	Other Temporomandibular Joint Films, By Report	NOT COVERED	NOT LISTED		
D0322	Tomographic Survey	NOT COVERED	NOT LISTED		
D0330	Panoramic Film	\$0	\$0		
D0340	Cephalometric Film	NOT COVERED	NOT LISTED		
D0350	Oral/Facial Photographic Images	NOT COVERED	\$0		
D0360	Cone Beam CT	NOT COVERED	NOT LISTED		
D0362	Cone Beam - Two-Dimensional Image Reconstruction	NOT COVERED	NOT LISTED		
D0363	Cone Beam - Three-Dimensional Image Reconstruction	NOT COVERED	NOT LISTED		
D0364	Cone Beam CT capture and interpretation with limited field of view	NOT COVERED	NOT LISTED		
D0365	Cone Beam CT capture and interpretation with field of view of one full dental arch-mandible	NOT COVERED	NOT LISTED		
D0366	Cone Beam CT capture and interpretation with field of view of one full dental arch-maxilla, with or without cranium	NOT COVERED	NOT LISTED		

**City of Fort Lauderdale  
DHMO Copay Comparison**

**Proposer's**

**Name** Aetna Life Insurance Company

<b>CDT Code</b>	<b>Benefit</b>	<i>Enter DHMO Plan Name Here</i>	<i>Enter DHMO Plan Name Here</i>	<i>Enter DHMO Plan Name Here</i>	<i>Enter DHMO Plan Name Here</i>
D0367	Cone Beam CT capture and interpretation with field of view of both jaws with or without cranium	NOT COVERED	NOT LISTED		
D0368	Cone Beam CT capture and interpretation for TMJ series	NOT COVERED	NOT LISTED		
D0369	Maxillofacial MRI capture and interpretation	NOT COVERED	NOT LISTED		
D0370	Maxillofacial ultrasound capture and interpretation	NOT COVERED	NOT LISTED		
D0371	Sialoendoscopy capture and interpretation	NOT COVERED	NOT LISTED		
<b>Image Capture Only</b>					
D0380	Cone Beam CT image capture with limited field of view-less than one whole jaw	NOT COVERED	NOT LISTED		
D0381	Cone Beam CT image capture with field of view of one full dental arch-mandible	NOT COVERED	NOT LISTED		
D0382	Cone Beam CT image capture with field of view of one full dental arch-maxilla, with or without cranium	NOT COVERED	NOT LISTED		
D0384	Cone Beam image capture for TMJ series including two or more exposures	NOT COVERED	NOT LISTED		
D0385	Maxillofacial MRI image capture	NOT COVERED	NOT LISTED		
D0386	Maxillofacial ultrasound image capture	NOT COVERED	NOT LISTED		
<b>Image Capture Only</b>					
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	\$0	NOT LISTED		
<b>Tests and Examinations</b>					
D0415	Collection of Microorganisms for Culture and Sensitivity	NOT COVERED	\$0		
D0416	Viral Culture	NOT COVERED	NOT LISTED		
D0417	Collection and Preparation of Saliva Sample for Laboratory Diagnostic Testing	NOT COVERED	NOT LISTED		
D0418	Analysis of Saliva Sample	NOT COVERED	NOT LISTED		
D0421	Genetic Test for Susceptibility to Oral Diseases	NOT COVERED	NOT LISTED		
D0425	Caries Susceptibility Tests	NOT COVERED	\$0		
D0431	Adjunctive Pre-diagnostic Test, Not to Include Cytology or Biopsy Procedures	NOT COVERED	\$50		
D0460	Pulp Vitality Tests	\$0	\$0		
D0470	Diagnostic Casts	\$0	\$0		
<b>Oral Pathology Laboratory</b>					
D0472	Accession of Tissue, Gross Examination, Preparation and Transmission of Written Report	\$0	\$0		

**City of Fort Lauderdale  
DHMO Copay Comparison**

**Proposer's**  
**Name**    Aetna Life Insurance Company

<b>CDT Code</b>	<b>Benefit</b>	<b><i>Enter DHMO Plan Name Here</i></b>	<b><i>Enter DHMO Plan Name Here</i></b>	<b><i>Enter DHMO Plan Name Here</i></b>	<b><i>Enter DHMO Plan Name Here</i></b>
D0473	Accession of Tissue, Gross and Microscopic Examination, Preparation and Transmission of Written Report	\$0	\$0		
D0474	Accession of Tissue, Gross and Microscopic Examination, Including Assessment of Surgical margins for presence of Disease, Preparation and Transmission of Written Report	\$0	\$0		
D0480	Accession of Exfoliative Cytologic Smears, Microscopic Examination, Preparation and Transmission of Written Report	NOT COVERED	NOT LISTED		
D0486	Accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	NOT COVERED	NOT LISTED		
D0475	Decalcification Procedure	NOT COVERED	NOT LISTED		
D0476	Special Stains for Microorganisms	NOT COVERED	NOT LISTED		
D0477	Special Stains, not for Microorganisms	NOT COVERED	NOT LISTED		
D0478	Immunohistochemical Stains	NOT COVERED	NOT LISTED		
D0479	Tissue In-Situ Hybridization, Including Interpretation	NOT COVERED	NOT LISTED		
D0481	Electron Microscopy - Diagnostic	NOT COVERED	NOT LISTED		
D0482	Direct Immunofluorescence	NOT COVERED	NOT LISTED		
D0483	Indirect Immunofluorescence	NOT COVERED	NOT LISTED		
D0484	Consultation on Slides Prepared Elsewhere	NOT COVERED	NOT LISTED		
D0485	Consultation, Including Preparation of Slides From Biopsy Material Supplied By Referring Source	NOT COVERED	NOT LISTED		
D0502	Other Oral Pathology Procedures, By Report	NOT COVERED	NOT LISTED		
D0999	Unspecified Diagnostic Procedure, By Report	NOT COVERED	NOT LISTED		
<b>Preventive</b>					
<b>Dental Prophylaxis</b>					
D1110	Prophylaxis - Adult	\$0	\$0		
	(Additional Cleaning, In Addition to the One Allowed Every 6 Months)	NOT COVERED	\$35		
D1120	Prophylaxis - Child	\$0	\$0		
	(Additional Cleaning, In Addition to the One Allowed Every 6 Months)	NOT COVERED	\$35		
<b>Topical Fluoride Treatment (Office Procedure)</b>					
D1203	Topical Application of Fluoride - Child	INVALID ADA CODE - CORRECT ADA CODE D1208	\$0		
D1204	Topical Application of Fluoride - Adult	INVALID ADA CODE - CORRECT ADA CODE D1208	\$0		

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D1206	Topical Fluoride Varnish; Therapeutic Application for Moderate to High Caries Risk Patients	\$0	\$0		
D1208	Topical application of fluoride	\$0	NOT LISTED		
<b>Other Preventive Services</b>					
D1310	Nutritional Counseling for Control of Dental Disease	NOT COVERED	\$0		
D1320	Tobacco Counseling for the Control and Prevention of Oral Disease	NOT COVERED	\$0		
D1330	Oral Hygiene Instructions	\$0	\$0		
D1351	Sealant - Per Tooth	\$0	\$0		
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	\$0	NOT LISTED		
<b>Space Maintenance (Passive Appliances)</b>					
D1510	Space Maintainer - Fixed - Unilateral	\$0	\$25		
D1515	Space Maintainer - Fixed - Bilateral	\$0	\$25		
D1520	Space Maintainer - Removable - Unilateral	\$0	\$35		
D1525	Space Maintainer - Removable - Bilateral	\$0	\$35		
D1550	Re-cementation of Space Maintainer	\$12	\$15		
D1555	Removal of Fixed Space Maintainer	\$12	\$15		
<b>Restorative</b>					
<b>Amalgam Restorations (Including Polishing)</b>					
D2140	Amalgam - One Surface, Primary or Permanent	\$0	\$0		
D2150	Amalgam - Two Surfaces, Primary or Permanent	\$0	\$0		
D2160	Amalgam - Three Surfaces, Primary or Permanent	\$0	\$0		
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	\$0	\$0		
<b>Resin-Based Composite Restorations - Direct</b>					
D2330	Resin-Based Composite - One Surface, Anterior	\$0	\$0		
D2331	Resin-Based Composite - Two Surfaces, Anterior	\$0	\$0		
D2332	Resin-Based Composite - Three Surfaces, Anterior	\$0	\$0		
D2335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle (Anterior)	\$42	\$0		
D2390	Resin-Based Composite Crown, Anterior	\$0	\$30		
D2391	Resin-Based Composite - One Surface, Posterior	\$49	\$30		
D2392	Resin-Based Composite - Two Surfaces, Posterior	\$63	\$45		
D2393	Resin-Based Composite - Three Surfaces, Posterior	\$77	\$65		
D2394	Resin-Based Composite - Four or More Surfaces, Posterior	\$106	\$65		
<b>Gold Foil Restorations</b>					
D2410	Gold Foil - One Surface	NOT COVERED	NOT LISTED		

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D2420	Gold Foil - Two Surfaces	NOT COVERED	NOT LISTED		
D2430	Gold Foil - Three Surfaces	NOT COVERED	NOT LISTED		
<b>Inlay/Onlay Restorations</b>					
D2510	Inlay - Metallic - One Surface	\$189	\$225		
D2520	Inlay - Metallic - Two Surfaces	\$189	\$235		
D2530	Inlay - Metallic - Three or More Surfaces	\$189	\$245		
D2542	Onlay - Metallic - Two Surfaces	\$200	\$245		
D2543	Onlay - Metallic - Three Surfaces	\$200	\$260		
D2544	Onlay - Metallic - Four or More Surfaces	\$200	\$270		
D2610	Inlay - Porcelain/Ceramic - One Surface	\$189	\$245		
D2620	Inlay - Porcelain/Ceramic - Two Surfaces	\$189	\$245		
D2630	Inlay - Porcelain/Ceramic - Three or More Surfaces	\$189	\$245		
D2642	Onlay - Porcelain/Ceramic - Two Surfaces	\$200	\$245		
D2643	Onlay - Porcelain/Ceramic - Three Surfaces	\$200	\$245		
D2644	Onlay - Porcelain/Ceramic - Four or More Surfaces	\$200	\$245		
D2650	Inlay - Resin-Based Composite - One Surface	\$189	\$245		
D2651	Inlay - Resin-Based Composite - Two Surfaces	\$189	\$245		
D2652	Inlay - Resin-Based Composite - Three or More Surfaces	\$189	\$245		
D2662	Onlay - Resin-Based Composite - Two Surfaces	\$200	\$245		
D2663	Onlay - Resin-Based Composite - Three Surfaces	\$200	\$245		
D2664	Onlay - Resin-Based Composite - Four or More Surfaces	\$200	\$245		
<b>Crowns - Single Restorations Only</b>					
D2710	Crown - Resin-Based Composite (Indirect)	\$207	\$245		
D2712	Crown - 3/4 Resin-Based Composite (Indirect)	\$151	\$245		
D2720	Crown - Resin with High Noble Metal	\$207	\$245		
D2721	Crown - Resin with Predominantly Base Metal	\$207	\$245		
D2722	Crown - Resin with Noble Metal	\$207	\$245		
D2740	Crown - Porcelain/Ceramic Substrate	\$207	\$245		
D2750	Crown - Porcelain Fused to High Noble Metal	\$207	\$245		
D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$207	\$245		
D2752	Crown - Porcelain Fused to Noble Metal	\$207	\$245		
D2780	Crown - 3/4 Cast High Noble Metal	\$207	\$245		
D2781	Crown - 3/4 Cast Predominantly Base Metal	\$207	\$245		
D2782	Crown - 3/4 Cast Noble Metal	\$207	\$245		
D2783	Crown - 3/4 Porcelain/Ceramic	\$207	\$245		
D2790	Crown - Full Cast High Noble Metal	\$207	\$245		

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D2791	Crown - Full Cast Predominantly Base Metal	\$207	\$245		
D2792	<i>Crown - Full Cast Noble Metal</i>	\$207	\$245		
D2794	<i>Crown - Titanium</i>	\$207	\$245		
D2799	Provisional Crown	\$0	\$0		
<b>Other Restorative Services</b>					
D2910	Recement Inlay, Onlay, or Partial Coverage Restoration	\$0	\$0		
D2915	Recement Cast or Prefabricated Post and Core	\$0	\$0		
D2920	Recement Crown	\$0	\$0		
D2929	Prefabricated porcelain/ceramic crown-primary tooth	\$0	NOT LISTED		
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$0	\$25		
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$0	\$25		
D2932	Prefabricated Resin Crown	\$0	\$45		
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$0	\$45		
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$0	NOT LISTED		
D2940	Protective Restoration	\$0	\$0		
D2950	Core Buildup, Including Any Pins	\$123	\$70		
D2951	Pin Retention - Per Tooth, In Addition to Restoration	\$0	\$10		
D2952	<i>Post and Core In Addition to Crown, Indirectly Fabricated</i>	\$101	\$50		
D2953	<i>Each Additional Indirectly Fabricated Post - Same Tooth</i>	\$101	\$50		
D2954	Prefabricated Post and Core In Addition to Crown	\$72	\$30		
D2955	Post Removal (Not in Conjunction with Endodontic Therapy)	\$0	\$10		
D2957	Each Add Prefabricated Post - Same Tooth	\$72	\$30		
D2960	Labial Veneer (Resin Laminate) - Chairside	NOT COVERED	\$250		
D2961	<i>Labial Veneer (Resin Laminate) - Laboratory</i>	NOT COVERED	\$300		
D2962	<i>Labial veneer (Porcelain Laminate) - Laboratory</i>	NOT COVERED	\$350		
D2970	Temporary Crown (Fractured Tooth)	\$0. - INVALID ADA CODE REPLACED WITH D2799	\$0		
D2971	Additional Procedures to Construct New Crown Under Existing Partial Denture Framework	\$28	\$50		
D2975	Coping	NOT COVERED	NOT LISTED		
D2980	Crown Repair, By Report	NOT COVERED	\$0		
D2981	Inlay repair necessitated by restorative material failure	NOT COVERED	NOT LISTED		
D2982	Onlay repair necessitated by restorative material failure	NOT COVERED	NOT LISTED		
D2983	Veneer repair necessitated by restorative material failure	NOT COVERED	NOT LISTED		
D2990	Resin infiltration of incipient smooth surface lesions	\$0	NOT LISTED		

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D2999	Unspecified Restorative Procedure, By Report	NOT COVERED	NOT LISTED		
<b>Endodontics</b>					
<b>Pulp Capping</b>					
D3110	Pulp Cap - Direct (Excluding Final Restoration)	\$0	\$5		
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	\$0	\$5		
<b>Pulpotomy</b>					
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) - Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament	\$0	\$30		
D3221	Pulpal Debridement, Primary and Permanent Teeth	\$14	\$55		
D3222	Partial Pulpotomy for Apexogenesis - Permanent Tooth with Incomplete Root Development	\$0	NOT LISTED		
<b>Endodontic Therapy on Primary Teeth</b>					
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	\$0	\$40		
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	\$0	\$40		
<b>Endodontic Therapy</b>					
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$0	\$100		
D3320	Endodontic Therapy, Bicuspid Tooth (Excluding Final Restoration)	\$0	\$152		
D3330	Endodontic Therapy, Molar (Excluding Final Restoration)	\$161	\$210		
D3331	Treatment of Root Canal Obstruction; Non-Surgical Access	\$0	\$85		
D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth	\$0	\$96		
D3333	Internal Root Repair or Perforation Defects	\$0	\$85		
<b>Endodontic Retreatment</b>					
D3346	Retreatment of Previous Root Canal Therapy - Anterior	\$110	\$180		
D3347	Retreatment of Previous Root Canal Therapy - Bicuspid	\$110	\$280		
D3348	Retreatment of Previous Root Canal Therapy - Molar	\$266	\$325		
<b>Apexification/Recalcification Procedures</b>					
D3351	Apexification/Recalcification - Initial Visit (apical closure/calccific repair of perforations, root resorption, pulp space disinfection, etc.)	NOT COVERED	\$70		
D3352	Apexification/Recalcification/pulpal regeneration - interim medication replacement (apical closure/calccific repair of perforations, root rsorption, pulp space disinfection, etc.)	NOT COVERED	\$70		

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D3353	Apexification/Recalcification - Final Visit (Includes Completed Root Canal Therapy - Apical Closure/Calcific Repair of Perforations, Root Resorption, etc.)	NOT COVERED	\$70		
D3354	Pulpal Regeneration - (completion of regenerative treatment in an immature permanent tooth with a necrotic pulp); does not include final restoration	INVALID CODE - NO REPLACEMENT PROCEDURE CODE	NOT LISTED		
<b>Apicoectomy/Periradicular Services</b>					
D3410	Apicoectomy/Periradicular Surgery - Anterior	\$0	\$95		
D3421	Apicoectomy/Periradicular Surgery - Bicuspid (First Root)	\$0	\$95		
D3425	Apicoectomy/Periradicular Surgery - Molar (First Root)	\$0	\$95		
D3426	Apicoectomy/Periradicular Surgery (Each Additional Root)	\$0	\$60		
D3430	Retrograde Filling - Per Root	\$0	\$60		
D3450	Root Amputation - Per Root	\$66	\$95		
D3460	Endodontic Endosseous Implant	NOT COVERED	NOT LISTED		
D3470	Intentional Reimplantation ( Including Necessary Splinting)	NOT COVERED	NOT LISTED		
<b>Other Endodontic Procedures</b>					
D3910	Surgical Procedure for Isolation of Tooth with Rubber Dam	NOT COVERED	\$19		
D3920	Hemisection (Including any Root Removal), Not Including Root Canal Therapy	NOT COVERED	\$90		
D3950	Canal Preparation and Fitting of Preformed Dowel or Post	NOT COVERED	\$15		
D3999	Unspecified Endodontic Procedure, By Report	NOT COVERED	NOT LISTED		
<b>Periodontics</b>					
<b>Surgical Services (Including Usual Postoperative Care)</b>					
D4210	Gingivectomy of Gingivoplasty - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$91	\$110		
D4211	Gingivectomy or Gingivoplasty - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$39	\$83		
D4212	Gingivectomy of Gingivoplasty to allow access for restorative procedure, per tooth	\$13	NOT LISTED		
D4230	Anatomical Crown Exposure - Four or More Teeth Per Quadrant	NOT COVERED	NOT LISTED		
D4231	Anatomical Crown Exposure - One to Three Teeth Per Quadrant	NOT COVERED	NOT LISTED		
D4240	Gingival Flap Procedure, Including Root Planing - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$90	\$150		
D4241	Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$55	\$113		
D4245	Apically Positioned Flap	\$74	\$165		

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D4249	Clinical Crown Lengthening - Hard Tissue	\$88	\$150		
D4260	Osseous Surgery (Including Flap Entry and Closure) - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$147	\$300		
D4261	Osseous Surgery (Including Flap Entry and Closure) - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$88	\$225		
D4263	Bone Replacement Graft - First Site in Quadrant	NOT COVERED	\$180		
D4264	Bone Replacement Graft - Each Additional Site in Quadrant	NOT COVERED	\$95		
D4265	Biologic Materials to Aid in Soft and Osseous Tissue Regeneration	NOT COVERED	\$95		
D4266	Guided Tissue Regeneration - Resorbable Barrier, Per Site	NOT COVERED	\$215		
D4267	Guided Tissue Regeneration - Nonresorbable Barrier, Per Site (Includes Membrane Removal)	NOT COVERED	\$255		
D4268	Surgical Revision Procedure, Per Tooth	\$59	NOT LISTED		
D4270	Pedicle Soft Tissue Graft Procedure	\$116	\$245		
D4271	Free Soft Tissue Graft Procedure (Including Donor Site Surgery)	INVALID CODE -SEE CODES D4277/D4278	\$245		
D4273	Subepithelial Connective Tissue Graft Procedures, Per Tooth	\$68	\$75		
D4274	Distal or Proximal Wedge Procedure (When Not performed in Conjunction With Surgical Procedures in the Same Anatomical Area)	NOT COVERED	\$100		
D4275	Soft Tissue Allograft	\$237	\$380		
D4276	Combined Connective Tissue and Double Pedicle Graft, Per Tooth	\$112	NOT LISTED		
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	\$48	NOT LISTED		
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	\$24	NOT LISTED		
<b>Non-Surgical Periodontal Service</b>					
D4320	Provisional Splinting, Intracoronal	NOT COVERED	\$95		
D4321	Provisional Splinting, Extracoronal	NOT COVERED	\$85		
D4341	Periodontal Scaling and Root Planing - Four or More Teeth Per Quadrant	\$37	\$50		
D4342	Periodontal Scaling and Root Planing - One to Three Teeth Per Quadrant	\$22	\$38		
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	\$70	\$50		
D4381	Localized Delivery of Antimicrobial Agents Via a Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth, By Report	NOT COVERED	\$65		
<b>Other Periodontal Services</b>					
D4910	Periodontal Maintenance	\$25	\$40		
	Additional Periodontal Maintenance	NOT COVERED	\$55		

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D4920	Unscheduled Dressing Change (by someone other than treating dentist)	\$11	NOT LISTED		
D4999	Unspecified Periodontal Procedure, By Report	NOT COVERED	NOT LISTED		
<b>Prosthodontics (Removable)</b>					
<b>Complete Dentures</b>					
D5110	Complete Denture - Maxillary	\$231	\$325		
D5120	Complete Denture - Mandibular	\$231	\$325		
D5130	Immediate Denture - Maxillary	\$237	\$350		
D5140	Immediate Denture - Mandibular	\$237	\$350		
<b>Partial Dentures (Including Routine Post-delivery Care)</b>					
D5211	Maxillary Partial Denture - Resin Base (Including any Conventional Clasps, Rests and Teeth)	\$231	\$400		
D5212	Mandibular Partial Denture - Resin Base (Including any Conventional Clasps, Rests and Teeth)	\$231	\$400		
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)	\$237	\$425		
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)	\$237	\$425		
D5225	Maxillary Partial Denture - Flexible Base (Including any Clasps, Rests and Teeth)	\$264	\$425		
D5226	Mandibular Partial Denture - Flexible Base (Including any Clasps, Rests and Teeth)	\$264	\$425		
D5281	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Clasps and Teeth)	\$231	\$300		
<b>Adjustments to Dentures</b>					
D5410	Adjust Complete Denture - Maxillary	\$11	\$10		
D5411	Adjust Complete Denture - Mandibular	\$11	\$10		
D5421	Adjust Partial Denture - Maxillary	\$11	\$10		
D5422	Adjust Partial Denture - Mandibular	\$11	\$10		
<b>Repairs to Complete Dentures</b>					
D5510	Repair Broken Complete Denture Base	\$35	\$35		
D5520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	\$30	\$35		
<b>Repairs to Partial Dentures</b>					
D5610	Repair Resin Denture Base	\$35	\$35		
D5620	Repair Cast Framework	\$35	\$35		

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D5630	Repair or Replace Broken Clasp	\$35	\$35		
D5640	Replace Broken Teeth - Per Tooth	\$30	\$35		
D5650	Add Tooth to Existing Partial Denture	\$35	\$35		
D5660	Add Clasp to Existing Partial Denture	\$33	\$35		
D5670	Replace All Teeth and Acrylic on Cast Metal Framework (Maxillary)	\$110	\$165		
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular)	\$110	\$165		
<b>Denture Rebase Procedures</b>					
D5710	Rebase Complete Maxillary Denture	\$110	\$75		
D5711	Rebase Complete Mandibular Denture	\$110	\$75		
D5720	Rebase Maxillary Partial Denture	\$110	\$75		
D5721	Rebase Mandibular Partial Denture	\$110	\$75		
<b>Denture Reline Procedures</b>					
D5730	Reline Complete Maxillary Denture (Chairside)	\$0	\$65		
D5731	Reline Complete Mandibular Denture (Chairside)	\$0	\$65		
D5740	Reline Maxillary Partial Denture (Chairside)	\$0	\$65		
D5741	Reline Mandibular Partial Denture (Chairside)	\$0	\$65		
D5750	Reline Complete Maxillary Denture (Laboratory)	\$53	\$85		
D5751	Reline Complete Mandibular Denture (Laboratory)	\$53	\$85		
D5760	Reline Maxillary Partial Denture (Laboratory)	\$53	\$85		
D5761	Reline Mandibular Partial Denture (Laboratory)	\$53	\$85		
<b>Interim Prosthesis</b>					
D5810	Interim Complete Denture (Maxillary)	\$0	\$230		
D5811	Interim Complete Denture (Mandibular)	\$0	\$230		
D5820	Interim Partial Denture (Maxillary)	\$99	\$160		
D5821	Interim Partial Denture (Mandibular)	\$99	\$170		
<b>Other Removable Prosthetic Services</b>					
D5850	Tissue Conditioning, Maxillary	\$44	\$20		
D5851	Tissue Conditioning, Mandibular	\$44	\$20		
D5860	Overdenture - Complete, By Report	INVALID ADA CODE - ALTERNATE BENEFIT OF 5110 OR 5120	NOT LISTED		
D5861	Overdenture - Partial, By Report	INVALID ADA CODE - ALTERNATE BENEFIT OF 5213 OR 5214	NOT LISTED		
D5862	Precision Attachment, By report	NOT COVERED	\$160		

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D5867	Replacement of Replaceable Part of Semi-Precision or Precision Attachment (Male or Female Component)	NOT COVERED	NOT LISTED		
D5875	Modification of Removable Prosthesis Following Implant Surgery	NOT COVERED	NOT LISTED		
D5899	Unspecified Removable Prosthodontic Procedure, By Report	NOT COVERED	NOT LISTED		
<b>Maxillofacial Prosthetics</b>					
D5911	Facial Moulage (Sectional)	NOT COVERED	NOT LISTED		
D5912	Facial Moulage (Complete)	NOT COVERED	NOT LISTED		
D5913	Nasal Prosthesis	NOT COVERED	NOT LISTED		
D5914	Auricular Prosthesis	NOT COVERED	NOT LISTED		
D5915	Orbital Prosthesis	NOT COVERED	NOT LISTED		
D5916	Ocular Prosthesis	NOT COVERED	NOT LISTED		
D5919	Facial Prosthesis	NOT COVERED	NOT LISTED		
D5922	Nasal Septal Prosthesis	NOT COVERED	NOT LISTED		
D5923	Ocular Prosthesis, Interim	NOT COVERED	NOT LISTED		
D5924	Cranial Prosthesis	NOT COVERED	NOT LISTED		
D5925	Facial Augmentation Implant Prosthesis	NOT COVERED	NOT LISTED		
D5926	Nasal Prosthesis, Replacement	NOT COVERED	NOT LISTED		
D5927	Auricular Prosthesis, Replacement	NOT COVERED	NOT LISTED		
D5928	Orbital Prosthesis, Replacement	NOT COVERED	NOT LISTED		
D5929	Facial Prosthesis, Replacement	NOT COVERED	NOT LISTED		
D5931	Obturator Prosthesis, Surgical	NOT COVERED	NOT LISTED		
D5932	Obturator Prosthesis, Definitive	NOT COVERED	NOT LISTED		
D5933	Obturator Prosthesis, Modification	NOT COVERED	NOT LISTED		
D5934	Mandibular Resection Prosthesis with Guide Flange	NOT COVERED	NOT LISTED		
D5935	Mandibular Resection Prosthesis without Guide Flange	NOT COVERED	NOT LISTED		
D5936	Obturator Prosthesis, Interim	NOT COVERED	NOT LISTED		
D5937	Trismus Appliance (Not for TMD Treatment)	NOT COVERED	NOT LISTED		
D5951	Feeding Aid	NOT COVERED	NOT LISTED		
D5952	Speech Aid Prosthesis, Pediatric	NOT COVERED	NOT LISTED		
D5953	Speech Aid Prosthesis, Adult	NOT COVERED	NOT LISTED		
D5954	Palatal Augmentation Prosthesis	NOT COVERED	NOT LISTED		
D5955	Palatal Lift Prosthesis, Definitive	NOT COVERED	NOT LISTED		
D5958	Palatal Lift Prosthesis, Interim	NOT COVERED	NOT LISTED		
D5959	Palatal Lift Prosthesis, Modification	NOT COVERED	NOT LISTED		
D5960	Speech Aid Prosthesis, Modification	NOT COVERED	NOT LISTED		
D5982	Surgical Stent	NOT COVERED	NOT LISTED		

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D5983	Radiation Carrier	NOT COVERED	NOT LISTED		
D5984	Radiation Shield	NOT COVERED	NOT LISTED		
D5985	Radiation Cone Locator	NOT COVERED	NOT LISTED		
D5986	Fluoride Gel Carrier	NOT COVERED	NOT LISTED		
D5987	Commissure Splint	NOT COVERED	NOT LISTED		
D5988	Surgical Splint	NOT COVERED	NOT LISTED		
D5991	Topical Medicament Carrier	NOT COVERED	NOT LISTED		
D5992	Adjust maxillofacial prosthetic appliance, by report	NOT COVERED	NOT LISTED		
D5993	Maintenance and Cleaning of a Maxillofacial Prosthesis (Extra or Intraoral) Other Than Required Adjustments, By Report	NOT COVERED	NOT LISTED		
D5999	Unspecified Maxillofacial Prosthesis, By Report	NOT COVERED	NOT LISTED		
<b><u>Implant Services</u></b>					
<b><u>Pre-Surgical Services</u></b>					
D6190	Radiographic/surgical Implant Index, By Report	NOT COVERED	NOT LISTED		
<b><u>Surgical Services</u></b>					
D6010	Surgical Placement of Implant Body: Endosteal Implant	\$1,215	NOT LISTED		
D6012	Surgical Placement of Interim Implant Body for Transitional Prosthesis: Endosteal Implant	NOT COVERED	NOT LISTED		
D6040	Surgical Placement: Eposteal Implant	NOT COVERED	NOT LISTED		
D6050	Surgical Placement: Transosteal Implant	NOT COVERED	NOT LISTED		
D6100	Implant Removal, By Report	NOT COVERED	NOT LISTED		
D6101	Debridement of a periimplant defect and surface cleaning of exposed implant surfaces, including flap entry and closure	NOT COVERED	NOT LISTED		
D6102	Ddebridement of osseous contouring of a periimplant defect; includes surface cleaning of exposed implant surfaces and flap entry and closure	NOT COVERED	NOT LISTED		
D6103	Bone graft for repair of periimplant defect-not including flap entry and closure or, when indicated, placement of a barrier membrane or biologic materials to aid in osseous regeneration	NOT COVERED	NOT LISTED		
D6104	Bone graft at time of implant placement	NOT COVERED	NOT LISTED		
<b><u>Implant Supported Prosthetics</u></b>					
<b><u>Supporting Structures</u></b>					
D6051	Interim abutment	\$0	NOT LISTED		
D6055	Connecting Bar - Implant Supported or Abutment Supported	NOT COVERED	NOT LISTED		
D6056	Prefabricated Abutment - Includes Placement	\$440	NOT LISTED		
D6057	Custom Abutment - Includes Placement	NOT COVERED	NOT LISTED		
<b><u>Implant/Abutment Supported Removable Dentures</u></b>					

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D6053	Implant/Abutment Supported Removable Denture for Completely Edentulous Arch	INVALID ADA CODE - ALTERNATE BENEFIT OF 6110 OR 6111 - \$231.	NOT LISTED		
D6054	Implant/Abutment Supported Removable Denture for Partially Edentulous Arch	INVALID ADA CODE - ALTERNATE BENEFIT OF 6110 OR 6111 - \$231.	NOT LISTED		
<b>Implant/Abutment Supported Fixed Dentures (Hybrid Prosthesis)</b>					
D6078	Implant/Abutment Supported Fixed Denture for Completely Edentulous Arch	INVALID ADA CODE - ALTERNATE BENEFIT OF 6114 OR 6115 - \$231.	NOT LISTED		
D6079	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch	INVALID ADA CODE - ALTERNATE BENEFIT OF 6114 OR 6115 - \$231.			
<b>Single Crowns, Abutment Supported</b>					
D6058	Abutment Supported Porcelain/Ceramic Crown	\$207	NOT LISTED		
D6059	Abutment Supported Porcelain Fused to Metal Crown (High Noble Metal)	\$207	NOT LISTED		
D6060	Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)	\$207	NOT LISTED		
D6061	Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)	\$207	NOT LISTED		
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)	\$207	NOT LISTED		
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	\$207	NOT LISTED		
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	\$207	NOT LISTED		
D6094	Abutment Supported Crown - (Titanium)	\$207	NOT LISTED		
<b>Single Crowns, Implant Supported</b>					
D6065	Implant Supported Porcelain/Ceramic Crown	\$207	NOT LISTED		
D6066	Implant Supported Porcelain Fused to Metal Crown (Titanium, Titanium Alloy, or High Noble Metal)	\$207	NOT LISTED		
D6067	Implant Supported Metal Crown (Titanium, Titanium Alloy, or High Noble Metal)	\$207	NOT LISTED		
<b>Fixed Partial Denture, Abutment Supported</b>			NOT LISTED		
D6068	Abutment Supported Retainer for Porcelain/Ceramic FPD	\$207	NOT LISTED		
D6069	Abutment Supported Retainer for Porcelain Fused to Metal FPD (High Noble Metal)	\$207	NOT LISTED		
D6070	Abutment Supported Retainer for Porcelain Fused to Metal FPD (Predominantly Base Metal)	\$207	NOT LISTED		

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D6071	Abutment Supported Retainer for Porcelain Fused to Metal FPD (Noble Metal)	\$207	NOT LISTED		
D6072	Abutment Supported Retainer for Cast Metal FPD (High Noble Metal)	\$207	NOT LISTED		
D6073	Abutment Supported Retainer for Cast Metal FPD (Predominantly Base Metal)	\$207	NOT LISTED		
D6074	Abutment Supported Retainer for Cast Metal FPD (Noble Metal)	\$207	NOT LISTED		
D6194	Abutment Supported Retainer Crown for FPD- (Titanium)	\$207	NOT LISTED		
<b>Fixed Partial Denture, Implant Supported</b>					
D6075	Implant Supported Retainer for Ceramic FPD	\$207	NOT LISTED		
D6076	Implant Supported Retainer for Porcelain Fused to Metal FPD (Titanium, Titanium Alloy, or High Noble Metal)	\$207	NOT LISTED		
D6077	Implant Supported Retainer for Cast Metal FPD (Titanium, Titanium Alloy, or High Noble Metal)	\$207	NOT LISTED		
<b>Other Implant Services</b>					
D6080	Implant Maintenance Procedures, Including Removal of Prosthesis, Cleansing of Prosthesis and Abutments and Reinsertion of Prosthesis	\$88	NOT LISTED		
D6090	Repair Implant Supported Prosthesis, By Report	NOT COVERED	NOT LISTED		
D6095	Repair Implant Abutment, By Report	NOT COVERED	NOT LISTED		
D6091	Replacement of Semi-Precision or Precision Attachment (Male or Female Component) of Implant/Abutment Supported Prosthesis, Per Attachment	NOT COVERED	NOT LISTED		
D6092	Recement Implant/Abutment Supported Crown	\$24	NOT LISTED		
D6093	Recement Implant/Abutment Supported Fixed Partial Denture	\$26	NOT LISTED		
D6199	Unspecified Implant Procedure, By Report	NOT COVERED	NOT LISTED		
<b>Prosthodontics, Fixed</b>					
<b>Fixed Partial Denture Pontics</b>					
D6205	Pontic - Indirect Resin Based Composite	\$207	NOT LISTED		
D6210	Pontic - Cast High Noble Metal	\$207	\$245		
D6211	Pontic - Cast Predominantly Base Metal	\$207	\$245		
D6212	Pontic - Cast Noble Metal	\$207	\$245		
D6214	Pontic - Titanium	\$207	\$245		
D6240	Pontic - Porcelain Fused to High Noble Metal	\$207	\$245		
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$207	\$245		
D6242	Pontic - Porcelain Fused to Noble Metal	\$207	\$245		
D6245	Pontic - Porcelain/Ceramic	\$207	\$245		

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D6250	Pontic - Resin with High Noble Metal	\$207	\$245		
D6251	Pontic - Resin with Predominantly Base Metal	\$207	\$245		
D6252	Pontic - Resin with Noble Metal	\$207	\$245		
D6253	Provisional Pontic	\$0	\$0		
D6254	Interim Pontic	INVALID CODE - REPLACEMENT PROCEDURE CODE D6253 - \$0.	NOT LISTED		
<b>Fixed Partial Denture Retainers - Inlays/Onlays</b>					
D6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis	\$189	\$150		
D6548	Retainer - Porcelain/Ceramic for Resin Bonded Fixed Prosthesis	\$189	NOT LISTED		
D6600	Inlay - Porcelain/Ceramic - Two Surfaces	\$189	\$ 245		
D6601	Inlay - Porcelain/Ceramic - Three or More Surfaces	\$189	\$245		
D6602	Inlay - Cast High Noble Metal, Two Surfaces	\$221	\$245		
D6603	Inlay - Cast High Noble Metal, Three or More Surfaces	\$221	\$245		
D6604	Inlay - Cast Predominantly Base Metal, Two Surfaces	\$189	\$245		
D6605	Inlay - Cast Predominantly Base Metal, Three or More Surfaces	\$189	\$245		
D6606	Inlay - Cast Noble Metal, Two Surfaces	\$210	\$245		
D6607	Inlay - Cast Noble Metal, Three or More Surfaces	\$210	\$245		
D6624	Inlay - Titanium	\$221	NOT LISTED		
D6608	Onlay - Porcelain/Ceramic - Two Surfaces	\$200	\$245		
D6609	Onlay - Porcelain/Ceramic - Three or More Surfaces	\$200	\$245		
D6610	Onlay - Cast High Noble Metal, Two Surfaces	\$232	\$245		
D6611	Onlay - Cast High Noble Metal, Three or More Surfaces	\$232	\$245		
D6612	Onlay - Cast Predominantly Base Metal, Two Surfaces	\$200	\$245		
D6613	Onlay - Cast Predominantly Base Metal, Three or More Surfaces	\$200	\$245		
D6614	Onlay - Cast Noble Metal, Two Surfaces	\$221	\$245		
D6615	Onlay - Cast Noble Metal, Three or More Surfaces	\$221	\$245		
D6634	Onlay - Titanium	\$232	NOT LISTED		
<b>Fixed Partial Denture Retainers - Crowns</b>					
D6710	Crown - Indirect Resin Based Composite	\$207	\$245		
D6720	Crown - Resin with High Noble Metal	\$207	\$245		
D6721	Crown - Resin with Predominantly Base Metal	\$207	\$245		
D6722	Crown - Resin with Noble Metal	\$207	\$245		
D6740	Crown - Porcelain/Ceramic	\$207	\$245		
D6750	Crown - Porcelain Fused to High Noble Metal	\$207	\$245		

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D6751	Crown - Porcelain Fused to Predominantly Base Metal	\$207	\$245		
D6752	Crown - Porcelain Fused to Noble Metal	\$207	\$245		
D6780	Crown - 3/4 Cast High Noble Metal	\$207	\$245		
D6781	Crown - 3/4 Cast Predominantly Base Metal	\$207	\$245		
D6782	Crown - 3/4 Cast Noble Metal	\$207	\$245		
D6783	Crown - 3/4 Porcelain/Ceramic	\$207	\$245		
D6790	Crown - Full Cast High Noble Metal	\$207	\$245		
D6791	Crown - Full Cast Predominantly Base Metal	\$207	\$245		
D6792	Crown - Full Cast Noble Metal	\$207	\$245		
D6794	Crown - Titanium	\$207	\$245		
D6793	Provisional Retainer Crown	\$0	NOT LISTED		
D6795	Interim Retainer Crown	INVALID ADA CODE ALTERNATE BENEFIT OF D6793 - \$0.	NOT LISTED		
<b>Other Fixed Partial Denture Services</b>					
D6920	Connector Bar	NOT COVERED	NOT LISTED		
D6930	Recement Fixed Partial Denture	\$20	\$0		
D6940	Stress Breaker	NOT COVERED	\$110		
D6950	Precision Attachment	NOT COVERED	\$195		
D6970	Cast Post and Core In Addition to Fixed Partial Denture Retainer, Indirectly Fabricated	INVALID CODE SEE D2952 - \$101.	\$50		
D6972	Prefabricated Post and Core In Addition to Fixed Partial Denture Retainer	INVALID CODE SEE D2954 - \$72.	\$30		
D6973	Core Buildup for Retainer, Including Any Pins	INVALID CODE SEE D2950 - \$123.	\$10		
D6975	Coping - Metal	INVALID CODE - NO REPLACEMENT PROCEDURE CODE	NOT LISTED		
D6976	Each Additional Indirectly Fabricated Post - Same Tooth	INVALID CODE SEE D2953N - \$101.	\$40		
D6977	Each Additional Prefabricated Post - Same Tooth	INVALID CODE SEE D2957 - \$72.	\$40		
D6980	Fixed Partial Denture Repair By Report	NOT COVERED	\$40		
D6985	Pediatric Partial Denture, Fixed	\$99	NOT LISTED		
D6999	Unspecified Fixed Prosthodontic Procedure, By Report	NOT COVERED	NOT LISTED		
<b>Oral and Maxillofacial Surgery</b>					

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<b>Extractions</b>					
D7111	Extraction of Coronal Remnants - Deciduous Tooth	\$0	\$5		
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$0	\$5		
<b>Surgical Extractions</b>					
D7210	Surgical Removal of Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated	\$0	\$30		
D7220	Removal of Impacted Tooth - Soft Tissue	\$0	\$50		
D7230	Removal of Impacted Tooth - Partially Bony	\$55	\$65		
D7240	Removal of Impacted Tooth - Completely Bony	\$85	\$80		
D7241	Removal of Impacted Tooth - Completely Bony, with Unusual Surgical Complications	\$85	\$100		
D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	\$16	\$40		
D7251	Coronectomy - Intentional Partial Tooth Removal	\$39	NOT LISTED		
<b>Other Surgical Procedures</b>					
D7260	Oroantral Fistula Closure	NOT COVERED	NOT LISTED		
D7261	Primary Closure of a Sinus Perforation	NOT COVERED	NOT LISTED		
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth	NOT COVERED	\$50		
D7272	Tooth Transplantation (Includes Reimplantation from One Site to Another and Splinting and/or Stabilization)	NOT COVERED	NOT LISTED		
D7280	Surgical Access of an Unerupted Tooth	\$27	\$100		
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	\$33	\$90		
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	\$7	\$90		
D7285	Biopsy of Oral Tissue - Hard (Bone, Tooth)	\$55	\$150		
D7286	Biopsy of Oral Tissue - Soft	\$55	\$60		
D7287	Exfoliative Cytological Sample Collection	\$28	\$50		
D7288	Brush Biopsy - Transepithelial Sample Collection	NOT COVERED	\$50		
D7290	Surgical Repositioning of Teeth	NOT COVERED	NOT LISTED		
D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy, By Report	NOT COVERED	NOT LISTED		
D7292	Surgical Placement; Temporary Anchorage Device (Screw Retained Plate) Requiring Surgical Flap	NOT COVERED	NOT LISTED		
D7293	Surgical Placement; Temporary Anchorage Device Requiring Surgical Flap	NOT COVERED	NOT LISTED		
D7294	Surgical Placement; Temporary Anchorage Device without Surgical Flap	NOT COVERED	NOT LISTED		

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D7295	Harvest of Bone Fur Use In Autogenous Grafting Procedure	NOT COVERED	NOT LISTED		
<b>Alveoloplasty - Surgical Preparation of Ridge for Dentures</b>					
D7310	Alveoloplasty in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant	\$20	\$40		
D7311	Alveoloplasty in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant	\$10	\$15		
D7320	Alveoloplasty not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant	\$28	\$60		
D7321	Alveoloplasty not in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant	\$14	\$25		
<b>Vestibuloplasty</b>					
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	NOT COVERED	NOT LISTED		
D7350	Vestibuloplasty - Ridge Extension (Including Soft Tissue Grafts, Muscle Reattachment, etc.)	NOT COVERED	NOT LISTED		
<b>Surgical Excision of Soft Tissue Lesions</b>					
D7410	Excision of Benign Lesion Up to 1.25 cm	NOT COVERED	NOT LISTED		
D7411	Excision of Benign Lesion Greater than 1.25 cm	NOT COVERED	NOT LISTED		
D7412	Excision of Benign Lesion, Complicated	NOT COVERED	NOT LISTED		
D7413	Excision of Malignant Lesion Up to 1.25 cm	NOT COVERED	NOT LISTED		
D7414	Excision of Malignant Lesion Greater than 1.25 cm	NOT COVERED	NOT LISTED		
D7415	Excision of Malignant Lesion, Complicated	NOT COVERED	NOT LISTED		
D7465	Destruction of Lesion(s) By Physical or Chemical Method, By Report	NOT COVERED	NOT LISTED		
<b>Surgical Excision of Intra-Osseous Lesions</b>					
D7440	Excision of Malignant Tumor - Lesion Diameter Up to 1.25 cm	NOT COVERED	NOT LISTED		
D7441	Excision of Malignant Tumor - Lesion Diameter Greater than 1.25 cm	NOT COVERED	NOT LISTED		
D7450	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	NOT COVERED	NOT LISTED		
D7451	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater than 1.25 cm	NOT COVERED	NOT LISTED		
D7460	Removal of Benign Nonodontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	NOT COVERED	NOT LISTED		
D7461	Removal of Benign Nonodontogenic Cyst or Tumor - Lesion Diameter Greater than 1.25 cm	NOT COVERED	NOT LISTED		
<b>Excision of Bone Tissue</b>					
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	NOT COVERED	\$80		
D7472	Removal of Torus Palatinus	NOT COVERED	\$60		

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D7473	Removal of Torus Mandibularis	NOT COVERED	\$60		
D7485	Surgical Reduction of Osseous Tuberosity	NOT COVERED	\$60		
D7490	Radical Resection of Maxilla or Mandible	NOT COVERED	NOT LISTED		
<b>Surgical Incision</b>					
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$22	\$35		
D7511	Incision and Drainage of Abscess - Intraoral Soft Tissue - Complicated (Includes Drainage of Multiple Fascial Spaces)	\$24	\$35		
D7520	Incision and Drainage of Abscess - Extraoral Soft Tissue	NOT COVERED	\$35		
D7521	Incision and Drainage of Abscess - Extraoral Soft Tissue Complicated (Includes Drainage of Multiple Fascial Spaces)	NOT COVERED	\$35		
D7530	Removal of Foreign Body from Mucosa, Skin, or Subcutaneous Alveolar Tissue	NOT COVERED	NOT LISTED		
D7540	Removal of Reaction Producing Foreign Bodies, Musculoskeletal System	NOT COVERED	NOT LISTED		
D7550	Partial Osteotomy/Sequestrectomy for Removal of Non-vital Bone	NOT COVERED	NOT LISTED		
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	NOT COVERED	NOT LISTED		
<b>Treatment of Fractures - Simple</b>					
D7610	Maxilla - Open Reduction (Teeth Immobilized, if Present)	NOT COVERED	NOT LISTED		
D7620	Maxilla - Closed Reduction (Teeth Immobilized, if Present)	NOT COVERED	NOT LISTED		
D7630	Mandible - Open Reduction (Teeth Immobilized, if Present)	NOT COVERED	NOT LISTED		
D7640	Mandible - Closed Reduction (Teeth Immobilized, if Present)	NOT COVERED	NOT LISTED		
D7650	Malar and/or Zygomatic Arch - Open Reduction	NOT COVERED	NOT LISTED		
D7660	Malar and/or Zygomatic Arch - Closed Reduction	NOT COVERED	NOT LISTED		
D7670	Alveolus - Closed Reduction, May Include Stabilization of Teeth	NOT COVERED	NOT LISTED		
D7671	Alveolus - Open Reduction, May Include Stabilization of Teeth	NOT COVERED	NOT LISTED		
D7680	Facial Bones - Complicated Reduction with Fixation and Multiple Surgical Approaches	NOT COVERED	NOT LISTED		
<b>Treatment of Fractures - Compound</b>					
D7710	Maxilla - Open Reduction	NOT COVERED	NOT LISTED		
D7720	Maxilla - Closed Reduction	NOT COVERED	NOT LISTED		
D7730	Mandible - Open Reduction	NOT COVERED	NOT LISTED		
D7740	Mandible - Closed Reduction	NOT COVERED	NOT LISTED		
D7750	Malar and/or Zygomatic Arch - Open Reduction	NOT COVERED	NOT LISTED		
D7760	Malar and/or Zygomatic Arch - Closed Reduction	NOT COVERED	NOT LISTED		
D7770	Alveolus - Open Reduction Stabilization of Teeth	NOT COVERED	NOT LISTED		
D7771	Alveolus - Closed Reduction Stabilization of Teeth	NOT COVERED	NOT LISTED		

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D7780	Facial Bones - Complicated Reduction with Fixation and Multiple Surgical Approaches	NOT COVERED	NOT LISTED		
<b>Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions</b>					
D7810	Open Reduction of Dislocation	NOT COVERED	NOT LISTED		
D7820	Closed Reduction of Dislocation	NOT COVERED	NOT LISTED		
D7830	Manipulation under Anesthesia	NOT COVERED	NOT LISTED		
D7840	Condylectomy	NOT COVERED	NOT LISTED		
D7850	Surgical Discectomy, with/without Implant	NOT COVERED	NOT LISTED		
D7852	Disc Repair	NOT COVERED	NOT LISTED		
D7854	Synovectomy	NOT COVERED	NOT LISTED		
D7856	Myotomy	NOT COVERED	NOT LISTED		
D7858	Joint Reconstruction	NOT COVERED	NOT LISTED		
D7860	Arthrotomy	NOT COVERED	NOT LISTED		
D7865	Arthroplasty	NOT COVERED	NOT LISTED		
D7870	Arthrocentesis	NOT COVERED	NOT LISTED		
D7871	Non-arthroscopic Lysis and Lavage	NOT COVERED	NOT LISTED		
D7872	Arthroscopy - Diagnosis, with or without Biopsy	NOT COVERED	NOT LISTED		
D7873	Arthroscopy - Surgical: Lavage and Lysis of Adhesions	NOT COVERED	NOT LISTED		
D7874	Arthroscopy - Surgical: Disc Repositioning and Stabilization	NOT COVERED	NOT LISTED		
D7875	Arthroscopy - Surgical: Synovectomy	NOT COVERED	NOT LISTED		
D7876	Arthroscopy - Surgical: Discectomy	NOT COVERED	NOT LISTED		
D7877	Arthroscopy - Surgical: Debridement	NOT COVERED	NOT LISTED		
D7880	Occlusal Orthotic Device, By Report	NOT COVERED	NOT LISTED		
D7899	Unspecified TMD Therapy By Report	NOT COVERED	NOT LISTED		
<b>Repair of Traumatic Wounds</b>					
D7910	Suture of Recent Small Wounds up to 5 cm	NOT COVERED	\$25		
<b>Complicated Suturing</b>					
D7911	Complicated Suture - Up to 5 cm	NOT COVERED	NOT LISTED		
D7912	Complicated Suture - Greater than 5 cm	NOT COVERED	NOT LISTED		
<b>Other Repair Procedures</b>					
D7920	Skin Graft (Identify Defect Covered, Location and Type of Graft)	NOT COVERED	NOT LISTED		
D7921	Collection and application of autologous blood concentrate product	NOT COVERED	NOT LISTED		
D7940	Osteoplasty - For Orthognathic Deformities	NOT COVERED	NOT LISTED		
D7941	Osteotomy - Mandibular Rami	NOT COVERED	NOT LISTED		
D7943	Osteotomy - Mandibular Rami with Bone Graft; Includes Obtaining the Graft	NOT COVERED	NOT LISTED		

**City of Fort Lauderdale  
DHMO Copay Comparison**

**Proposer's**

**Name** Aetna Life Insurance Company

<b>CDT Code</b>	<b>Benefit</b>	<b>Enter DHMO Plan Name Here</b>	<b>Enter DHMO Plan Name Here</b>	<b>Enter DHMO Plan Name Here</b>	<b>Enter DHMO Plan Name Here</b>
D7944	Osteotomy - Segmented or Subapical	NOT COVERED	NOT LISTED		
D7945	Osteotomy - Body of Mandible	NOT COVERED	NOT LISTED		
D7946	LeFort I (Maxilla - Total)	NOT COVERED	NOT LISTED		
D7947	LeFort I (Maxilla - Segmented)	NOT COVERED	NOT LISTED		
D7948	LeFort II or LeFort III - without Bone Graft	NOT COVERED	NOT LISTED		
D7949	LeFort II or LeFort III - with Bone Graft	NOT COVERED	NOT LISTED		
D7950	Osseous, Osteoperiosteal, or Cartilage Graft of the Mandible or Maxilla - Autogenous or Nonautogenous, By Report	NOT COVERED	NOT LISTED		
D7951	Sinus Augmentation with Bone or Bone Substitutes	NOT COVERED	NOT LISTED		
D7952	Sinus augmentation via a vertical approach	NOT COVERED	NOT LISTED		
D7953	Bone Replacement Graft for Ridge Preservation - Per Site	NOT COVERED	NOT LISTED		
D7955	Repair of Maxillofacial Soft and/or Hard Tissue Defect	NOT COVERED	NOT LISTED		
D7960	Frenulectomy (Frenectomy or Frenotomy) - Separate procedure	\$26	\$50		
D7963	Frenuloplasty	\$28	\$50		
D7970	Excision of Hyperplastic Tissue -Per Arch	NOT COVERED	\$55		
D7971	Excision of Pericoronal Gingival	NOT COVERED	\$40		
D7972	Surgical Reduction of Fibrous Tuberosity	NOT COVERED	NOT LISTED		
D7980	Sialolithotomy	NOT COVERED	NOT LISTED		
D7981	Excision of Salivary Gland, By Report	NOT COVERED	NOT LISTED		
D7982	Sialodochoplasty	NOT COVERED	NOT LISTED		
D7983	Closure of Salivary Fistula	NOT COVERED	NOT LISTED		
D7990	Emergency Tracheotomy	NOT COVERED	NOT LISTED		
D7991	Coronoidectomy	NOT COVERED	NOT LISTED		
D7995	Synthetic Graft - Mandible or Facial Bones, By Report	NOT COVERED	NOT LISTED		
D7996	Implant - Mandible for Augmentation Purposes (Excluding Alveolar Ridge), By Report	NOT COVERED	NOT LISTED		
D7997	Appliance Removal (Not by Dentist who Placed Appliance), Includes Removal of Archbar	NOT COVERED	NOT LISTED		
D7998	Intraoral Placement of a Fixation Device not in Conjunction with a Fracture	NOT COVERED	NOT LISTED		
D7999	Unspecified Oral Surgery Procedure, By Report	NOT COVERED	NOT LISTED		
<b>Orthodontics</b>					
<b>Limited Orthodontic Treatment</b>					
D8010	Limited Orthodontic Treatment of the Primary Dentition	NOT COVERED	NOT LISTED		
D8020	Limited Orthodontic Treatment of the Transition Dentition	NOT COVERED	NOT LISTED		
D8030	Limited Orthodontic Treatment of the Adolescent Dentition	NOT COVERED	NOT LISTED		

**City of Fort Lauderdale  
DHMO Copay Comparison**

**Proposer's**  
**Name**    Aetna Life Insurance Company

CDT Code	Benefit	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here
D8040	Limited Orthodontic Treatment of the Adult Dentition	NOT COVERED	NOT LISTED		
<b>Interceptive Orthodontic Treatment</b>					
D8050	Interceptive Orthodontic Treatment of the Primary Dentition	NOT COVERED	NOT LISTED		
D8060	Interceptive Orthodontic Treatment of the Transitional Dentition	NOT COVERED	NOT LISTED		
<b>Comprehensive Orthodontic</b>		FIXED COPAY PLAN - MEMBERS COPAY IS 2400.00 PER ELIGIBLE DEPENDENT/MEMBER 'S COMPREHENSIVE TREATMENT PLAN - D8070,D8080,D8090 - COMPREHENSIVE TREATMENT PER LIFETIME - INCLUDES ALL RETENTION,TREATME NT PLAN AND ORTHODONTIC DIAGNOSTICS			
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition		\$2,135		
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition		\$2,135		
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition		\$2,150		
<b>Minor Treatment to Control Harmful Habits</b>					
D8210	Removable Appliance Therapy	NOT COVERED	NOT LISTED		
D8220	Fixed Appliance Therapy	NOT COVERED	NOT LISTED		
<b>Other Orthodontic Services</b>		SEE COMPREHENSIVE COMMENTS ABOVE			
D8660	Pre-Orthodontic Treatment Visit		NOT LISTED		
D8670	Periodic Orthodontic Treatment Visit (As Part of Contract)		NOT LISTED		
	Children (Up to 19th Birthday):				
	24 Month Treatment Fee				
	Charge Per Month for 24 Months				
	Adults:				
	24 Month Treatment Fee				
	Charge Per Month for 24 Months				
	Ortho Visits Beyond 24 Months of Active Treatment or Retention				

**City of Fort Lauderdale  
DHMO Copay Comparison**

**Proposer's**

**Name** Aetna Life Insurance Company

<b>CDT Code</b>	<b>Benefit</b>	<b>Enter DHMO Plan Name Here</b>	<b>Enter DHMO Plan Name Here</b>	<b>Enter DHMO Plan Name Here</b>	<b>Enter DHMO Plan Name Here</b>
D8680	Orthodontic Retention (Removal of Appliances, Construction and Placement of Retainer (s))		\$300		
D8690	Orthodontic Treatment (Alternative Billing to a Contract Fee)		NOT LISTED		
D8691	Repair of Orthodontic Appliance		NOT LISTED		
D8692	Replacement of Lost or Broken Retainer		NOT LISTED		
D8693	Rebonding or Recementing; and/or Repair, as Required, of Fixed Retainers		\$0		
D8999	Unspecified Orthodontic Procedure, By Report		NOT LISTED		
<b><u>Adjunctive General Services</u></b>					
<b><u>Unclassified Treatment</u></b>					
D9110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedure	\$11	\$10		
D9120	Fixed Partial Denture Sectioning	NOT COVERED	\$0		
<b><u>Anesthesia</u></b>					
D9210	Local Anesthesia Not in Conjunction with Operative or Surgical Procedures	\$0	\$0		
D9211	Regional Block Anesthesia	\$0	\$0		
D9212	Trigeminal Division Block Anesthesia	NOT COVERED	\$0		
D9215	Local Anesthesia in Conjunction With Operative or Surgical Procedures	\$0	\$0		
D9220	Deep Sedation/General Anesthesia - First 30 Minutes	INVALID CODE - CORRECT ADA CODE D9223, \$87. EACH 15 MINUTE INCREMENT	\$150		
D9221	Deep Sedation/General Anesthesia - Each Additional 15 Minutes	INVALID CODE - CORRECT ADA CODE D9223, \$87. EACH 15 MINUTE INCREMENT	\$45		
D9230	Inhalation of Nitrous Oxide/anxiolysis, analgesia	NOT COVERED	\$15		
D9241	Intravenous Conscious Sedation/Analgesia - First 30 Minutes	INVALID CODE - CORRECT ADA CODE D9243, \$87. EACH 15 MINUTE INCREMENT	\$150		
D9242	Intravenous Conscious Sedation/Analgesia - Each Additional 15 Minutes	INVALID CODE - CORRECT ADA CODE D9243, \$87. EACH 15 MINUTE INCREMENT	\$45		
D9248	Non-intravenous Conscious Sedation	NOT COVERED	\$15		

**City of Fort Lauderdale  
DHMO Copay Comparison**

**Proposer's**  
**Name**    Aetna Life Insurance Company

<b>CDT Code</b>	<b>Benefit</b>	<i>Enter DHMO Plan Name Here</i>	<i>Enter DHMO Plan Name Here</i>	<i>Enter DHMO Plan Name Here</i>	<i>Enter DHMO Plan Name Here</i>
<b>Professional Consultation</b>					
D9310	Consultation - Diagnostic Service Provided by Dentist or Physician other than Requesting Dentist or Physician	\$0	\$0		
<b>Professional Visits</b>					
D9410	House/Extended Care Facility Call	NOT COVERED	NOT LISTED		
D9420	Hospital or Ambulatory Surgical Center Call	NOT COVERED	NOT LISTED		
D9430	Office Visit for Observation (During Regularly Scheduled Hours) - No other Services Performed	\$0	\$0		
D9440	Office Visit - After Regularly Scheduled Hours	NOT COVERED	\$30		
D9450	Case Presentation, Detailed and Extensive Treatment Planning	\$0	\$0		
	Broken Appointment without 24 hour notice - Per 15 Minutes	NOT COVERED	\$10		
<b>Drugs</b>					
D9610	Therapeutic Parenteral Drug, Single Administration	NOT COVERED	\$15		
D9612	Therapeutic Parenteral Drugs, Two or More Administrations, Different Medications	NOT COVERED	\$25		
D9630	Other Drugs and/or Medicaments, By Report	NOT COVERED	\$15		
<b>Miscellaneous Services</b>					
D9910	Application of Desensitizing Medicament	NOT COVERED	\$15		
D9911	Application of Desensitizing Resin for Cervical and/or Root Surface, Per Tooth	NOT COVERED	NOT LISTED		
D9920	Behavior Management, By Report	NOT COVERED	NOT LISTED		
D9930	Treatment of Complications (Post-surgical) - Unusual Circumstances, By Report	\$0	NOT LISTED		
D9940	Occlusal Guard, By Report	\$150	\$85		
D9941	Fabrication of Athletic Mouthguard	NOT COVERED	NOT LISTED		
D9942	Repair and/or Reline of Occlusal Guard	\$18	\$40		
D9950	Occlusion Analysis - Mounted Case	NOT COVERED	NOT LISTED		
D9951	Occlusal Adjustment - Limited	\$35	\$30		
D9952	Occlusal Adjustment - Complete	\$96	\$100		
D9970	Enamel Micro abrasion	NOT COVERED	NOT LISTED		
D9971	Odontoplasty 1-2 Teeth; Includes Removal of Enamel Projections	NOT COVERED	NOT LISTED		
D9972	External Bleaching, Per Arch	NOT COVERED	\$125		
D9973	External Bleaching, Per Tooth	NOT COVERED	NOT LISTED		
D9974	Internal Bleaching, Per Tooth	NOT COVERED	NOT LISTED		

**City of Fort Lauderdale  
DHMO Copay Comparison**

**Proposer's**  
**Name**    Aetna Life Insurance Company

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<b>CDT Code</b>	<b>Benefit</b>	<i>Enter DHMO Plan Name Here</i>	<i>Enter DHMO Plan Name Here</i>	<i>Enter DHMO Plan Name Here</i>	<i>Enter DHMO Plan Name Here</i>
D9975	External bleaching for home application, per arch; includes materials and fabricaiton of custom trays	NOT COVERED	NOT LISTED		
D9999	Unspecified Adjunctive Procedure, By Report	NOT COVERED	\$10		

*Additional lab and metal charges may apply for procedures in italics.*

## SECTION VI - COST PROPOSAL PAGE

Proposer Name: Aetna

Proposer agrees to supply the products and services at the prices bid below in accordance with the terms, conditions and specifications contained in this RFP.

	Fully-Insured DHMO for Management & Teamsters	Fully-Insured DPPO for Management & Teamsters	Fully-Insured DPPO for Firefighters
Employee Only	\$14.36	\$55.78	\$32.91
Employee + Spouse	\$25.13	\$104.73	\$60.17
Employee + Child or Children	\$30.16	\$107.66	\$53.34
Employee + Family	\$42.28	\$135.70	\$94.24

The premiums listed above are guaranteed for

1 year X 2 years \_\_\_\_\_ 3 years \_\_\_\_\_ 4 years \_\_\_\_\_ 5 years \_\_\_\_\_

Rate cap and details for any renewal not guaranteed:


Rate Cap will be +6% for the DPPO and +4% for the DMO in 2019, plus the additional increase for the change in HIF taxes for 2019, currently estimated at 3.15

Rate Cap will be +6% for the DPPO and +4% for the DMO in 2020, adjusted for any future changes in HIF taxes.

Multi-year guarantees (especially 3 years) are preferred and will be factored into the evaluation.

### Submitted by:

Michael S. Copeck  
Name (printed)

  
Signature

04/06/2017  
Date

Assistant vice President and Actuary  
Title

**Dental Dual Option Rate Exhibit - DMO/DPPO**  
**January 1, 2018 through December 31, 2018, Mature**

Total Enrollment from Census: 1,849

**Dual Option**

Fully-Insured DMO*		
Plan Design	Plan 76I	
Office Visit Copay	\$0	
Plan Maximum	None	
Plan Deductible	None	
Orthodontia Plan Design	Adult/Child	\$2,400 Copay
Orthodontia Deductible	None	
Orthodontia Maximum	None	

Tier	Lives	Rates
Employee	260	\$14.36
Employee + Spouse	87	\$25.13
Employee + Child(ren)	72	\$30.16
Employee + Family	87	\$42.28
Total	506	\$23.26

Fully-Insured DPPO - Non-Firefighters		
	In-Network	Out of Network
Plan Design	100/100/60	100/60/60
Plan Maximum	\$1,500	\$1,500
Individual Deductible	\$0	\$100
Family Deductible	\$0	\$300
Prev. Services Deductible	None	None
Orthodontia Plan Design	60%-A&C	60%-A&C
Orthodontia Deductible	None	None
Orthodontia Maximum	\$2,500	\$2,500
* Osseous Surgery, Impactions, General Anesthesia & MRCT included under Basic		

Tier	Lives	Rates
Employee	393	\$55.78
Employee + Spouse	210	\$104.73
Employee + Child(ren)	95	\$107.66
Employee + Family	273	\$135.70
Total	971	\$93.91

Fully-Insured DPPO - Firefighters		
	In-Network	Out of Network
Plan Design	100/80/50	100/80/50
Plan Maximum	\$1,500	\$1,500
Individual Deductible	\$100	\$100
Family Deductible	None	None
Prev. Services Deductible	None	None
Orthodontia Plan Design	50%-A&C	50%-A&C
Orthodontia Deductible	None	None
Orthodontia Maximum	\$1,500	\$1,500
* Osseous Surgery, Impactions, General Anesthesia & MRCT included under Basic		

Tier	Lives	Rates
Employee	131	\$32.91
Employee + Spouse	49	\$60.17
Employee + Child(ren)	49	\$53.34
Employee + Family	143	\$94.24
Total	372	\$62.77

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Health Insurer Fee Year 1:	3.15%
Health Insurer Fee Year 2:	3.15%

**Assumptions:**

- \* 50th percentile R&C for out-of-network coverage for the DPPO plans.
- \* Aetna will be offered as full replacement.
- \* Commissions are excluded.

**Additional Comments:**

- \* Please refer to the Plan Summaries for details regarding plan options.
- \* Rates may be adjusted if:
  - legislation or regulation is enacted that affect the benefits payable, eligibility or contractual provisions;
  - there is any other material change in the condition under which the plan operates.
- \* Rate Cap will be +6% for the DPPO and +4% for the DMO in 2019, plus the additional increase for the change in HIF taxes for 2019, currently estimated at 3.15%.
- \* Rate Cap will be +6% for the DPPO and +4% for the DMO in 2020, adjusted for any future changes in HIF taxes.

**The Patient Protection and Affordable Care Act imposes a Health Insurer Fee ( the "Fee"). The Fee became effective on January 1, 2014. The Fee will be suspended for 2017, but reinstated starting in 2018. This rate quote includes, where permitted, the estimated proportionate allocation of the Fee for the years where the Fee is applicable.**

**Please refer to the Financial Information section for a detailed description of our rate guarantee and the assumptions used by Aetna in developing our financial offer.**

The financial quotation presented in this proposal is based on the assumptions outlined in this document. It is important to note that deviations from these assumptions may result in additional charges and/or adjustments to our quote. The financial assumptions have been outlined in the following manner:

Services and Programs

General Financial Assumptions

Fully-Insured Products

We have made every effort to respond to your request in a manner that reflects existing and expected business practices for the effective date that you have chosen. Should you decide to establish a business relationship with us, we will require you to enter into a contractual agreement after we confirm benefits, services, and fees in a Letter of Understanding.

## Services and Programs

We will provide the following standard services to City of Ft. Lauderdale:

### Plan Sponsor Services and Programs

- A professional and experienced account service team including communication, account management, communication materials, and full administrative services.
- A robust standard reporting package including our online e.Plan Sponsor Monitor tool for claim and utilization reports as well as an annual accounting package and banking reports.
- Full network administration services including network management and provider relations.

### Employee Services and Programs

- Excellent claim and member services.
- Technologically advanced internet services with Aetna Navigator. Through Aetna Navigator, members have access to check claims status, find a participating provider through our online provider directory, DocFind. Members also have access to Healthwise® Knowledgebase, our user-friendly, decision-support tool that can help users to make more informed dental health decisions - such as when to treat a health problem at home, when to call a dentist, and what treatment options may be available.
- We offer members educational brochures that describe various dental health topics and answer frequently asked questions. Topics range from adult and child dental care to Oral Cancer.
- iTriage contains comprehensive dental health information in collaboration with The Columbia University College of Dental Medicine. The site includes detailed information on conditions and procedures, and information on the effects that medical conditions such as diabetes and heart disease can have on oral health. The site also features resources for children to learn about dental terms and the importance of taking care of their teeth at an early age. The site also provides important information to parents about children's dental health, from a baby's first dental visit to the teen years.

## Services and Programs

We have provided a list, by product, of those services and programs that are available to City of Ft. Lauderdale. Please note the following:

- Services and programs included in our quoted pricing are identified with an ✓
- Services and programs that may be purchased for an additional fee are identified with a \$
- Services and programs that are not available for a particular product are identified with n/a

Categories	DMO	Dental PPO
<b>General Administration</b>		
Claim Fiduciary and External Review	✓	✓
Toll-free member services number with access to a multi-lingual language line	✓	✓
Integrated Voice Response	✓	✓
Paper Provider Directories	✓	\$
<b>Internet Services</b>		
Online Directories	✓	✓
Online Wellness Programs and Health Risk Assessment (iTriage)	✓	✓
Aetna Health Information Advantage		
Standard Reports	n/a	✓

## General Financial Assumptions

- **Group Policy Group Agreement (“Contract”) Period** – The contract period begins on the effective date of January 1, 2018.
- **Pricing and Underwriting Basis** – We have assumed that the proposed plan of benefits will be extended to the employee groups included on the census file that was submitted with the RFP. Our enrollment assumptions are shown on the rate exhibits. Our proposal assumes that coverage will not be extended to additional employer groups without review of supplemental census information and other underwriting information for appropriate financial review.
- **Plan Design** – These products are offered subject to the terms of our Benefit Review Document. For our fully insured products, all government regulations and state mandates will apply.
- **Plan Offering** – We have quoted a Dental PPO and DMO plans for your employees.
- **Claims Reimbursement Basis** – For contracts based on a UCR determination of charge levels, we use FAIR Health Benchmark database profile. The database consists of provider charge data collected from more than 150 major contributors, including commercial insurance companies and third-party administrators. Our quotation assumes that the UCR charge levels for non-PPO network providers will be based upon the 50<sup>th</sup> percentile of FAIR Health data. PPO Network benefits are based on negotiated fee schedules.
- **Policies and Claim Settlement Practices** – Our quotation assumes that our standard contract provisions and claim settlement practices will apply. If a material change is initiated by City of Ft. Lauderdale or by legislative or regulatory action in the claim payment requirements or procedures, account structure, or any changes materially affecting the manner or cost of paying benefits, we reserve the right to adjust our proposal accordingly.
- **Run-In Claim Processing** – Our proposal excludes run-in claim processing from the prior carrier (claims incurred prior to the effective date of the plan).
- **Dental Service Center** – We have assumed that claim administration and member services for the quoted plans will be provided centrally by the Jacksonville, FL Dental Service Center. Members will be able to reach the Member Service representatives Monday through Friday, 8:00 a.m. to 6:00 p.m. service center local time.

- **DMO Claim Administration** – We have assumed that claim administration for the DMO plan will be provided by the regional Dental Service Center closest to the member.
- **Continuity of Coverage at Takeover** – Our standard contracts excludes coverage for work begun prior to the member’s effective date with Aetna. Our quotation assumes that continuity of coverage handling will apply for work in progress for members covered under the prior carrier’s plan the day before the effective date of the plan with Aetna, to the extent that the prior carrier’s extension provisions do not cover these services. Benefits would be allowed at the lesser of the prior plan’s benefit levels or our plan’s benefit levels, and reduced by any payments made by the prior carrier. For DMO, we will not require the patient to switch to a DMO participating dentist in the middle of the treatment plan to obtain the coverage.
- **Eligibility Transmission** – Our proposal assumes we will receive eligibility information weekly or biweekly, from City of Ft. Lauderdale's location(s) and/or by City of Ft. Lauderdale's designated vendor. Aetna's preferred method of submission is via electronic connectivity. Aetna does not charge for the first 4 ELRs/segments whether associated with one transmission or via multiple methods. Costs associated with more than 4 ELRs/segments or with any custom programming necessary to accept City of Ft. Lauderdale’s eligibility information and/or information coming from a designated vendor are excluded. During the installation, we will review all available methods of submitting eligibility information and identify the approach that best meets City of Ft. Lauderdale’s needs or the needs of their designated vendor.
- **Obtaining and Uploading Prior Carrier History** – There is no cost associated with receiving claim history files electronically from the prior carrier if it can be loaded into ACAS using a standard transfer program. Charges associated with non-standard transfers will be assessed separately based on complexity and format requirements. If the data cannot be transferred electronically, there will be an additional charge as accumulators would need to be updated manually for all members. The cost would be based on the number of members requiring accumulator updates. If requested, we will accept deductible credits via prior carrier EOB copies from members at no additional cost, either at the time a claim is submitted or a recalculation of a claim is requested. The cost of obtaining claim history from the prior carrier is excluded from the proposed pricing.

- Affordable Care Act – Fees and Assessments** - The Affordable Care Act (ACA) imposes several new fees/assessments, including the Health Insurance Providers Fee (the “Fee”). The Fee became effective on January 1, 2014. The Fee will be suspended for 2017, but reinstated starting in 2018. This recurring annual industry fee is assessed based on each insurer’s share of the fully insured market. A total of \$8.0 billion was collected across the industry for 2014.  
 The total assessment increases each year, to an estimated \$14.3 billion in 2018 and will then increase at the rate of premium growth thereafter. This rate quote includes, where permitted, and as applicable, an estimated proportionate allocation of expenses associated with the Fee. Aetna reserves the right to modify these rates, or otherwise recoup such Fee based on subsequent state regulatory approval, future regulatory guidance or if estimates are materially insufficient.
- Disclosure Statement** - “Aetna” is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. DMO plans are underwritten by Aetna Life Insurance company, except in the following states:
  - Aetna Dental of California, Inc.
  - Maryland, Missouri, North Carolina, Texas: Aetna Dental Inc.
  - New Jersey: Aetna Dental Inc. And Aetna Life Insurance Company

“Aetna” is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. PPO/PDN and Indemnity plans are underwritten by Aetna Life Insurance Company.

Policy forms issued in Oklahoma include: HMO/OK COC-4 09/02, HMO/OK GA-3 11/01CHI/OK GP-3 02/02, CHI/OK INSCT-4 01/02, GR-23, GR-29, GR-700-W, GR-96172 and/or GR-96173.

Certain dental plans are available only for groups of a certain size in accordance with underwriting guidelines. While this material is believed to be accurate as of the print date, it is subject to change. For more specific information about the coverage details, including limitations, exclusions, and other plan requirements, please contact an Aetna representative.

Aetna has various programs for compensating producers (agents, brokers and consultants). If you would like information regarding compensation programs for which your producer is eligible, payments (if any) which Aetna has made to your producer, or other material relationships your producer may have with Aetna, you may contact your producer or your Aetna account representative. Information regarding Aetna's program compensating producers is also available at [www.aetna.com](http://www.aetna.com).

Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Not all health/dental services are covered. Aetna does not provide care or guarantee access to dental services. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change.

## Fully-Insured Products

- **Terms of Offer** - The DMO/Dental PPO are offered on a prospectively insured, no deficit carry-forward basis. At renewal, we may take into account City of Ft. Lauderdale's experience to determine the appropriate rating action for the Dental PPO. Note that Aetna's Dental PPO plan is referred to as "PDN" in Texas.

The quoted rates are valid until the earliest of 90 days from the date of this quotation or 30 days prior to the assumed effective date. We reserve the right to update this quotation if the quote is not accepted within this time frame.

- **Plan Offering** –We have assumed that Aetna will be the sole vendor offered to City of Ft. Lauderdale's employees.
- **PPO Location Availability** – Due to state mandated benefit restrictions, Active DPPO is not available on a fully insured basis in Texas. Employees residing in Texas will receive the In-Network PPO Dental plan of benefits on a Passive PPO basis
- **DMO Location Availability** – Our quoted rates assume the DMO will be offered in the following states: CA, FL, GA, NJ, and OH. Please note that DMO will not be offered in any other states, despite if the "National DHMO and DPPO GeoAccess" document shows availability.
- **Customer/Employee Contributions & Participation** – Our rates assume compliance with our standard guidelines on employer contribution strategy and employee contributions. Our standard requirement is that the employer contributes 75% of the employee cost, or 50% of the total employee and dependent cost. Minimum participation requirement for this contribution structure is 75% of total eligible lives.

- **Rate Guarantee** – Our quoted rates are guaranteed for the first 12 months of the policy period and are valid as of the effective date January 1, 2018. The quoted rates apply only to the benefit levels and conditions specified and any variations in benefit level or assumed conditions may require a rate change. We reserve the right to review and possibly modify or terminate the guarantee arrangement if any of the following occur during the guarantee period:
  1. There is a 15% increase or decrease in the number of employees from our enrollment assumptions or from any subsequently reset enrollment assumptions.
  2. A change in the demographic and/or geographic mix of the eligible group from that assumed at the time the guarantee is established.
  3. A material change in the plan of benefits offered that is initiated by City of Ft. Lauderdale or required because of legislative or regulatory action.
  4. Failure of City of Ft. Lauderdale to make required premium payments in accordance with policy provisions.

We also reserve the right to reallocate the premium rate ratios due to changes in the composition of eligible census, [and/or to align with competitor ratios].

- **Rate Cap** – We have offered a second and third year rate cap in which we agree the rates for the 2019 policy period will increase over the 2018 policy period by 6.0% for the DPPO plans and 4.0% for the DMO plan plus any applicable increase associated with the Annual Health Insurer Provider Fee (see Patient Protection and Affordable Care Act – Fees and Assessments). We also agree the rates for the 2020 policy period will increase over the 2019 policy period by 6.0% for the DPPO plans and 4.0% for the DMO plan plus any applicable increase associated with the Annual Health Insurer Provider Fee (see Patient Protection and Affordable Care Act – Fees and Assessments). The rate cap is subject to the same terms and conditions as stated under the Rate Guarantee.
- **Aetna Dental PPO II** - Dental PPO II is a vendor based program that offers access to contracted rates for dental claims that may otherwise be paid at billed charges under the out-of-network portion of the Dental PPO plan. The third party vendors participating in the Dental PPO II Program network are considered participating providers and services rendered by such providers will be reimbursed in accordance with the terms of the Customer's plan as in-network service.

- **Dental Out-of-Network Savings Program** –The Dental Out-of-Network Savings program is available for Indemnity and PPO dental plans that determine the Recognized Charge for out-of-network services based on FAIR Health data; it is not, however, available for dental benefits that are integrated with a medical plan. Aetna contracts with third-party network vendors that, in turn, have contracted with dentists who have agreed to charge discounted rates. Those dentists are still considered out-of-network providers, and the services they provide will be covered in accordance with your plan's benefits for out-of-network services.
- **Payment of Dental Premium** – Insured bills are typically generated on the 24th through 26th of each month and mailed within 3 business days. Premium payments are due on the first day of the month for which coverage is provided. We require that all payments be reconciled within one month of receipt. In order for a payment to be considered reconciled, the difference between the amount billed and the amount paid must be resolved. While we expect the monthly premium payment by the due date, we allow a 31-day grace period following the due date.
- **Plan Eligibility** – Our rates assume that permanent full-time employees work a minimum of 25 hours per week on a regularly scheduled basis and that eligible dependents include an employee's spouse and children up to the limiting age of the plan. Domestic Partners are eligible for coverage where permitted by state law.
- **Run-Off Claim Processing** – Our rates reflect an incurred (mature) claim base and take into account the expenses associated with the processing of run-off claims following cancellation, subject to the conditions of our financial guarantee.
- **Annual Enrollment** – The quoted rates assume that there will be an annual enrollment period when all eligible employees have a choice of enrolling in any of the available Dental plans offered by City of Ft. Lauderdale.
- **Contract Situs** – The primary contract situs is assumed to be Florida. Separate DMO contracts will be issued for California and New Jersey.
- **Dental PPO Directories** – Personalized provider information can be obtained on-line at [www.aetna.com](http://www.aetna.com) or by calling the 1-800 customer service centers. A full supply of paper directories are not included in the rates but can be supplied and bulk-shipped to a single location for an additional \$0.13 per employee, per month.
- **Dental DMO Directories** – Our rates include the cost for DMO provider directories.

- **Commissions** – Have been excluded from our quoted rates.
- **Communication Allowance** - Aetna is including a communication allowance of up to \$2,000 that may be used to reimburse vendors for reasonable and identifiable communication-related expenses incurred by City of Ft. Lauderdale during the first plan year. An example of an expense that could be applied against a Communication allowance is creating, printing, and mailing Member communications. The funds will be available once the January 2018 month premiums have been paid. Payment of communication-related expense(s) by Aetna will be made once City of Ft. Lauderdale has presented the invoice(s) outlining the expense they incurred. The invoices are due no later than the 31 days prior to the end of the current policy year.

Any amounts (“communication allowance”) paid by Aetna to a plan sponsor to offset or reimburse such plan sponsor for any expense or costs incurred as a result of contracting with Aetna for benefits plan administration services, shall be paid in accordance with applicable law. Plan sponsors are advised to determine appropriate accounting for these credits with their own counsel or accountant. Any plan sponsor receiving an communication allowance or other payments from Aetna that offset or reimburse expenses that would otherwise be paid from plan assets, should consult with their ERISA counsel to determine if such allowance must be credited to plan assets, and for additional counsel regarding the accounting for reporting of such payments. The allowance is forfeited at the end of each year if not fully utilized (it is not rolled over for a cumulative amount).

- **Additional Products and Services** – Costs for special services rendered, which are not included or assumed in the pricing guarantee will be direct billed. For example, City of Ft. Lauderdale would be subject to additional charges for customized communication materials, as well as costs associated with custom reporting, programming, etc. The costs for these types of services would depend upon the actual services performed and would be determined at the time the service is requested.

## Dental Performance Guarantees

### General Performance Guarantee Provisions

Aetna Life Insurance Company (ALIC) provides health benefits administration and other services for the fully-insured Dental Preferred Provider Organization (Dental PPO) plans. The services set forth in this document will be provided by ALIC (hereinafter “Aetna”).

### Performance Objectives

Aetna believes that measuring the activities described below are important indicators of how well it services the City of Ft. Lauderdale. Aetna is confident that the Plan Administration, Claim Administration and Member Services provided to the City of Ft. Lauderdale will meet their high standards of performance. To reinforce the City of Ft. Lauderdale’s confidence in Aetna’s ability to administer their program, Aetna is offering guarantees in the following areas:

### Summary of Performance Standards and Penalties

Performance Category	Minimum Standard	Proposed Penalty
<b>Implementation</b>		
• Implementation	Average evaluation score of 3.0 or higher	0.2%
<b>Account Management</b>		
• Secure Internet Portals	Fully functional internet portals.	0.1%
• Service Manager	Response within 24 hours.	0.1%
<b>Plan Sponsor Services</b>		
• Eligibility Updates	97% within 2 business days 100% within 5 business days	0.2%
<b>Claim Administration</b>		
• Turnaround Time	93% of claims processed within 14 calendar days	0.2%
<b>Member Services</b>		
• Average Speed of Answer	30 Seconds	0.1%
• Abandonment Rate	4%	0.1%
<b>Total</b>		<b>1.0%</b>

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## Dental Performance Guarantees

### Guarantee Period

The guarantees described herein will be effective for a period of 12 months and will run from **January 1, 2018 through December 31, 2018** (hereinafter “guarantee period”).

The performance guarantees shown below will apply to the fully-insured *Dental PPO plans* administered under the Group Policy. These guarantees **do not** apply to non-Aetna benefits and/or networks (e.g., passive networks, customer specific networks).

If Aetna processes runoff claims upon termination of the contract, performance guarantees of Turnaround Time will not apply to such claims. Further, performance guarantees described herein will not apply to the guarantee period claims if termination is prior to the end of the guarantee period.

### Dental Service Guarantee Maximum

The maximum Dental Service performance guarantee penalty adjustment will be equal to **1.0%** of actual collected premium. Premium at risk exclude:

- Communication
- Charges for services performed which are not included on the monthly premium bill

### Aggregate Guarantee Maximum

In no event will total collected premium be adjusted by more than **1.0%** due to the results of this guarantee and all other guarantees combined. “Collected premium” means premium collected for the guarantee period as of the time of the final reconciliation of the guarantee.

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**Dental Performance Guarantees****Termination Provisions**

Termination of the guarantee obligations shall become effective upon written notice by Aetna in the event of the occurrence of (i), (ii) or (iii) below:

- i. a material change in the plan initiated by City of Ft. Lauderdale or by legislative action that impacts the claim adjudication process, member service functions or network management;
- ii. failure of City of Ft. Lauderdale to meet its obligations to remit paid premium or fund the City of Ft. Lauderdale bank account as stipulated in the General Conditions Addendum of the Services Agreement;
- iii. failure of City of Ft. Lauderdale to meet their administrative responsibilities (e.g., a submission of incorrect or incomplete eligibility information).

No guarantees shall apply for a guarantee period during which the Services Agreement is terminated by City of Ft. Lauderdale or by Aetna.

**Refund Process**

At the end of each guarantee period, Aetna will compile its Performance Guarantees results. If necessary, Aetna will offset the guarantee period direct charges and/or the next renewal period's required premium by an amount equal to any penalties incurred by Aetna.

**Measurement Criteria**

Independent audits are not applicable to our fully-insured plans. Aetna assumes claims responsibility, therefore all data and information associated with its fully-insured plans becomes the property of Aetna. However, should City of Ft. Lauderdale require its employee's claim data or related information for its own business purposes, Aetna would be willing to share information, provided that the nature of the information requested is not considered proprietary and confidential.

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## Dental Performance Guarantees

### Implementation

#### Overall Implementation Guarantee

**Guarantee:** Aetna developed and utilizes the implementation team concept to carefully coordinate all aspects of the implementation. An Implementation Management Plan for the conversion to the new plan of benefits will be developed. This plan will outline the tasks to be accomplished, including the distribution of communication and open enrollment materials and the successful transfer of eligibility data. The Management Plan will also indicate target dates for their completion. However, for the implementation to progress in a timely manner, City of Ft. Lauderdale will be responsible for providing key information to Aetna as close to the target dates as possible (e.g., finalized account structure, finalized plan of benefits, accurate eligibility files, signed legal agreements).

Working with City of Ft. Lauderdale's team, Aetna will help determine the installation priorities. As new information becomes available and priorities change, the Implementation Management Plan will be updated. Aetna is confident that City of Ft. Lauderdale will be pleased with our Implementation Team approach and therefore is offering an installation performance guarantee. This guarantee is effective for the implementation period in the first guarantee period.

**Penalty and Measurement Criteria:** Via timely responses to the attached Implementation Evaluation Tool (provided at the end of this guarantee section), City of Ft. Lauderdale agrees to make Aetna aware of possible sources of dissatisfaction throughout the implementation period. Each question will be given a rating of 1 - 5 with 1 = lowest, 5 = highest. Aetna will tally the results from the evaluation tool when received. City of Ft. Lauderdale's responses to the attached evaluation tool will be used to facilitate a discussion between City of Ft. Lauderdale and the Account Executive in our field office regarding the results achieved. If, at the end of the implementation process, the score of the final evaluation falls below a 3.0, (meaning service levels have not improved) Aetna will make a mutually agreed upon reduction in compensation, subject to a maximum reduction of **0.2%** of the guarantee period paid premium.

**Dental Performance Guarantees****Account Management****Secure Internet Portals Commitment Guarantee**

**Guarantee:** Aetna will guarantee City of Ft. Lauderdale that employer and member portals are fully functional and available to the City and participants as of open enrollment period.

**Penalty and Measurement Criteria:** If City of Ft. Lauderdale is not provided with fully functional portals as of the open enrollment period, Aetna will reduce its compensation to a maximum of **0.1%** of the guarantee period paid premium. Aetna's records will be used to determine if the terms of this guarantee have been met.

**Service Manager Performance Standard Guarantee**

**Guarantee:** Aetna guarantees that the Account Executive or Field Team will provide City of Ft. Lauderdale with a response to telephone calls and email messages within 24 hours.

**Penalty and Measurement Criteria:** Aetna will reduce its compensation by 0.02% of the guarantee period paid premium for each full day that Aetna fails to respond to City of Ft. Lauderdale. The maximum reduction will be **0.1%** of the guarantee period paid premium. The Account Executive or Field Team in our servicing field office will keep track of the information shared to City of Ft. Lauderdale.

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**Dental Performance Guarantees****Plan Sponsor Services****Eligibility Updates**

**Guarantee:** Aetna will guarantee that 97% of non-Open Enrollment eligibility updates will be processed within 2 business days of receipt of complete and accurate data and 100% of non-Open Enrollment eligibility updates will be processed within 5 business days of receipt of complete, accurate and viable data (if a tape requires adjustments the customer will be notified by email as soon as the need is identified).

**Definition:** Complete enrollment/eligibility data is defined as employee name, address, provider selection, DOB, SSN, and covered dependent information if applicable as well as mutually agreed upon eligibility specifications. This information will be submitted electronically, by magnetic tape, or by cartridge. The guarantee is contingent upon the file being transmitted successfully to Aetna (files received after 12:00 Noon will be considered as having been received on the next business day). Any eligibility data received which must be adjusted by Aetna using a tape fix will negate the guarantee and normally adds 72 hours to the entire process. Depending on the eligibility submission method, the following reports will be used to determine the completeness of the data provided by City of Ft. Lauderdale: Audit Certificate List, ELR Report, and Transaction Audit Report. Errors caused by the lack of complete data will be excluded from the terms of this guarantee.

**Penalty and Measurement Criteria:** Aetna will reduce its service fee by 0.05% for each day that the non-Open Enrollment eligibility submissions are not processed. The maximum reduction in service fees will be **0.2%** of the guarantee period administrative service fees. Aetna's results will be used to determine whether the terms of the guarantee have been met.

**Dental Performance Guarantees****Claim Administration****Turnaround Time**

**Guarantee:** Aetna will guarantee that the claim turnaround time during the guarantee period will meet or exceed 93% of the processed claims within 14 calendar days on a cumulative basis each year.

**Definition:** Aetna measures turnaround time from the claimant's viewpoint; that is, from the date the claim is received in the service center to the date that it is processed (paid, denied or pending). **Weekends and holidays are included in turnaround time.**

**Penalty and Measurement Criteria:** If the cumulative year turnaround time (TAT) falls below the percentage guarantee as stated above, Aetna will reduce its compensation by an amount equal to 0.04% of the guarantee period paid premium for each 1.0% that Turnaround Time falls below 93%. There will be a maximum reduction of **0.2%** of the guarantee period paid premium. Results will be reported at the Dental Operations team level.

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**Dental Performance Guarantees****Member Services****Average Speed of Answer**

**Guarantee:** Aetna will guarantee that the average speed of answer for the Dental Operations team providing City of Ft. Lauderdale's member services will not exceed 30 seconds.

**Definition:** On an ongoing basis, Aetna measures telephone response time through monitoring equipment that produces a report on the average speed of answer. Average speed of answer is defined as the amount of time that elapses between the time a call is received into the telephone system and the time a representative responds to the call. The result expresses the sum of all waiting times for all calls answered by the queue divided by the number of incoming calls answered. ASA measures the average speed of answer for all callers answered. Interactive Voice Response (IVR) system calls are not included in the measurement of ASA. In the event there is an outage or when experiencing peak volumes, calls may be transferred to other Aetna call centers.

**Penalty and Measurement Criteria:** Aetna will reduce its compensation by 0.02% of the guarantee period paid premium for each full second that the average speed of answer exceeds 25 seconds. There will be a maximum reduction of **0.1%** of the guarantee period paid premium. National Dental member call volume results will be used. Those results include performance for ALL customers' within Dental Operations.

**Dental Performance Guarantees****Abandonment Rate**

**Guarantee:** Aetna will guarantee that the average rate of telephone abandonment for the Dental Operations team providing City of Ft. Lauderdale's member services will not exceed 4%.

**Definition:** On an ongoing basis, Aetna measures telephone response time through monitoring equipment that produces a report on the average abandonment rate. The abandonment rate measures the total number of calls abandoned divided by the number of calls accepted into the unit. In the event there is an outage or when experiencing peak volumes, calls may be transferred to other Aetna call centers.

**Penalty and Measurement Criteria:** Aetna will reduce its compensation by 0.02% of the guarantee period paid premium for each 1.0% that the average abandonment rate exceeds 4%. There will be a maximum reduction of **0.1%** of the guarantee period paid premium. National Dental member call volume results will be used. Those results include performance for ALL customers' within Dental Operations.

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## ***Sample Implementation Performance Guarantee Survey Tool***

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**Performance Guarantees****Implementation Performance Guarantee Survey****Evaluation Period:** \_\_\_\_\_ to \_\_\_\_\_

We would like to better understand your view of the implementation of your plan. [In responding](#) to this survey, we ask you to look at the services received from your Implementation Team.

Your feedback will enable us to better meet your needs. Thank you for your participation.

	Strongly Agree (5)	Agree (4)	Neutral (3)	Disagree (2)	Strongly Disagree (1)	For any "Disagree" or "Strongly Disagree" responses, please provide specific comments in the area below
• Demonstrates an understanding of your overall benefits program and objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Communicates potential problematic issues, if any	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Provides alternatives and suggestions to issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Provides strategic direction in planning of the implementation process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Proactively moves the implementation process forward according to the established dates communicated to you through the regularly distributed implementation tracking tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Performance Guarantees

Please comment on any suggested action steps or areas of concern.

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# ***A report on the accessibility of the Aetna Dental PPO II City of Fort Lauderdale - All***

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*March 31, 2017*

March 31, 2017

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## Access Summary By City

March 31, 2017

Access Analysis

All Standard

Employee Group

All EEs

Provider Group

General Dentist

Specialists

<sup>1</sup> Provider counts represent:

#: Provider access points

P: Unique providers

L: Unique provider locations

\*\* These records have been excluded  
from the analysis because of invalid zip  
codes.

All Employees									
Employee		Provider		Access Results			Average Distance		
Name	#	Group / Access Standard		#	%	Counts <sup>1</sup>	1	2	
All EEs	2,154	General Dentist	With	2,140	99.4	#: 234,075	0.6	0.8	
		1 in 5 miles	W/o	14	0.6	P: 234,075	8.2	9.0	
						L: 61,282			
		Specialists	With	2,102	97.6	#: 71,632	0.9	1.1	
		1 in 5 miles	W/o	52	2.4	P: 71,632	9.9	10.2	
						L: 21,607			
** All EEs	5	General Dentist	With	0	0.0	#:	---	---	
		1 in 5 miles	W/o	0	0.0	P: 234,075			
						L: 61,282			
		Specialists	With	0	0.0	#:	---	---	
		1 in 5 miles	W/o	0	0.0	P: 71,632			
						L: 21,607			

Key Geographic Areas								
City	Employee	Provider		Access Results			Average Distance	
	#	Group / Access Standard		#	%		1	2
Fort Lauderdale, FL	1,108	General Dentist	With	1,108	100.0		0.5	0.7
		1 in 5 miles	W/o	0	0.0		--	--
		Specialists	With	1,108	100.0		0.9	1.1
Pompano Beach, FL	342	1 in 5 miles	W/o	0	0.0		--	--
		General Dentist	With	342	100.0		0.5	0.7
		1 in 5 miles	W/o	0	0.0		--	--
Hollywood, FL	207	Specialists	With	342	100.0		0.8	1.0
		1 in 5 miles	W/o	0	0.0		--	--
		General Dentist	With	207	100.0		0.5	0.6
Miami, FL	72	1 in 5 miles	W/o	0	0.0		--	--
		Specialists	With	207	100.0		0.7	0.8
		1 in 5 miles	W/o	0	0.0		--	--
Boca Raton, FL	45	General Dentist	With	72	100.0		0.5	0.6
		1 in 5 miles	W/o	0	0.0		--	--
		Specialists	With	72	100.0		0.8	1.0
Deerfield Beach, FL	35	1 in 5 miles	W/o	0	0.0		--	--
		General Dentist	With	45	100.0		0.6	0.8
		1 in 5 miles	W/o	0	0.0		--	--
		Specialists	With	45	100.0		0.8	1.0
		1 in 5 miles	W/o	0	0.0		--	--
		General Dentist	With	35	100.0		0.4	0.6
		1 in 5 miles	W/o	0	0.0		--	--

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## Access Detail By Zip Code

March 31, 2017

Access Analysis

All Standard

Employee Group

All EEs

Provider Group

General Dentist

Specialists

\*\* These records have been excluded from the analysis because of invalid zip codes.

All Employees											
City	Zip Code	Employee #	Provider			With Access		Without Access		Average Distance	
			Name	Standard	#	#	%	#	%	1	2
Advance, NC	27006	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	5.1	5.1
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	5.1	5.1
Albertville, AL	35951	1	General Dentist	1 in 5 miles	3	1	100.0	0	0.0	3.0	3.8
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	6.2	6.2
Altamonte Springs, FL	32714	1	General Dentist	1 in 5 miles	106	1	100.0	0	0.0	0.3	0.7
			Specialists	1 in 5 miles	51	1	100.0	0	0.0	0.7	0.9
Anacortes, WA	98221	1	General Dentist	1 in 5 miles	9	1	100.0	0	0.0	1.0	1.0
			Specialists	1 in 5 miles	2	1	100.0	0	0.0	1.2	1.2
Arlington, TX	76001	1	General Dentist	1 in 5 miles	5	1	100.0	0	0.0	1.1	1.2
			Specialists	1 in 5 miles	1	1	100.0	0	0.0	1.2	1.8
Astor, FL	32102	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	12.7	12.7
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	16.3	16.3
Atlanta, GA	30342	1	General Dentist	1 in 5 miles	54	1	100.0	0	0.0	0.4	0.4
			Specialists	1 in 5 miles	123	1	100.0	0	0.0	1.1	1.1
Augusta, GA	30906	1	General Dentist	1 in 5 miles	12	1	100.0	0	0.0	1.4	1.4
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	4.8	4.8
Austin, TX	78730	1	General Dentist	1 in 5 miles	4	1	100.0	0	0.0	1.9	1.9
			Specialists	1 in 5 miles	11	1	100.0	0	0.0	0.7	1.9
Bellefonte, PA	16823	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	7.3	8.6
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	9.0	9.4
Blairsville, GA	30512	1	General Dentist	1 in 5 miles	1	1	100.0	0	0.0	3.8	19.1
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	17.0	17.0
Bloomingdale, NJ	07403	1	General Dentist	1 in 5 miles	2	1	100.0	0	0.0	0.7	0.8
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	1.1	1.1
Boca Raton, FL	33428	17	General Dentist	1 in 5 miles	6	17	100.0	0	0.0	0.5	0.9
			Specialists	1 in 5 miles	2	17	100.0	0	0.0	0.9	1.2
	33431	2	General Dentist	1 in 5 miles	134	2	100.0	0	0.0	0.3	0.7
			Specialists	1 in 5 miles	58	2	100.0	0	0.0	1.1	1.1
	33432	4	General Dentist	1 in 5 miles	39	4	100.0	0	0.0	0.3	0.4
			Specialists	1 in 5 miles	16	4	100.0	0	0.0	0.4	0.4
	33433	4	General Dentist	1 in 5 miles	25	4	100.0	0	0.0	0.4	0.5
			Specialists	1 in 5 miles	18	4	100.0	0	0.0	0.5	0.6
	33434	2	General Dentist	1 in 5 miles	104	2	100.0	0	0.0	1.0	1.0
			Specialists	1 in 5 miles	49	2	100.0	0	0.0	1.2	1.2
	33486	9	General Dentist	1 in 5 miles	11	9	100.0	0	0.0	0.7	0.8
			Specialists	1 in 5 miles	13	9	100.0	0	0.0	0.8	0.8
	33487	3	General Dentist	1 in 5 miles	6	3	100.0	0	0.0	0.6	0.8
			Specialists	1 in 5 miles	0	3	100.0	0	0.0	1.2	1.5
	33498	4	General Dentist	1 in 5 miles	6	4	100.0	0	0.0	1.0	1.2
			Specialists	1 in 5 miles	11	4	100.0	0	0.0	0.9	0.9

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Continued on next page...

## Access Detail By Zip Code

March 31, 2017

Access Analysis

All Standard

Employee Group

All EEs

Provider Group

General Dentist

Specialists

\*\* These records have been excluded from the analysis because of invalid zip codes.

All Employees											
City	Zip Code	Employee	Provider			With Access		Without Access		Average Distance	
		#	Name	Standard	#	#	%	#	%	1	2
Bothell, WA	98012	1	General Dentist	1 in 5 miles	40	1	100.0	0	0.0	0.5	0.5
			Specialists	1 in 5 miles	6	1	100.0	0	0.0	0.5	0.5
Boulder, CO	80305	1	General Dentist	1 in 5 miles	52	1	100.0	0	0.0	0.2	0.2
			Specialists	1 in 5 miles	1	1	100.0	0	0.0	1.1	2.2
Boynton Beach, FL	33424	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	0.2	0.3
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	0.5	0.5
	33426	2	General Dentist	1 in 5 miles	115	2	100.0	0	0.0	0.3	0.4
			Specialists	1 in 5 miles	43	2	100.0	0	0.0	0.7	0.8
	33435	4	General Dentist	1 in 5 miles	101	4	100.0	0	0.0	0.6	0.6
			Specialists	1 in 5 miles	35	4	100.0	0	0.0	0.6	0.9
	33436	5	General Dentist	1 in 5 miles	11	5	100.0	0	0.0	0.6	0.7
			Specialists	1 in 5 miles	13	5	100.0	0	0.0	0.7	0.7
	33437	5	General Dentist	1 in 5 miles	32	5	100.0	0	0.0	0.5	0.5
			Specialists	1 in 5 miles	12	5	100.0	0	0.0	0.6	0.6
	33472	6	General Dentist	1 in 5 miles	12	6	100.0	0	0.0	0.7	0.9
			Specialists	1 in 5 miles	4	6	100.0	0	0.0	0.9	1.0
	33473	2	General Dentist	1 in 5 miles	0	2	100.0	0	0.0	1.4	1.5
			Specialists	1 in 5 miles	0	2	100.0	0	0.0	1.4	1.5
Bronson, FL	32621	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	10.4	10.4
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	15.0	15.1
Center Tuftonboro, I	03816	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	13.7	20.5
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	22.5	22.5
Chipley, FL	32428	1	General Dentist	1 in 5 miles	5	0	0.0	1	100.0	6.8	6.8
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	20.1	20.1
Clermont, FL	34711	1	General Dentist	1 in 5 miles	125	1	100.0	0	0.0	0.2	0.2
			Specialists	1 in 5 miles	78	1	100.0	0	0.0	0.2	0.8
Clifton Park, NY	12065	1	General Dentist	1 in 5 miles	27	1	100.0	0	0.0	1.2	1.2
			Specialists	1 in 5 miles	27	1	100.0	0	0.0	1.3	1.3
Dania, FL	33004	15	General Dentist	1 in 5 miles	31	15	100.0	0	0.0	0.5	0.6
			Specialists	1 in 5 miles	8	15	100.0	0	0.0	1.2	1.2
Daytona Beach, FL	32118	1	General Dentist	1 in 5 miles	5	1	100.0	0	0.0	1.0	1.1
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	1.2	2.7
Deerfield Beach, FL	33441	18	General Dentist	1 in 5 miles	14	18	100.0	0	0.0	0.5	0.5
			Specialists	1 in 5 miles	4	18	100.0	0	0.0	0.7	1.0
	33442	16	General Dentist	1 in 5 miles	102	16	100.0	0	0.0	0.3	0.7
			Specialists	1 in 5 miles	45	16	100.0	0	0.0	1.0	1.0
	33443	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	0.6	0.8
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	0.8	0.8
Deland, FL	32724	1	General Dentist	1 in 5 miles	3	1	100.0	0	0.0	1.7	1.7
			Specialists	1 in 5 miles	3	1	100.0	0	0.0	1.7	1.7

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Network Analysis - All Employees

## Access Detail By Zip Code

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March 31, 2017

Access Analysis  
All Standard  
Employee Group  
All EEs  
Provider Group  
General Dentist  
Specialists

\*\* These records have been excluded from the analysis because of invalid zip codes.

All Employees											
City	Zip Code	Employee #	Provider			With Access		Without Access		Average Distance	
			Name	Standard	#	#	%	#	%	1	2
Delray Beach, FL	33444	2	General Dentist	1 in 5 miles	86	2	100.0	0	0.0	0.6	0.7
			Specialists	1 in 5 miles	31	2	100.0	0	0.0	0.7	0.7
	33445	2	General Dentist	1 in 5 miles	28	2	100.0	0	0.0	0.4	0.4
			Specialists	1 in 5 miles	6	2	100.0	0	0.0	0.6	0.6
	33446	2	General Dentist	1 in 5 miles	119	2	100.0	0	0.0	0.5	0.5
			Specialists	1 in 5 miles	37	2	100.0	0	0.0	0.9	0.9
	33482	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	0.4	0.4
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	0.4	0.5
	33483	2	General Dentist	1 in 5 miles	27	2	100.0	0	0.0	0.2	0.2
			Specialists	1 in 5 miles	25	2	100.0	0	0.0	0.2	0.5
	33484	1	General Dentist	1 in 5 miles	16	1	100.0	0	0.0	0.3	0.3
			Specialists	1 in 5 miles	3	1	100.0	0	0.0	0.3	0.7
Estero, FL	33928	1	General Dentist	1 in 5 miles	19	1	100.0	0	0.0	0.6	0.6
			Specialists	1 in 5 miles	3	1	100.0	0	0.0	1.4	2.6
Fernandina Beach, FL	32034	1	General Dentist	1 in 5 miles	7	1	100.0	0	0.0	0.4	0.4
			Specialists	1 in 5 miles	8	1	100.0	0	0.0	0.2	0.2
Flat Rock, NC	28731	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	4.7	4.8
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	5.3	5.3
Fleming Island, FL	32003	1	General Dentist	1 in 5 miles	67	1	100.0	0	0.0	0.3	0.3
			Specialists	1 in 5 miles	31	1	100.0	0	0.0	0.3	0.3
Fort Lauderdale, FL	33301	15	General Dentist	1 in 5 miles	102	15	100.0	0	0.0	0.4	0.4
			Specialists	1 in 5 miles	36	15	100.0	0	0.0	0.4	0.4
	33302	6	General Dentist	1 in 5 miles	0	6	100.0	0	0.0	0.2	0.2
			Specialists	1 in 5 miles	0	6	100.0	0	0.0	0.3	0.3
	33303	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	0.2	0.2
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	0.2	0.2
	33304	33	General Dentist	1 in 5 miles	15	33	100.0	0	0.0	0.4	0.5
			Specialists	1 in 5 miles	7	33	100.0	0	0.0	0.5	0.6
	33305	26	General Dentist	1 in 5 miles	13	26	100.0	0	0.0	0.3	0.5
			Specialists	1 in 5 miles	10	26	100.0	0	0.0	0.5	0.6
	33306	11	General Dentist	1 in 5 miles	16	11	100.0	0	0.0	0.1	0.3
			Specialists	1 in 5 miles	6	11	100.0	0	0.0	0.3	0.3
	33307	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	0.6	0.6
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	0.6	0.7
	33308	46	General Dentist	1 in 5 miles	142	46	100.0	0	0.0	0.3	0.3
			Specialists	1 in 5 miles	58	46	100.0	0	0.0	0.4	0.4
	33309	77	General Dentist	1 in 5 miles	3	77	100.0	0	0.0	0.6	0.9
			Specialists	1 in 5 miles	1	77	100.0	0	0.0	1.5	1.7
	33310	2	General Dentist	1 in 5 miles	0	2	100.0	0	0.0	0.5	0.5
			Specialists	1 in 5 miles	0	2	100.0	0	0.0	2.1	2.1

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Network Analysis - All Employees

## Access Detail By Zip Code

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March 31, 2017

Access Analysis  
All Standard  
Employee Group  
All EEs  
Provider Group  
General Dentist  
Specialists

\*\* These records have been excluded from the analysis because of invalid zip codes.

All Employees											
City	Zip Code	Employee #	Provider			With Access		Without Access		Average Distance	
			Name	Standard	#	#	%	#	%	1	2
Fort Lauderdale, FL	33311	189	General Dentist	1 in 5 miles	16	189	100.0	0	0.0	0.5	0.7
			Specialists	1 in 5 miles	0	189	100.0	0	0.0	1.2	1.4
	33312	89	General Dentist	1 in 5 miles	13	89	100.0	0	0.0	0.7	0.8
			Specialists	1 in 5 miles	5	89	100.0	0	0.0	1.3	1.4
	33313	59	General Dentist	1 in 5 miles	25	59	100.0	0	0.0	0.3	0.5
			Specialists	1 in 5 miles	3	59	100.0	0	0.0	0.8	1.0
	33314	24	General Dentist	1 in 5 miles	10	24	100.0	0	0.0	0.5	0.6
			Specialists	1 in 5 miles	2	24	100.0	0	0.0	1.2	1.3
	33315	36	General Dentist	1 in 5 miles	7	36	100.0	0	0.0	0.8	0.8
			Specialists	1 in 5 miles	1	36	100.0	0	0.0	0.9	1.0
	33316	13	General Dentist	1 in 5 miles	11	13	100.0	0	0.0	0.6	0.6
			Specialists	1 in 5 miles	10	13	100.0	0	0.0	0.6	0.9
	33317	49	General Dentist	1 in 5 miles	39	49	100.0	0	0.0	0.6	0.8
			Specialists	1 in 5 miles	29	49	100.0	0	0.0	0.7	0.9
	33318	2	General Dentist	1 in 5 miles	0	2	100.0	0	0.0	0.1	0.1
			Specialists	1 in 5 miles	0	2	100.0	0	0.0	0.1	0.1
	33319	54	General Dentist	1 in 5 miles	24	54	100.0	0	0.0	0.5	0.5
			Specialists	1 in 5 miles	6	54	100.0	0	0.0	1.1	1.3
	33321	51	General Dentist	1 in 5 miles	62	51	100.0	0	0.0	0.5	0.6
			Specialists	1 in 5 miles	29	51	100.0	0	0.0	0.7	1.1
	33322	35	General Dentist	1 in 5 miles	19	35	100.0	0	0.0	0.4	0.5
			Specialists	1 in 5 miles	28	35	100.0	0	0.0	0.5	0.5
	33323	21	General Dentist	1 in 5 miles	73	21	100.0	0	0.0	0.7	0.9
			Specialists	1 in 5 miles	21	21	100.0	0	0.0	1.1	1.2
	33324	46	General Dentist	1 in 5 miles	140	46	100.0	0	0.0	0.4	0.6
			Specialists	1 in 5 miles	58	46	100.0	0	0.0	0.8	0.8
	33325	36	General Dentist	1 in 5 miles	1	36	100.0	0	0.0	1.0	1.7
			Specialists	1 in 5 miles	2	36	100.0	0	0.0	1.3	1.3
	33326	8	General Dentist	1 in 5 miles	26	8	100.0	0	0.0	0.4	0.6
			Specialists	1 in 5 miles	19	8	100.0	0	0.0	1.0	1.1
	33327	6	General Dentist	1 in 5 miles	1	6	100.0	0	0.0	1.0	1.3
			Specialists	1 in 5 miles	1	6	100.0	0	0.0	1.2	2.6
	33328	37	General Dentist	1 in 5 miles	114	37	100.0	0	0.0	0.5	0.6
			Specialists	1 in 5 miles	56	37	100.0	0	0.0	0.7	0.9
	33329	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	0.3	0.3
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	1.3	1.3
	33330	11	General Dentist	1 in 5 miles	9	11	100.0	0	0.0	0.9	0.9
			Specialists	1 in 5 miles	11	11	100.0	0	0.0	0.9	1.0
	33331	12	General Dentist	1 in 5 miles	24	12	100.0	0	0.0	0.9	1.4
			Specialists	1 in 5 miles	11	12	100.0	0	0.0	1.4	1.4

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## Access Detail By Zip Code

March 31, 2017

Access Analysis

All Standard

Employee Group

All EEs

Provider Group

General Dentist

Specialists

\*\* These records have been excluded from the analysis because of invalid zip codes.

All Employees											
City	Zip Code	Employee #	Provider			With Access		Without Access		Average Distance	
			Name	Standard	#	#	%	#	%	1	2
Fort Lauderdale, FL	33332	5	General Dentist	1 in 5 miles	1	5	100.0	0	0.0	1.4	2.5
			Specialists	1 in 5 miles	0	5	100.0	0	0.0	2.5	2.5
	33334	57	General Dentist	1 in 5 miles	9	57	100.0	0	0.0	0.4	0.6
			Specialists	1 in 5 miles	4	57	100.0	0	0.0	0.6	0.6
	33335	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	0.6	0.6
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	0.6	0.7
	33338	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	0.1	0.1
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	0.1	0.1
	33345	2	General Dentist	1 in 5 miles	0	2	100.0	0	0.0	0.6	0.6
			Specialists	1 in 5 miles	0	2	100.0	0	0.0	1.4	1.4
	33346	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	0.1	0.1
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	0.4	0.8
	33348	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	0.1	0.1
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	0.1	0.3
	33351	43	General Dentist	1 in 5 miles	34	43	100.0	0	0.0	0.3	0.4
			Specialists	1 in 5 miles	3	43	100.0	0	0.0	0.7	0.8
Fort Myers, FL	33901	1	General Dentist	1 in 5 miles	40	1	100.0	0	0.0	0.4	0.4
			Specialists	1 in 5 miles	8	1	100.0	0	0.0	1.3	1.3
Fort Pierce, FL	34949	2	General Dentist	1 in 5 miles	0	2	100.0	0	0.0	2.9	3.5
			Specialists	1 in 5 miles	0	2	100.0	0	0.0	3.7	4.0
Gainesville, FL	32605	1	General Dentist	1 in 5 miles	41	1	100.0	0	0.0	0.5	0.6
			Specialists	1 in 5 miles	8	1	100.0	0	0.0	0.2	0.4
	32606	1	General Dentist	1 in 5 miles	19	1	100.0	0	0.0	0.9	0.9
			Specialists	1 in 5 miles	11	1	100.0	0	0.0	1.5	1.5
Georgetown, KY	40324	1	General Dentist	1 in 5 miles	25	1	100.0	0	0.0	0.6	0.8
			Specialists	1 in 5 miles	15	1	100.0	0	0.0	0.8	0.8
Greenville, PA	16125	1	General Dentist	1 in 5 miles	11	1	100.0	0	0.0	0.2	1.1
			Specialists	1 in 5 miles	1	1	100.0	0	0.0	0.3	12.1
Hallandale, FL	33008	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	0.4	0.4
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	0.6	0.6
	33009	6	General Dentist	1 in 5 miles	28	6	100.0	0	0.0	0.4	0.5
			Specialists	1 in 5 miles	12	6	100.0	0	0.0	0.9	0.9
Hephzibah, GA	30815	1	General Dentist	1 in 5 miles	2	1	100.0	0	0.0	0.1	4.6
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	10.5	10.5
Hermitage, TN	37076	1	General Dentist	1 in 5 miles	41	1	100.0	0	0.0	0.3	0.3
			Specialists	1 in 5 miles	25	1	100.0	0	0.0	0.4	0.4
Hernando, FL	34442	1	General Dentist	1 in 5 miles	3	1	100.0	0	0.0	3.2	3.2
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	4.7	4.7
Hialeah, FL	33012	2	General Dentist	1 in 5 miles	197	2	100.0	0	0.0	0.2	0.2
			Specialists	1 in 5 miles	37	2	100.0	0	0.0	0.4	0.4

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Network Analysis - All Employees

## Access Detail By Zip Code

9

March 31, 2017

Access Analysis  
All Standard  
Employee Group  
All EEs  
Provider Group  
General Dentist  
Specialists

\*\* These records have been excluded from the analysis because of invalid zip codes.

All Employees											
City	Zip Code	Employee #	Provider			With Access		Without Access		Average Distance	
			Name	Standard	#	#	%	#	%	1	2
Hialeah, FL	33014	1	General Dentist	1 in 5 miles	38	1	100.0	0	0.0	0.6	0.6
			Specialists	1 in 5 miles	27	1	100.0	0	0.0	0.9	0.9
	33015	7	General Dentist	1 in 5 miles	12	7	100.0	0	0.0	0.4	0.7
			Specialists	1 in 5 miles	3	7	100.0	0	0.0	0.5	0.7
	33016	1	General Dentist	1 in 5 miles	32	1	100.0	0	0.0	0.3	0.3
			Specialists	1 in 5 miles	32	1	100.0	0	0.0	0.5	0.5
Hickory, NC	33018	3	General Dentist	1 in 5 miles	18	3	100.0	0	0.0	0.6	0.8
			Specialists	1 in 5 miles	0	3	100.0	0	0.0	1.2	1.2
	28602	1	General Dentist	1 in 5 miles	25	1	100.0	0	0.0	1.2	1.2
			Specialists	1 in 5 miles	3	1	100.0	0	0.0	1.2	2.4
	33455	3	General Dentist	1 in 5 miles	1	3	100.0	0	0.0	1.8	3.8
			Specialists	1 in 5 miles	0	2	66.7	1	33.3	3.8	3.8
Hollywood, FL	33019	8	General Dentist	1 in 5 miles	3	8	100.0	0	0.0	1.1	1.2
			Specialists	1 in 5 miles	0	8	100.0	0	0.0	1.1	1.2
	33020	20	General Dentist	1 in 5 miles	21	20	100.0	0	0.0	0.4	0.4
			Specialists	1 in 5 miles	6	20	100.0	0	0.0	0.5	0.6
	33021	25	General Dentist	1 in 5 miles	128	25	100.0	0	0.0	0.4	0.4
			Specialists	1 in 5 miles	61	25	100.0	0	0.0	0.4	0.5
	33022	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	0.2	0.2
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	0.2	0.3
	33023	32	General Dentist	1 in 5 miles	16	32	100.0	0	0.0	0.8	0.8
			Specialists	1 in 5 miles	1	32	100.0	0	0.0	1.1	1.3
	33024	37	General Dentist	1 in 5 miles	57	37	100.0	0	0.0	0.4	0.5
			Specialists	1 in 5 miles	57	37	100.0	0	0.0	0.5	0.6
	33025	26	General Dentist	1 in 5 miles	27	26	100.0	0	0.0	0.5	0.6
			Specialists	1 in 5 miles	14	26	100.0	0	0.0	1.0	1.1
	33026	20	General Dentist	1 in 5 miles	144	20	100.0	0	0.0	0.3	0.4
			Specialists	1 in 5 miles	58	20	100.0	0	0.0	0.3	0.6
	33027	18	General Dentist	1 in 5 miles	126	18	100.0	0	0.0	0.7	0.8
			Specialists	1 in 5 miles	69	18	100.0	0	0.0	0.9	0.9
Homestead, FL	33029	19	General Dentist	1 in 5 miles	52	19	100.0	0	0.0	0.6	0.7
			Specialists	1 in 5 miles	21	19	100.0	0	0.0	1.0	1.0
	33081	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	0.5	0.8
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	0.5	0.5
	33031	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	2.7	2.7
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	3.3	3.3
	33033	1	General Dentist	1 in 5 miles	26	1	100.0	0	0.0	0.6	0.6
			Specialists	1 in 5 miles	18	1	100.0	0	0.0	0.6	0.6
	25705	1	General Dentist	1 in 5 miles	27	1	100.0	0	0.0	0.4	0.4
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	2.2	2.2

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## Access Detail By Zip Code

March 31, 2017

Access Analysis

All Standard

Employee Group

All EEs

Provider Group

General Dentist

Specialists

\*\* These records have been excluded from the analysis because of invalid zip codes.

All Employees											
City	Zip Code	Employee	Provider			With Access		Without Access		Average Distance	
		#	Name	Standard	#	#	%	#	%	1	2
Indialantic, FL	32903	1	General Dentist	1 in 5 miles	2	1	100.0	0	0.0	1.3	1.3
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	2.3	2.4
Inverness, FL	34450	1	General Dentist	1 in 5 miles	3	1	100.0	0	0.0	1.6	1.6
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	5.3	5.4
	34452	1	General Dentist	1 in 5 miles	2	1	100.0	0	0.0	2.0	2.0
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	4.3	4.4
Jacksonville, FL	32221	1	General Dentist	1 in 5 miles	20	1	100.0	0	0.0	3.2	3.2
			Specialists	1 in 5 miles	1	1	100.0	0	0.0	3.2	4.1
Jamaica, NY	11432	1	General Dentist	1 in 5 miles	43	1	100.0	0	0.0	0.1	0.1
			Specialists	1 in 5 miles	8	1	100.0	0	0.0	0.3	0.4
Jensen Beach, FL	34957	3	General Dentist	1 in 5 miles	13	3	100.0	0	0.0	1.2	1.2
			Specialists	1 in 5 miles	14	3	100.0	0	0.0	3.1	3.1
Jupiter, FL	33458	4	General Dentist	1 in 5 miles	220	4	100.0	0	0.0	0.9	0.9
			Specialists	1 in 5 miles	120	4	100.0	0	0.0	0.9	1.1
	33468	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	0.5	0.5
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	0.4	0.4
	33478	21	General Dentist	1 in 5 miles	1	21	100.0	0	0.0	2.4	5.1
			Specialists	1 in 5 miles	0	9	42.9	12	57.1	5.5	5.5
Key Largo, FL	33037	1	General Dentist	1 in 5 miles	18	1	100.0	0	0.0	2.9	5.1
			Specialists	1 in 5 miles	3	1	100.0	0	0.0	2.4	5.1
Knoxville, TN	37918	1	General Dentist	1 in 5 miles	33	1	100.0	0	0.0	0.8	1.2
			Specialists	1 in 5 miles	15	1	100.0	0	0.0	1.2	1.2
Lady Lake, FL	32159	2	General Dentist	1 in 5 miles	36	2	100.0	0	0.0	0.3	0.4
			Specialists	1 in 5 miles	7	2	100.0	0	0.0	0.6	0.9
Lake Mary, FL	32746	2	General Dentist	1 in 5 miles	88	2	100.0	0	0.0	0.3	0.4
			Specialists	1 in 5 miles	26	2	100.0	0	0.0	0.4	0.4
Lake Placid, FL	33852	3	General Dentist	1 in 5 miles	1	3	100.0	0	0.0	3.3	12.9
			Specialists	1 in 5 miles	0	0	0.0	3	100.0	13.6	15.4
Lake Worth, FL	33449	1	General Dentist	1 in 5 miles	6	1	100.0	0	0.0	1.5	1.5
			Specialists	1 in 5 miles	5	1	100.0	0	0.0	1.5	2.1
	33460	1	General Dentist	1 in 5 miles	13	1	100.0	0	0.0	0.4	0.5
			Specialists	1 in 5 miles	1	1	100.0	0	0.0	0.8	0.8
	33461	1	General Dentist	1 in 5 miles	105	1	100.0	0	0.0	0.4	0.4
			Specialists	1 in 5 miles	36	1	100.0	0	0.0	0.4	0.7
	33462	1	General Dentist	1 in 5 miles	14	1	100.0	0	0.0	0.4	0.8
			Specialists	1 in 5 miles	4	1	100.0	0	0.0	0.4	0.8
	33463	9	General Dentist	1 in 5 miles	8	9	100.0	0	0.0	0.6	0.8
			Specialists	1 in 5 miles	1	9	100.0	0	0.0	0.7	1.3
	33465	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	0.7	0.9
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	0.7	1.0

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Network Analysis - All Employees

## Access Detail By Zip Code

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March 31, 2017

Access Analysis  
All Standard  
Employee Group  
All EEs  
Provider Group  
General Dentist  
Specialists

\*\* These records have been excluded from the analysis because of invalid zip codes.

All Employees											
City	Zip Code	Employee #	Provider			With Access		Without Access		Average Distance	
			Name	Standard	#	#	%	#	%	1	2
Lake Worth, FL	33467	16	General Dentist	1 in 5 miles	111	16	100.0	0	0.0	0.6	0.8
			Specialists	1 in 5 miles	39	16	100.0	0	0.0	0.7	0.8
Lakeland, FL	33809	1	General Dentist	1 in 5 miles	114	1	100.0	0	0.0	0.9	1.1
			Specialists	1 in 5 miles	42	1	100.0	0	0.0	1.1	1.9
Landrum, SC	29356	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	3.3	11.4
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	15.8	17.2
Live Oak, FL	32060	2	General Dentist	1 in 5 miles	2	0	0.0	2	100.0	5.9	6.0
			Specialists	1 in 5 miles	0	0	0.0	2	100.0	27.9	27.9
Loxahatchee, FL	33470	12	General Dentist	1 in 5 miles	4	12	100.0	0	0.0	2.4	5.1
			Specialists	1 in 5 miles	0	4	33.3	8	66.7	6.5	6.5
Marco Island, FL	34145	1	General Dentist	1 in 5 miles	8	1	100.0	0	0.0	0.4	1.0
			Specialists	1 in 5 miles	9	1	100.0	0	0.0	0.4	0.9
McDonough, GA	30252	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	4.2	4.2
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	5.8	5.8
Miami Beach, FL	33139	1	General Dentist	1 in 5 miles	13	1	100.0	0	0.0	0.3	0.3
			Specialists	1 in 5 miles	2	1	100.0	0	0.0	0.4	1.1
	33140	1	General Dentist	1 in 5 miles	37	1	100.0	0	0.0	0.4	0.4
			Specialists	1 in 5 miles	38	1	100.0	0	0.0	0.4	0.4
	33141	2	General Dentist	1 in 5 miles	14	2	100.0	0	0.0	0.3	0.3
			Specialists	1 in 5 miles	11	2	100.0	0	0.0	0.3	0.5
Miami Gardens, FL	33056	4	General Dentist	1 in 5 miles	25	4	100.0	0	0.0	0.7	1.0
			Specialists	1 in 5 miles	19	4	100.0	0	0.0	1.4	1.4
Miami, FL	33127	1	General Dentist	1 in 5 miles	5	1	100.0	0	0.0	0.2	0.5
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	0.7	0.8
	33133	1	General Dentist	1 in 5 miles	10	1	100.0	0	0.0	0.2	0.2
			Specialists	1 in 5 miles	6	1	100.0	0	0.0	0.4	0.4
	33136	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	0.7	0.8
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	1.1	1.1
	33137	1	General Dentist	1 in 5 miles	14	1	100.0	0	0.0	0.1	0.1
			Specialists	1 in 5 miles	3	1	100.0	0	0.0	0.1	0.1
	33144	1	General Dentist	1 in 5 miles	45	1	100.0	0	0.0	0.2	0.2
			Specialists	1 in 5 miles	4	1	100.0	0	0.0	0.6	0.6
	33145	1	General Dentist	1 in 5 miles	35	1	100.0	0	0.0	0.1	0.2
			Specialists	1 in 5 miles	26	1	100.0	0	0.0	0.2	0.2
	33147	3	General Dentist	1 in 5 miles	7	3	100.0	0	0.0	0.4	0.5
			Specialists	1 in 5 miles	0	3	100.0	0	0.0	1.6	1.9
	33150	2	General Dentist	1 in 5 miles	1	2	100.0	0	0.0	0.6	0.9
			Specialists	1 in 5 miles	0	2	100.0	0	0.0	0.7	1.5
	33155	1	General Dentist	1 in 5 miles	129	1	100.0	0	0.0	0.1	0.1
			Specialists	1 in 5 miles	47	1	100.0	0	0.0	0.1	0.1

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Network Analysis - All Employees

## Access Detail By Zip Code

12

March 31, 2017

Access Analysis  
All Standard  
Employee Group  
All EEs  
Provider Group  
General Dentist  
Specialists

\*\* These records have been excluded from the analysis because of invalid zip codes.

All Employees											
City	Zip Code	Employee	Provider			With Access		Without Access		Average Distance	
		#	Name	Standard	#	#	%	#	%	1	2
Miami, FL	33157	2	General Dentist	1 in 5 miles	34	2	100.0	0	0.0	0.6	0.8
			Specialists	1 in 5 miles	8	2	100.0	0	0.0	0.8	0.8
	33158	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	1.3	1.3
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	1.3	1.3
	33161	2	General Dentist	1 in 5 miles	12	2	100.0	0	0.0	0.5	0.5
			Specialists	1 in 5 miles	4	2	100.0	0	0.0	0.5	0.6
	33162	8	General Dentist	1 in 5 miles	32	8	100.0	0	0.0	0.3	0.4
			Specialists	1 in 5 miles	7	8	100.0	0	0.0	0.6	0.6
	33165	1	General Dentist	1 in 5 miles	43	1	100.0	0	0.0	0.3	0.4
			Specialists	1 in 5 miles	8	1	100.0	0	0.0	0.5	0.7
	33167	4	General Dentist	1 in 5 miles	4	4	100.0	0	0.0	0.7	0.7
			Specialists	1 in 5 miles	2	4	100.0	0	0.0	0.7	0.7
	33168	2	General Dentist	1 in 5 miles	1	2	100.0	0	0.0	0.5	1.1
			Specialists	1 in 5 miles	0	2	100.0	0	0.0	1.1	1.1
	33169	10	General Dentist	1 in 5 miles	21	10	100.0	0	0.0	0.5	0.6
			Specialists	1 in 5 miles	2	10	100.0	0	0.0	0.7	1.3
	33173	3	General Dentist	1 in 5 miles	29	3	100.0	0	0.0	0.3	0.3
			Specialists	1 in 5 miles	11	3	100.0	0	0.0	0.4	0.4
	33177	1	General Dentist	1 in 5 miles	8	1	100.0	0	0.0	1.4	1.6
			Specialists	1 in 5 miles	1	1	100.0	0	0.0	2.1	2.8
	33178	3	General Dentist	1 in 5 miles	23	3	100.0	0	0.0	0.6	1.5
			Specialists	1 in 5 miles	25	3	100.0	0	0.0	0.7	1.7
	33179	9	General Dentist	1 in 5 miles	106	9	100.0	0	0.0	0.4	0.5
			Specialists	1 in 5 miles	48	9	100.0	0	0.0	0.7	0.7
	33180	1	General Dentist	1 in 5 miles	55	1	100.0	0	0.0	0.2	0.2
			Specialists	1 in 5 miles	65	1	100.0	0	0.0	0.2	0.4
	33181	1	General Dentist	1 in 5 miles	29	1	100.0	0	0.0	0.4	0.6
			Specialists	1 in 5 miles	17	1	100.0	0	0.0	0.9	0.9
	33183	2	General Dentist	1 in 5 miles	22	2	100.0	0	0.0	0.8	0.8
			Specialists	1 in 5 miles	15	2	100.0	0	0.0	0.9	0.9
	33185	2	General Dentist	1 in 5 miles	9	2	100.0	0	0.0	0.6	0.6
			Specialists	1 in 5 miles	1	2	100.0	0	0.0	1.0	1.1
	33186	3	General Dentist	1 in 5 miles	50	3	100.0	0	0.0	0.3	0.3
			Specialists	1 in 5 miles	34	3	100.0	0	0.0	0.6	0.8
	33187	1	General Dentist	1 in 5 miles	5	1	100.0	0	0.0	2.4	2.9
			Specialists	1 in 5 miles	3	1	100.0	0	0.0	2.9	2.9
	33189	1	General Dentist	1 in 5 miles	74	1	100.0	0	0.0	0.4	0.4
			Specialists	1 in 5 miles	28	1	100.0	0	0.0	0.4	0.4
	33193	1	General Dentist	1 in 5 miles	5	1	100.0	0	0.0	0.2	0.2
			Specialists	1 in 5 miles	1	1	100.0	0	0.0	1.0	1.2

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Network Analysis - All Employees

## Access Detail By Zip Code

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March 31, 2017

Access Analysis  
All Standard  
Employee Group  
All EEs  
Provider Group  
General Dentist  
Specialists

\*\* These records have been excluded from the analysis because of invalid zip codes.

All Employees											
City	Zip Code	Employee	Provider			With Access		Without Access		Average Distance	
		#	Name	Standard	#	#	%	#	%	1	2
Miami, FL	33196	1	General Dentist	1 in 5 miles	17	1	100.0	0	0.0	0.7	0.7
			Specialists	1 in 5 miles	5	1	100.0	0	0.0	1.4	1.5
	33245	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	0.1	0.1
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	0.4	0.4
Missouri City, TX	77459	1	General Dentist	1 in 5 miles	118	1	100.0	0	0.0	0.4	0.4
			Specialists	1 in 5 miles	49	1	100.0	0	0.0	0.4	0.4
Navarre, OH	44662	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	5.4	5.5
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	5.7	5.7
New Smyrna Beach	32169	1	General Dentist	1 in 5 miles	2	1	100.0	0	0.0	2.3	2.3
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	2.9	4.0
Newport Beach, CA	92663	1	General Dentist	1 in 5 miles	21	1	100.0	0	0.0	0.0	0.0
			Specialists	1 in 5 miles	4	1	100.0	0	0.0	0.5	0.5
North Miami Beach,	33160	6	General Dentist	1 in 5 miles	20	6	100.0	0	0.0	0.5	0.5
			Specialists	1 in 5 miles	2	6	100.0	0	0.0	0.8	0.9
Ocala, FL	34478	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	0.3	0.5
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	1.1	1.1
	34482	1	General Dentist	1 in 5 miles	8	1	100.0	0	0.0	3.3	3.3
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	7.1	7.1
Okeechobee, FL	34974	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	2.9	2.9
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	3.1	3.1
Opa Locka, FL	33054	5	General Dentist	1 in 5 miles	1	5	100.0	0	0.0	0.6	1.2
			Specialists	1 in 5 miles	0	5	100.0	0	0.0	1.3	1.3
	33055	2	General Dentist	1 in 5 miles	5	2	100.0	0	0.0	0.5	0.8
			Specialists	1 in 5 miles	0	2	100.0	0	0.0	1.9	1.9
Orlando, FL	32803	1	General Dentist	1 in 5 miles	98	1	100.0	0	0.0	0.5	0.6
			Specialists	1 in 5 miles	56	1	100.0	0	0.0	0.8	0.9
	32809	1	General Dentist	1 in 5 miles	136	1	100.0	0	0.0	0.4	0.4
			Specialists	1 in 5 miles	45	1	100.0	0	0.0	0.4	0.4
Painesville, OH	44077	1	General Dentist	1 in 5 miles	16	1	100.0	0	0.0	0.9	0.9
			Specialists	1 in 5 miles	2	1	100.0	0	0.0	0.9	3.2
Palm Bay, FL	32909	1	General Dentist	1 in 5 miles	22	1	100.0	0	0.0	0.8	0.8
			Specialists	1 in 5 miles	1	1	100.0	0	0.0	3.6	3.6
Palm Beach Garder	33410	1	General Dentist	1 in 5 miles	36	1	100.0	0	0.0	0.6	0.6
			Specialists	1 in 5 miles	25	1	100.0	0	0.0	0.3	0.6
	33418	1	General Dentist	1 in 5 miles	3	1	100.0	0	0.0	0.7	0.8
			Specialists	1 in 5 miles	2	1	100.0	0	0.0	0.8	1.7
Palm City, FL	34990	8	General Dentist	1 in 5 miles	7	8	100.0	0	0.0	1.8	1.8
			Specialists	1 in 5 miles	6	8	100.0	0	0.0	1.8	1.8
Pembroke Pines, FL	33028	14	General Dentist	1 in 5 miles	6	14	100.0	0	0.0	0.6	0.8
			Specialists	1 in 5 miles	7	14	100.0	0	0.0	0.8	0.9

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## Access Detail By Zip Code

March 31, 2017

Access Analysis

All Standard

Employee Group

All EEs

Provider Group

General Dentist

Specialists

\*\* These records have been excluded from the analysis because of invalid zip codes.

All Employees											
City	Zip Code	Employee #	Provider			With Access		Without Access		Average Distance	
			Name	Standard	#	#	%	#	%	1	2
Pensacola, FL	32514	1	General Dentist	1 in 5 miles	5	1	100.0	0	0.0	1.1	1.1
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	2.8	2.8
Pompano Beach, FL	33060	36	General Dentist	1 in 5 miles	8	36	100.0	0	0.0	0.5	0.6
			Specialists	1 in 5 miles	2	36	100.0	0	0.0	1.0	1.2
	33061	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	0.2	0.3
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	0.4	0.4
	33062	17	General Dentist	1 in 5 miles	125	17	100.0	0	0.0	0.4	0.5
			Specialists	1 in 5 miles	44	17	100.0	0	0.0	0.5	0.5
	33063	51	General Dentist	1 in 5 miles	28	51	100.0	0	0.0	0.5	0.6
			Specialists	1 in 5 miles	9	51	100.0	0	0.0	0.6	0.7
	33064	32	General Dentist	1 in 5 miles	10	32	100.0	0	0.0	0.6	1.0
			Specialists	1 in 5 miles	3	32	100.0	0	0.0	1.0	1.3
	33065	34	General Dentist	1 in 5 miles	42	34	100.0	0	0.0	0.6	0.7
			Specialists	1 in 5 miles	30	34	100.0	0	0.0	0.6	0.7
	33066	15	General Dentist	1 in 5 miles	0	15	100.0	0	0.0	0.8	1.2
			Specialists	1 in 5 miles	0	15	100.0	0	0.0	1.5	1.5
	33067	24	General Dentist	1 in 5 miles	47	24	100.0	0	0.0	0.6	0.8
			Specialists	1 in 5 miles	31	24	100.0	0	0.0	0.6	0.9
	33068	41	General Dentist	1 in 5 miles	26	41	100.0	0	0.0	0.5	0.7
			Specialists	1 in 5 miles	8	41	100.0	0	0.0	1.0	1.0
	33069	21	General Dentist	1 in 5 miles	8	21	100.0	0	0.0	0.7	0.8
			Specialists	1 in 5 miles	1	21	100.0	0	0.0	1.1	2.1
	33071	25	General Dentist	1 in 5 miles	141	25	100.0	0	0.0	0.3	0.5
			Specialists	1 in 5 miles	70	25	100.0	0	0.0	0.7	0.8
	33073	29	General Dentist	1 in 5 miles	118	29	100.0	0	0.0	0.4	0.5
			Specialists	1 in 5 miles	56	29	100.0	0	0.0	0.4	0.5
	33074	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	1.0	1.5
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	1.5	2.2
	33076	15	General Dentist	1 in 5 miles	94	15	100.0	0	0.0	0.8	0.8
			Specialists	1 in 5 miles	35	15	100.0	0	0.0	0.8	0.9
Port Saint Lucie, FL	34953	13	General Dentist	1 in 5 miles	21	13	100.0	0	0.0	1.4	1.4
			Specialists	1 in 5 miles	12	13	100.0	0	0.0	1.3	1.3
	34983	2	General Dentist	1 in 5 miles	13	2	100.0	0	0.0	1.0	1.0
			Specialists	1 in 5 miles	2	2	100.0	0	0.0	0.8	1.1
	34984	1	General Dentist	1 in 5 miles	1	1	100.0	0	0.0	0.5	1.0
			Specialists	1 in 5 miles	1	1	100.0	0	0.0	1.0	1.0
	34986	2	General Dentist	1 in 5 miles	147	2	100.0	0	0.0	0.5	0.5
			Specialists	1 in 5 miles	70	2	100.0	0	0.0	0.5	0.6
	34987	1	General Dentist	1 in 5 miles	30	1	100.0	0	0.0	1.2	1.2
			Specialists	1 in 5 miles	10	1	100.0	0	0.0	1.2	1.2

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Network Analysis - All Employees

## Access Detail By Zip Code

15

March 31, 2017

Access Analysis  
All Standard  
Employee Group  
All EEs  
Provider Group  
General Dentist  
Specialists

\*\* These records have been excluded from the analysis because of invalid zip codes.

All Employees											
City	Zip Code	Employee #	Provider			With Access		Without Access		Average Distance	
			Name	Standard	#	#	%	#	%	1	2
Powder Springs, GA	30127	1	General Dentist	1 in 5 miles	5	1	100.0	0	0.0	1.5	1.5
			Specialists	1 in 5 miles	9	1	100.0	0	0.0	1.5	1.5
Purvis, MS	39475	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	7.6	7.6
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	10.4	10.4
Saint Augustine, FL	32086	1	General Dentist	1 in 5 miles	20	1	100.0	0	0.0	1.4	1.4
			Specialists	1 in 5 miles	13	1	100.0	0	0.0	1.4	1.4
Sanford, FL	32773	1	General Dentist	1 in 5 miles	77	1	100.0	0	0.0	0.6	0.6
			Specialists	1 in 5 miles	35	1	100.0	0	0.0	0.6	0.6
Sautee Nacoochee, GA	30571	2	General Dentist	1 in 5 miles	0	0	0.0	2	100.0	8.1	9.0
			Specialists	1 in 5 miles	0	0	0.0	2	100.0	9.3	12.8
Seminole, FL	33776	1	General Dentist	1 in 5 miles	3	1	100.0	0	0.0	0.7	0.7
			Specialists	1 in 5 miles	1	1	100.0	0	0.0	0.3	1.8
Sherwood, AR	72120	1	General Dentist	1 in 5 miles	6	1	100.0	0	0.0	1.3	1.4
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	3.7	3.7
Stuart, FL	34994	2	General Dentist	1 in 5 miles	129	2	100.0	0	0.0	0.2	0.2
			Specialists	1 in 5 miles	66	2	100.0	0	0.0	0.3	0.5
	34997	1	General Dentist	1 in 5 miles	108	1	100.0	0	0.0	0.7	0.7
			Specialists	1 in 5 miles	42	1	100.0	0	0.0	0.8	0.8
Summerfield, FL	34491	1	General Dentist	1 in 5 miles	17	1	100.0	0	0.0	2.0	2.1
			Specialists	1 in 5 miles	3	1	100.0	0	0.0	4.5	4.5
Tallahassee, FL	32312	1	General Dentist	1 in 5 miles	8	1	100.0	0	0.0	1.6	1.6
			Specialists	1 in 5 miles	2	1	100.0	0	0.0	3.3	3.3
Tavares, FL	32778	2	General Dentist	1 in 5 miles	9	2	100.0	0	0.0	0.8	0.9
			Specialists	1 in 5 miles	2	2	100.0	0	0.0	1.1	2.1
Tavernier, FL	33070	1	General Dentist	1 in 5 miles	1	1	100.0	0	0.0	0.4	7.8
			Specialists	1 in 5 miles	2	1	100.0	0	0.0	0.4	0.4
Tucson, AZ	85739	1	General Dentist	1 in 5 miles	6	1	100.0	0	0.0	1.7	1.9
			Specialists	1 in 5 miles	1	1	100.0	0	0.0	2.1	5.6
Vero Beach, FL	32964	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	0.5	0.5
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	0.9	1.4
	32967	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	4.3	4.7
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	4.5	4.5
Wellington, FL	33414	10	General Dentist	1 in 5 miles	217	10	100.0	0	0.0	0.9	1.0
			Specialists	1 in 5 miles	82	10	100.0	0	0.0	1.0	1.2
West Palm Beach, FL	33404	1	General Dentist	1 in 5 miles	7	1	100.0	0	0.0	0.9	0.9
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	1.3	1.5
	33405	3	General Dentist	1 in 5 miles	8	3	100.0	0	0.0	0.4	0.5
			Specialists	1 in 5 miles	0	3	100.0	0	0.0	1.2	1.2
	33406	3	General Dentist	1 in 5 miles	31	3	100.0	0	0.0	0.8	0.8
			Specialists	1 in 5 miles	18	3	100.0	0	0.0	1.0	1.3

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Network Analysis - All Employees

## Access Detail By Zip Code

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March 31, 2017

Access Analysis  
All Standard  
Employee Group  
All EEs  
Provider Group  
General Dentist  
Specialists

\*\* These records have been excluded from the analysis because of invalid zip codes.

All Employees											
City	Zip Code	Employee	Provider			With Access		Without Access		Average Distance	
		#	Name	Standard	#	#	%	#	%	1	2
West Palm Beach, FL	33409	2	General Dentist	1 in 5 miles	155	2	100.0	0	0.0	0.3	0.3
			Specialists	1 in 5 miles	44	2	100.0	0	0.0	0.4	0.6
	33411	15	General Dentist	1 in 5 miles	40	15	100.0	0	0.0	0.8	0.9
			Specialists	1 in 5 miles	26	15	100.0	0	0.0	1.1	1.3
	33412	6	General Dentist	1 in 5 miles	1	6	100.0	0	0.0	2.0	4.7
			Specialists	1 in 5 miles	0	0	0.0	6	100.0	6.9	7.1
	33413	3	General Dentist	1 in 5 miles	2	3	100.0	0	0.0	1.0	1.0
			Specialists	1 in 5 miles	0	3	100.0	0	0.0	1.9	2.3
	33415	1	General Dentist	1 in 5 miles	13	1	100.0	0	0.0	0.9	0.9
			Specialists	1 in 5 miles	2	1	100.0	0	0.0	1.1	1.4
Westminster, SC	29693	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	10.6	10.6
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	24.9	26.2
Wrightstown, WI	54180	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	6.8	7.7
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	9.7	9.7
** <Invalid Zip>	valid Z	2	General Dentist	1 in 5 miles	---	0	0.0	0	0.0	---	---
			Specialists	1 in 5 miles	---	0	0.0	0	0.0	---	---
	33364	1	General Dentist	1 in 5 miles	---	0	0.0	0	0.0	---	---
			Specialists	1 in 5 miles	---	0	0.0	0	0.0	---	---
	33374	1	General Dentist	1 in 5 miles	---	0	0.0	0	0.0	---	---
			Specialists	1 in 5 miles	---	0	0.0	0	0.0	---	---
	36878	1	General Dentist	1 in 5 miles	---	0	0.0	0	0.0	---	---
			Specialists	1 in 5 miles	---	0	0.0	0	0.0	---	---
			General Dentist								
			Specialists								
Grand Totals		2,159	General Dentist		7,685	2,140	99.4	14	0.6	0.7	0.9
			Specialists		3,385	2,102	97.6	52	2.4	1.1	1.3

# ***A report on the accessibility of the***

## ***Aetna Dental PPO II***

### ***City of Fort Lauderdale - Retirees***

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*March 31, 2017*

March 31, 2017

Report Contents

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All EEs: General Dentist, All EEs: Specialists

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All EEs: General Dentist, All EEs: Specialists

## Access Summary By City

March 31, 2017

Access Analysis

All Standard

Employee Group

All EEs

Provider Group

General Dentist

Specialists

<sup>1</sup> Provider counts represent:

#: Provider access points

P: Unique providers

L: Unique provider locations

All Employees									
Employee		Provider		Access Results			Average Distance		
Name	#	Group / Access Standard			#	%	Counts <sup>1</sup>	1	2
All EEs	282	General Dentist 1 in 5 miles	With	268	95.0	#: 234,075	0.8	1.2	
			W/o	14	5.0	P: 234,075 L: 61,282	8.2	9.0	
		Specialists 1 in 5 miles	With	256	90.8	#: 71,632	1.1	1.3	
			W/o	26	9.2	P: 71,632 L: 21,607	12.8	13.4	

Key Geographic Areas									
City	Employee	Provider		Access Results			Average Distance		
	#	Group / Access Standard			#	%	1	2	
Fort Lauderdale, FL	124	General Dentist 1 in 5 miles	With	124	100.0	0.5	0.6		
			W/o	0	0.0	--	--		
		Specialists 1 in 5 miles	With	124	100.0	0.9	1.1		
			W/o	0	0.0	--	--		
Pompano Beach, FL	33	General Dentist 1 in 5 miles	With	33	100.0	0.5	0.7		
			W/o	0	0.0	--	--		
		Specialists 1 in 5 miles	With	33	100.0	0.7	0.9		
			W/o	0	0.0	--	--		
Hollywood, FL	9	General Dentist 1 in 5 miles	With	9	100.0	0.5	0.5		
			W/o	0	0.0	--	--		
		Specialists 1 in 5 miles	With	9	100.0	0.5	0.6		
			W/o	0	0.0	--	--		
Dania, FL	8	General Dentist 1 in 5 miles	With	8	100.0	0.4	0.5		
			W/o	0	0.0	--	--		
		Specialists 1 in 5 miles	With	8	100.0	1.2	1.2		
			W/o	0	0.0	--	--		
Port Saint Lucie, FL	6	General Dentist 1 in 5 miles	With	6	100.0	1.1	1.2		
			W/o	0	0.0	--	--		
		Specialists 1 in 5 miles	With	6	100.0	1.0	1.1		
			W/o	0	0.0	--	--		
West Palm Beach, FL	6	General Dentist 1 in 5 miles	With	6	100.0	1.1	1.2		
			W/o	0	0.0	--	--		
		Specialists 1 in 5 miles	With	6	100.0	1.3	1.4		
			W/o	0	0.0	--	--		
Jupiter, FL	4	General Dentist 1 in 5 miles	With	4	100.0	2.0	3.8		
			W/o	0	0.0	--	--		
		Specialists 1 in 5 miles	With	3	75.0	3.3	3.3		
			W/o	1	25.0	6.3	6.3		

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## Access Detail By Zip Code

March 31, 2017

Access Analysis

All Standard

Employee Group

All EEs

Provider Group

General Dentist

Specialists

All Employees											
City	Zip Code	Employee #	Provider			With Access		Without Access		Average Distance	
			Name	Standard	#	#	%	#	%	1	2
Advance, NC	27006	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	5.1	5.1
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	5.1	5.1
Albertville, AL	35951	1	General Dentist	1 in 5 miles	3	1	100.0	0	0.0	3.0	3.8
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	6.2	6.2
Anacortes, WA	98221	1	General Dentist	1 in 5 miles	9	1	100.0	0	0.0	1.0	1.0
			Specialists	1 in 5 miles	2	1	100.0	0	0.0	1.2	1.2
Arlington, TX	76001	1	General Dentist	1 in 5 miles	5	1	100.0	0	0.0	1.1	1.2
			Specialists	1 in 5 miles	1	1	100.0	0	0.0	1.2	1.8
Astor, FL	32102	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	12.7	12.7
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	16.3	16.3
Atlanta, GA	30342	1	General Dentist	1 in 5 miles	54	1	100.0	0	0.0	0.4	0.4
			Specialists	1 in 5 miles	123	1	100.0	0	0.0	1.1	1.1
Augusta, GA	30906	1	General Dentist	1 in 5 miles	12	1	100.0	0	0.0	1.4	1.4
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	4.8	4.8
Austin, TX	78730	1	General Dentist	1 in 5 miles	4	1	100.0	0	0.0	1.9	1.9
			Specialists	1 in 5 miles	11	1	100.0	0	0.0	0.7	1.9
Bellefonte, PA	16823	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	7.3	8.6
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	9.0	9.4
Blairsville, GA	30512	1	General Dentist	1 in 5 miles	1	1	100.0	0	0.0	3.8	19.1
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	17.0	17.0
Bloomingdale, NJ	07403	1	General Dentist	1 in 5 miles	2	1	100.0	0	0.0	0.7	0.8
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	1.1	1.1
Boca Raton, FL	33428	1	General Dentist	1 in 5 miles	6	1	100.0	0	0.0	0.3	0.7
			Specialists	1 in 5 miles	2	1	100.0	0	0.0	0.3	0.9
Bothell, WA	98012	1	General Dentist	1 in 5 miles	40	1	100.0	0	0.0	0.5	0.5
			Specialists	1 in 5 miles	6	1	100.0	0	0.0	0.5	0.5
Boynton Beach, FL	33435	1	General Dentist	1 in 5 miles	101	1	100.0	0	0.0	0.3	0.3
			Specialists	1 in 5 miles	35	1	100.0	0	0.0	0.3	0.7
	33436	1	General Dentist	1 in 5 miles	11	1	100.0	0	0.0	0.2	0.2
			Specialists	1 in 5 miles	13	1	100.0	0	0.0	0.3	0.4
Bronson, FL	32621	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	10.4	10.4
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	15.0	15.1
Center Tuftonboro, I	03816	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	13.7	20.5
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	22.5	22.5
Chipley, FL	32428	1	General Dentist	1 in 5 miles	5	0	0.0	1	100.0	6.8	6.8
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	20.1	20.1
Clermont, FL	34711	1	General Dentist	1 in 5 miles	125	1	100.0	0	0.0	0.2	0.2
			Specialists	1 in 5 miles	78	1	100.0	0	0.0	0.2	0.8
Clifton Park, NY	12065	1	General Dentist	1 in 5 miles	27	1	100.0	0	0.0	1.2	1.2
			Specialists	1 in 5 miles	27	1	100.0	0	0.0	1.3	1.3

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## Access Detail By Zip Code

March 31, 2017

Access Analysis

All Standard

Employee Group

All EEs

Provider Group

General Dentist

Specialists

All Employees											
City	Zip Code	Employee	Provider			With Access		Without Access		Average Distance	
		#	Name	Standard	#	#	%	#	%	1	2
Dania, FL	33004	8	General Dentist	1 in 5 miles	31	8	100.0	0	0.0	0.4	0.5
			Specialists	1 in 5 miles	8	8	100.0	0	0.0	1.2	1.2
Daytona Beach, FL	32118	1	General Dentist	1 in 5 miles	5	1	100.0	0	0.0	1.0	1.1
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	1.2	2.7
Deerfield Beach, FL	33441	2	General Dentist	1 in 5 miles	14	2	100.0	0	0.0	0.3	0.4
			Specialists	1 in 5 miles	4	2	100.0	0	0.0	0.8	0.9
	33442	1	General Dentist	1 in 5 miles	102	1	100.0	0	0.0	0.4	0.6
			Specialists	1 in 5 miles	45	1	100.0	0	0.0	0.6	0.6
Deland, FL	32724	1	General Dentist	1 in 5 miles	3	1	100.0	0	0.0	1.7	1.7
			Specialists	1 in 5 miles	3	1	100.0	0	0.0	1.7	1.7
Delray Beach, FL	33444	1	General Dentist	1 in 5 miles	86	1	100.0	0	0.0	0.8	0.8
			Specialists	1 in 5 miles	31	1	100.0	0	0.0	0.8	0.8
Estero, FL	33928	1	General Dentist	1 in 5 miles	19	1	100.0	0	0.0	0.6	0.6
			Specialists	1 in 5 miles	3	1	100.0	0	0.0	1.4	2.6
Fernandina Beach, FL	32034	1	General Dentist	1 in 5 miles	7	1	100.0	0	0.0	0.4	0.4
			Specialists	1 in 5 miles	8	1	100.0	0	0.0	0.2	0.2
Flat Rock, NC	28731	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	4.7	4.8
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	5.3	5.3
Fleming Island, FL	32003	1	General Dentist	1 in 5 miles	67	1	100.0	0	0.0	0.3	0.3
			Specialists	1 in 5 miles	31	1	100.0	0	0.0	0.3	0.3
Fort Lauderdale, FL	33301	2	General Dentist	1 in 5 miles	102	2	100.0	0	0.0	0.1	0.3
			Specialists	1 in 5 miles	36	2	100.0	0	0.0	0.3	0.3
	33304	4	General Dentist	1 in 5 miles	15	4	100.0	0	0.0	0.3	0.4
			Specialists	1 in 5 miles	7	4	100.0	0	0.0	0.5	0.6
	33305	6	General Dentist	1 in 5 miles	13	6	100.0	0	0.0	0.3	0.6
			Specialists	1 in 5 miles	10	6	100.0	0	0.0	0.7	0.7
	33306	3	General Dentist	1 in 5 miles	16	3	100.0	0	0.0	0.2	0.3
			Specialists	1 in 5 miles	6	3	100.0	0	0.0	0.2	0.3
	33308	6	General Dentist	1 in 5 miles	142	6	100.0	0	0.0	0.2	0.3
			Specialists	1 in 5 miles	58	6	100.0	0	0.0	0.3	0.4
	33309	7	General Dentist	1 in 5 miles	3	7	100.0	0	0.0	0.9	1.1
			Specialists	1 in 5 miles	1	7	100.0	0	0.0	1.6	1.8
	33311	23	General Dentist	1 in 5 miles	16	23	100.0	0	0.0	0.6	0.8
			Specialists	1 in 5 miles	0	23	100.0	0	0.0	1.3	1.5
	33312	10	General Dentist	1 in 5 miles	13	10	100.0	0	0.0	0.5	0.7
			Specialists	1 in 5 miles	5	10	100.0	0	0.0	1.3	1.4
	33313	5	General Dentist	1 in 5 miles	25	5	100.0	0	0.0	0.3	0.5
			Specialists	1 in 5 miles	3	5	100.0	0	0.0	0.6	0.9
	33314	1	General Dentist	1 in 5 miles	10	1	100.0	0	0.0	0.4	0.4
			Specialists	1 in 5 miles	2	1	100.0	0	0.0	1.5	1.5

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Continued on next page...

## Access Detail By Zip Code

March 31, 2017

Access Analysis

All Standard

Employee Group

All EEs

Provider Group

General Dentist

Specialists

All Employees											
City	Zip Code	Employee #	Provider			With Access		Without Access		Average Distance	
			Name	Standard	#	#	%	#	%	1	2
Fort Lauderdale, FL	33315	4	General Dentist	1 in 5 miles	7	4	100.0	0	0.0	1.0	1.0
			Specialists	1 in 5 miles	1	4	100.0	0	0.0	1.2	1.3
	33316	2	General Dentist	1 in 5 miles	11	2	100.0	0	0.0	0.3	0.3
			Specialists	1 in 5 miles	10	2	100.0	0	0.0	0.4	0.6
	33317	7	General Dentist	1 in 5 miles	39	7	100.0	0	0.0	0.6	0.6
			Specialists	1 in 5 miles	29	7	100.0	0	0.0	0.8	1.0
	33319	5	General Dentist	1 in 5 miles	24	5	100.0	0	0.0	0.7	0.7
			Specialists	1 in 5 miles	6	5	100.0	0	0.0	1.3	1.5
	33321	9	General Dentist	1 in 5 miles	62	9	100.0	0	0.0	0.5	0.6
			Specialists	1 in 5 miles	29	9	100.0	0	0.0	0.8	1.1
	33322	2	General Dentist	1 in 5 miles	19	2	100.0	0	0.0	0.4	0.5
			Specialists	1 in 5 miles	28	2	100.0	0	0.0	0.5	0.5
	33323	3	General Dentist	1 in 5 miles	73	3	100.0	0	0.0	0.7	0.8
			Specialists	1 in 5 miles	21	3	100.0	0	0.0	1.0	1.2
	33324	4	General Dentist	1 in 5 miles	140	4	100.0	0	0.0	0.6	0.7
			Specialists	1 in 5 miles	58	4	100.0	0	0.0	1.0	1.0
	33325	1	General Dentist	1 in 5 miles	1	1	100.0	0	0.0	1.0	1.8
			Specialists	1 in 5 miles	2	1	100.0	0	0.0	1.1	1.1
	33326	2	General Dentist	1 in 5 miles	26	2	100.0	0	0.0	0.5	0.7
			Specialists	1 in 5 miles	19	2	100.0	0	0.0	0.7	0.7
	33328	3	General Dentist	1 in 5 miles	114	3	100.0	0	0.0	0.3	0.3
			Specialists	1 in 5 miles	56	3	100.0	0	0.0	0.4	0.6
	33334	8	General Dentist	1 in 5 miles	9	8	100.0	0	0.0	0.5	0.6
			Specialists	1 in 5 miles	4	8	100.0	0	0.0	0.7	0.7
	33345	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	0.6	0.6
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	1.4	1.4
	33351	6	General Dentist	1 in 5 miles	34	6	100.0	0	0.0	0.3	0.4
			Specialists	1 in 5 miles	3	6	100.0	0	0.0	0.7	0.7
Fort Myers, FL	33901	1	General Dentist	1 in 5 miles	40	1	100.0	0	0.0	0.4	0.4
			Specialists	1 in 5 miles	8	1	100.0	0	0.0	1.3	1.3
Fort Pierce, FL	34949	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	3.2	3.8
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	4.2	4.5
Gainesville, FL	32606	1	General Dentist	1 in 5 miles	19	1	100.0	0	0.0	0.9	0.9
			Specialists	1 in 5 miles	11	1	100.0	0	0.0	1.5	1.5
Georgetown, KY	40324	1	General Dentist	1 in 5 miles	25	1	100.0	0	0.0	0.6	0.8
			Specialists	1 in 5 miles	15	1	100.0	0	0.0	0.8	0.8
Greenville, PA	16125	1	General Dentist	1 in 5 miles	11	1	100.0	0	0.0	0.2	1.1
			Specialists	1 in 5 miles	1	1	100.0	0	0.0	0.3	12.1
Hallandale, FL	33009	1	General Dentist	1 in 5 miles	28	1	100.0	0	0.0	0.1	0.1
			Specialists	1 in 5 miles	12	1	100.0	0	0.0	0.9	0.9

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Continued on next page...

Network Analysis - All Employees

## Access Detail By Zip Code

7

March 31, 2017

Access Analysis  
All Standard  
Employee Group  
All EEs  
Provider Group  
General Dentist  
Specialists

All Employees											
City	Zip Code	Employee	Provider			With Access		Without Access		Average Distance	
		#	Name	Standard	#	#	%	#	%	1	2
Hephzibah, GA	30815	1	General Dentist	1 in 5 miles	2	1	100.0	0	0.0	0.1	4.6
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	10.5	10.5
Hermitage, TN	37076	1	General Dentist	1 in 5 miles	41	1	100.0	0	0.0	0.3	0.3
			Specialists	1 in 5 miles	25	1	100.0	0	0.0	0.4	0.4
Hernando, FL	34442	1	General Dentist	1 in 5 miles	3	1	100.0	0	0.0	3.2	3.2
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	4.7	4.7
Hickory, NC	28602	1	General Dentist	1 in 5 miles	25	1	100.0	0	0.0	1.2	1.2
			Specialists	1 in 5 miles	3	1	100.0	0	0.0	1.2	2.4
Hobe Sound, FL	33455	2	General Dentist	1 in 5 miles	1	2	100.0	0	0.0	2.1	4.9
			Specialists	1 in 5 miles	0	1	50.0	1	50.0	4.9	4.9
Hollywood, FL	33019	1	General Dentist	1 in 5 miles	3	1	100.0	0	0.0	1.6	1.7
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	1.6	1.8
	33020	2	General Dentist	1 in 5 miles	21	2	100.0	0	0.0	0.2	0.2
			Specialists	1 in 5 miles	6	2	100.0	0	0.0	0.3	0.4
	33021	3	General Dentist	1 in 5 miles	128	3	100.0	0	0.0	0.3	0.3
			Specialists	1 in 5 miles	61	3	100.0	0	0.0	0.4	0.4
	33022	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	0.2	0.2
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	0.2	0.3
	33029	1	General Dentist	1 in 5 miles	52	1	100.0	0	0.0	0.7	0.7
			Specialists	1 in 5 miles	21	1	100.0	0	0.0	0.7	0.7
	33081	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	0.5	0.8
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	0.5	0.5
Huntington, WV	25705	1	General Dentist	1 in 5 miles	27	1	100.0	0	0.0	0.4	0.4
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	2.2	2.2
Indialantic, FL	32903	1	General Dentist	1 in 5 miles	2	1	100.0	0	0.0	1.3	1.3
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	2.3	2.4
Inverness, FL	34450	1	General Dentist	1 in 5 miles	3	1	100.0	0	0.0	1.6	1.6
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	5.3	5.4
	34452	1	General Dentist	1 in 5 miles	2	1	100.0	0	0.0	2.0	2.0
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	4.3	4.4
Jacksonville, FL	32221	1	General Dentist	1 in 5 miles	20	1	100.0	0	0.0	3.2	3.2
			Specialists	1 in 5 miles	1	1	100.0	0	0.0	3.2	4.1
Jamaica, NY	11432	1	General Dentist	1 in 5 miles	43	1	100.0	0	0.0	0.1	0.1
			Specialists	1 in 5 miles	8	1	100.0	0	0.0	0.3	0.4
Jupiter, FL	33458	1	General Dentist	1 in 5 miles	220	1	100.0	0	0.0	0.8	0.8
			Specialists	1 in 5 miles	120	1	100.0	0	0.0	0.8	0.8
	33478	3	General Dentist	1 in 5 miles	1	3	100.0	0	0.0	2.3	4.8
			Specialists	1 in 5 miles	0	2	66.7	1	33.3	5.1	5.1
Knoxville, TN	37918	1	General Dentist	1 in 5 miles	33	1	100.0	0	0.0	0.8	1.2
			Specialists	1 in 5 miles	15	1	100.0	0	0.0	1.2	1.2

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Network Analysis - All Employees

## Access Detail By Zip Code

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March 31, 2017

Access Analysis  
All Standard  
Employee Group  
All EEs  
Provider Group  
General Dentist  
Specialists

All Employees											
City	Zip Code	Employee	Provider			With Access		Without Access		Average Distance	
		#	Name	Standard	#	#	%	#	%	1	2
Lady Lake, FL	32159	2	General Dentist	1 in 5 miles	36	2	100.0	0	0.0	0.3	0.4
			Specialists	1 in 5 miles	7	2	100.0	0	0.0	0.6	0.9
Lake Mary, FL	32746	1	General Dentist	1 in 5 miles	88	1	100.0	0	0.0	0.2	0.2
			Specialists	1 in 5 miles	26	1	100.0	0	0.0	0.2	0.2
Lake Placid, FL	33852	3	General Dentist	1 in 5 miles	1	3	100.0	0	0.0	3.3	12.9
			Specialists	1 in 5 miles	0	0	0.0	3	100.0	13.6	15.4
Lake Worth, FL	33467	2	General Dentist	1 in 5 miles	111	2	100.0	0	0.0	0.7	0.7
			Specialists	1 in 5 miles	39	2	100.0	0	0.0	0.8	1.0
Lakeland, FL	33809	1	General Dentist	1 in 5 miles	114	1	100.0	0	0.0	0.9	1.1
			Specialists	1 in 5 miles	42	1	100.0	0	0.0	1.1	1.9
Landrum, SC	29356	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	3.3	11.4
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	15.8	17.2
Live Oak, FL	32060	2	General Dentist	1 in 5 miles	2	0	0.0	2	100.0	5.9	6.0
			Specialists	1 in 5 miles	0	0	0.0	2	100.0	27.9	27.9
McDonough, GA	30252	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	4.2	4.2
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	5.8	5.8
Miami, FL	33157	1	General Dentist	1 in 5 miles	34	1	100.0	0	0.0	0.3	0.6
			Specialists	1 in 5 miles	8	1	100.0	0	0.0	0.6	0.6
	33169	1	General Dentist	1 in 5 miles	21	1	100.0	0	0.0	0.2	0.2
			Specialists	1 in 5 miles	2	1	100.0	0	0.0	0.2	1.2
	33179	1	General Dentist	1 in 5 miles	106	1	100.0	0	0.0	0.5	0.5
			Specialists	1 in 5 miles	48	1	100.0	0	0.0	0.6	0.6
	33189	1	General Dentist	1 in 5 miles	74	1	100.0	0	0.0	0.4	0.4
			Specialists	1 in 5 miles	28	1	100.0	0	0.0	0.4	0.4
Missouri City, TX	77459	1	General Dentist	1 in 5 miles	118	1	100.0	0	0.0	0.4	0.4
			Specialists	1 in 5 miles	49	1	100.0	0	0.0	0.4	0.4
Navarre, OH	44662	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	5.4	5.5
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	5.7	5.7
New Smyrna Beach	32169	1	General Dentist	1 in 5 miles	2	1	100.0	0	0.0	2.3	2.3
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	2.9	4.0
Ocala, FL	34478	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	0.3	0.5
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	1.1	1.1
Okeechobee, FL	34974	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	2.9	2.9
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	3.1	3.1
Painesville, OH	44077	1	General Dentist	1 in 5 miles	16	1	100.0	0	0.0	0.9	0.9
			Specialists	1 in 5 miles	2	1	100.0	0	0.0	0.9	3.2
Palm Bay, FL	32909	1	General Dentist	1 in 5 miles	22	1	100.0	0	0.0	0.8	0.8
			Specialists	1 in 5 miles	1	1	100.0	0	0.0	3.6	3.6
Pensacola, FL	32514	1	General Dentist	1 in 5 miles	5	1	100.0	0	0.0	1.1	1.1
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	2.8	2.8

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## Access Detail By Zip Code

March 31, 2017

Access Analysis

All Standard

Employee Group

All EEs

Provider Group

General Dentist

Specialists

All Employees											
City	Zip Code	Employee	Provider			With Access		Without Access		Average Distance	
		#	Name	Standard	#	#	%	#	%	1	2
Pompano Beach, FL	33060	3	General Dentist	1 in 5 miles	8	3	100.0	0	0.0	0.7	0.7
			Specialists	1 in 5 miles	2	3	100.0	0	0.0	0.9	1.1
	33062	4	General Dentist	1 in 5 miles	125	4	100.0	0	0.0	0.6	0.6
			Specialists	1 in 5 miles	44	4	100.0	0	0.0	0.6	0.6
	33063	8	General Dentist	1 in 5 miles	28	8	100.0	0	0.0	0.4	0.4
			Specialists	1 in 5 miles	9	8	100.0	0	0.0	0.5	0.5
	33064	4	General Dentist	1 in 5 miles	10	4	100.0	0	0.0	0.7	0.8
			Specialists	1 in 5 miles	3	4	100.0	0	0.0	0.6	0.9
	33065	2	General Dentist	1 in 5 miles	42	2	100.0	0	0.0	0.5	0.7
			Specialists	1 in 5 miles	30	2	100.0	0	0.0	0.3	0.7
	33066	2	General Dentist	1 in 5 miles	0	2	100.0	0	0.0	1.1	1.3
			Specialists	1 in 5 miles	0	2	100.0	0	0.0	1.7	1.8
	33067	1	General Dentist	1 in 5 miles	47	1	100.0	0	0.0	0.6	1.3
			Specialists	1 in 5 miles	31	1	100.0	0	0.0	0.6	1.3
	33068	5	General Dentist	1 in 5 miles	26	5	100.0	0	0.0	0.5	0.9
			Specialists	1 in 5 miles	8	5	100.0	0	0.0	1.2	1.2
	33069	2	General Dentist	1 in 5 miles	8	2	100.0	0	0.0	0.3	0.3
			Specialists	1 in 5 miles	1	2	100.0	0	0.0	0.8	2.0
	33071	2	General Dentist	1 in 5 miles	141	2	100.0	0	0.0	0.5	0.5
			Specialists	1 in 5 miles	70	2	100.0	0	0.0	0.5	0.5
Port Saint Lucie, FL	34953	3	General Dentist	1 in 5 miles	21	3	100.0	0	0.0	1.3	1.3
			Specialists	1 in 5 miles	12	3	100.0	0	0.0	1.1	1.1
	34983	1	General Dentist	1 in 5 miles	13	1	100.0	0	0.0	0.9	0.9
			Specialists	1 in 5 miles	2	1	100.0	0	0.0	0.6	0.9
	34984	1	General Dentist	1 in 5 miles	1	1	100.0	0	0.0	0.5	1.0
			Specialists	1 in 5 miles	1	1	100.0	0	0.0	1.0	1.0
Powder Springs, GA	30127	1	General Dentist	1 in 5 miles	30	1	100.0	0	0.0	1.2	1.2
			Specialists	1 in 5 miles	10	1	100.0	0	0.0	1.2	1.2
			General Dentist	1 in 5 miles	5	1	100.0	0	0.0	1.5	1.5
Purvis, MS	39475	1	General Dentist	1 in 5 miles	9	1	100.0	0	0.0	1.5	1.5
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	7.6	7.6
Saint Augustine, FL	32086	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	10.4	10.4
			Specialists	1 in 5 miles	20	1	100.0	0	0.0	1.4	1.4
Sautee Nacoochee,	30571	2	General Dentist	1 in 5 miles	13	1	100.0	0	0.0	1.4	1.4
			Specialists	1 in 5 miles	0	0	0.0	2	100.0	8.1	9.0
Seminole, FL	33776	1	General Dentist	1 in 5 miles	0	0	0.0	2	100.0	9.3	12.8
			Specialists	1 in 5 miles	0	0	0.0	2	100.0	0.7	0.7
Stuart, FL	34994	1	General Dentist	1 in 5 miles	3	1	100.0	0	0.0	0.7	0.7
			Specialists	1 in 5 miles	1	1	100.0	0	0.0	0.3	1.8
			General Dentist	1 in 5 miles	129	1	100.0	0	0.0	0.1	0.2
			Specialists	1 in 5 miles	66	1	100.0	0	0.0	0.3	0.8

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## Access Detail By Zip Code

## Access Analysis

All Standard

Employee Group

All EEs

Provider Group

General Dentist

## Specialists

[illegible]

# ***A report on the accessibility of the***

## ***Aetna DMO***

### ***City of Fort Lauderdale - Retirees***

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*March 31, 2017*

March 31, 2017

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All EEs: General Dentist, All EEs: Specialists

## Access Summary By City

March 31, 2017

Access Analysis

All Standard

Employee Group

All EEs

Provider Group

General Dentist

Specialists

<sup>1</sup> Provider counts represent:

#: Provider access points

P: Unique providers

L: Unique provider locations

All Employees									
Employee		Provider		Access Results			Average Distance		
Name	#	Group / Access Standard			#	%	Counts <sup>1</sup>	1	2
All EEs	282	General Dentist 1 in 5 miles	With	241	85.5	#: 78,349		1.3	1.4
			W/o	41	14.5	P: 78,349 L: 7,293		39.0	39.1
		Specialists 1 in 5 miles	With	244	86.5	#: 33,642		1.6	2.0
			W/o	38	13.5	P: 33,642 L: 7,301		42.3	43.3

Key Geographic Areas								
City	Employee	Provider		Access Results			Average Distance	
	#	Group / Access Standard			#	%	1	2
Fort Lauderdale, FL	124	General Dentist 1 in 5 miles	With	124	100.0		1.0	1.1
			W/o	0	0.0		--	--
		Specialists 1 in 5 miles	With	124	100.0		1.4	1.8
			W/o	0	0.0		--	--
Pompano Beach, FL	33	General Dentist 1 in 5 miles	With	33	100.0		0.9	1.3
			W/o	0	0.0		--	--
		Specialists 1 in 5 miles	With	33	100.0		1.1	1.4
			W/o	0	0.0		--	--
Hollywood, FL	9	General Dentist 1 in 5 miles	With	9	100.0		1.1	1.2
			W/o	0	0.0		--	--
		Specialists 1 in 5 miles	With	9	100.0		1.1	1.4
			W/o	0	0.0		--	--
Dania, FL	8	General Dentist 1 in 5 miles	With	8	100.0		1.3	1.3
			W/o	0	0.0		--	--
		Specialists 1 in 5 miles	With	8	100.0		2.2	2.5
			W/o	0	0.0		--	--
Port Saint Lucie, FL	6	General Dentist 1 in 5 miles	With	6	100.0		3.4	3.4
			W/o	0	0.0		--	--
		Specialists 1 in 5 miles	With	6	100.0		3.5	3.5
			W/o	0	0.0		--	--
West Palm Beach, FL	6	General Dentist 1 in 5 miles	With	6	100.0		1.5	2.0
			W/o	0	0.0		--	--
		Specialists 1 in 5 miles	With	6	100.0		2.1	2.1
			W/o	0	0.0		--	--
Jupiter, FL	4	General Dentist 1 in 5 miles	With	3	75.0		3.4	3.4
			W/o	1	25.0		6.3	6.3
		Specialists 1 in 5 miles	With	3	75.0		3.4	3.4
			W/o	1	25.0		6.3	6.3

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## Access Detail By Zip Code

March 31, 2017

Access Analysis

All Standard

Employee Group

All EEs

Provider Group

General Dentist

Specialists

All Employees											
City	Zip Code	Employee #	Provider			With Access		Without Access		Average Distance	
			Name	Standard	#	#	%	#	%	1	2
Advance, NC	27006	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	5.1	5.1
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	5.1	5.1
Albertville, AL	35951	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	72.8	72.8
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	72.0	72.0
Anacortes, WA	98221	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	18.1	18.1
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	21.6	21.6
Arlington, TX	76001	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	2.9	3.0
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	1.8	2.0
Astor, FL	32102	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	16.3	16.3
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	16.3	16.3
Atlanta, GA	30342	1	General Dentist	1 in 5 miles	6	1	100.0	0	0.0	0.4	0.4
			Specialists	1 in 5 miles	27	1	100.0	0	0.0	1.1	1.1
Augusta, GA	30906	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	105.4	105.4
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	88.7	88.7
Austin, TX	78730	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	3.4	3.4
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	4.2	4.2
Bellefonte, PA	16823	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	9.6	9.6
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	31.8	31.8
Blairsville, GA	30512	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	40.2	40.2
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	22.5	35.1
Bloomingdale, NJ	07403	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	2.0	2.0
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	1.9	4.0
Boca Raton, FL	33428	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	2.3	2.3
			Specialists	1 in 5 miles	1	1	100.0	0	0.0	0.9	1.8
Bothell, WA	98012	1	General Dentist	1 in 5 miles	2	1	100.0	0	0.0	1.4	1.4
			Specialists	1 in 5 miles	4	1	100.0	0	0.0	1.4	1.4
Boynton Beach, FL	33435	1	General Dentist	1 in 5 miles	82	1	100.0	0	0.0	0.7	0.7
			Specialists	1 in 5 miles	32	1	100.0	0	0.0	0.7	0.7
	33436	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	1.1	1.1
			Specialists	1 in 5 miles	2	1	100.0	0	0.0	1.0	1.0
Bronson, FL	32621	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	18.5	18.5
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	18.2	18.2
Center Tuftonboro, I	03816	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	61.9	62.0
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	58.6	58.6
Chipley, FL	32428	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	78.2	78.2
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	78.2	79.2
Clermont, FL	34711	1	General Dentist	1 in 5 miles	78	1	100.0	0	0.0	1.2	1.2
			Specialists	1 in 5 miles	35	1	100.0	0	0.0	1.2	1.2
Clifton Park, NY	12065	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	6.4	6.4
			Specialists	1 in 5 miles	10	1	100.0	0	0.0	1.3	1.3

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## Access Detail By Zip Code

March 31, 2017

Access Analysis

All Standard

Employee Group

All EEs

Provider Group

General Dentist

Specialists

All Employees											
City	Zip Code	Employee #	Provider			With Access		Without Access		Average Distance	
			Name	Standard	#	#	%	#	%	1	2
Dania, FL	33004	8	General Dentist	1 in 5 miles	23	8	100.0	0	0.0	1.3	1.3
			Specialists	1 in 5 miles	0	8	100.0	0	0.0	2.2	2.5
Daytona Beach, FL	32118	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	2.7	2.7
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	2.7	2.7
Deerfield Beach, FL	33441	2	General Dentist	1 in 5 miles	1	2	100.0	0	0.0	0.8	1.9
			Specialists	1 in 5 miles	1	2	100.0	0	0.0	0.8	1.9
	33442	1	General Dentist	1 in 5 miles	85	1	100.0	0	0.0	0.6	0.6
			Specialists	1 in 5 miles	42	1	100.0	0	0.0	0.6	0.6
Deland, FL	32724	1	General Dentist	1 in 5 miles	2	1	100.0	0	0.0	1.7	1.7
			Specialists	1 in 5 miles	2	1	100.0	0	0.0	1.7	1.7
Delray Beach, FL	33444	1	General Dentist	1 in 5 miles	76	1	100.0	0	0.0	0.8	0.9
			Specialists	1 in 5 miles	29	1	100.0	0	0.0	0.8	0.8
Estero, FL	33928	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	3.1	3.1
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	2.9	2.9
Fernandina Beach, FL	32034	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	17.8	17.8
			Specialists	1 in 5 miles	3	1	100.0	0	0.0	0.2	0.2
Flat Rock, NC	28731	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	20.2	21.3
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	70.3	70.3
Fleming Island, FL	32003	1	General Dentist	1 in 5 miles	52	1	100.0	0	0.0	0.5	0.5
			Specialists	1 in 5 miles	28	1	100.0	0	0.0	0.5	0.5
Fort Lauderdale, FL	33301	2	General Dentist	1 in 5 miles	85	2	100.0	0	0.0	0.5	0.5
			Specialists	1 in 5 miles	30	2	100.0	0	0.0	0.4	0.5
	33304	4	General Dentist	1 in 5 miles	8	4	100.0	0	0.0	0.6	0.6
			Specialists	1 in 5 miles	5	4	100.0	0	0.0	0.6	0.6
	33305	6	General Dentist	1 in 5 miles	0	6	100.0	0	0.0	1.1	1.1
			Specialists	1 in 5 miles	1	6	100.0	0	0.0	0.9	1.1
	33306	3	General Dentist	1 in 5 miles	4	3	100.0	0	0.0	0.5	0.5
			Specialists	1 in 5 miles	4	3	100.0	0	0.0	0.4	0.5
	33308	6	General Dentist	1 in 5 miles	104	6	100.0	0	0.0	0.4	0.4
			Specialists	1 in 5 miles	37	6	100.0	0	0.0	0.4	0.4
	33309	7	General Dentist	1 in 5 miles	0	7	100.0	0	0.0	1.8	1.8
			Specialists	1 in 5 miles	0	7	100.0	0	0.0	2.9	3.1
	33311	23	General Dentist	1 in 5 miles	3	23	100.0	0	0.0	1.0	1.0
			Specialists	1 in 5 miles	0	23	100.0	0	0.0	1.7	2.3
	33312	10	General Dentist	1 in 5 miles	8	10	100.0	0	0.0	1.3	1.3
			Specialists	1 in 5 miles	2	10	100.0	0	0.0	1.5	2.6
	33313	5	General Dentist	1 in 5 miles	8	5	100.0	0	0.0	0.7	1.0
			Specialists	1 in 5 miles	0	5	100.0	0	0.0	2.1	2.5
	33314	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	1.9	2.1
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	2.1	2.1

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Network Analysis - All Employees

## Access Detail By Zip Code

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March 31, 2017

Access Analysis  
All Standard  
Employee Group  
All EEs  
Provider Group  
General Dentist  
Specialists

All Employees											
City	Zip Code	Employee #	Provider			With Access		Without Access		Average Distance	
			Name	Standard	#	#	%	#	%	1	2
Fort Lauderdale, FL	33315	4	General Dentist	1 in 5 miles	0	4	100.0	0	0.0	1.4	1.5
			Specialists	1 in 5 miles	0	4	100.0	0	0.0	2.5	2.6
	33316	2	General Dentist	1 in 5 miles	2	2	100.0	0	0.0	0.6	0.7
			Specialists	1 in 5 miles	0	2	100.0	0	0.0	1.3	1.8
	33317	7	General Dentist	1 in 5 miles	8	7	100.0	0	0.0	0.8	1.1
			Specialists	1 in 5 miles	21	7	100.0	0	0.0	1.1	1.5
	33319	5	General Dentist	1 in 5 miles	14	5	100.0	0	0.0	1.0	1.1
			Specialists	1 in 5 miles	6	5	100.0	0	0.0	2.1	2.1
	33321	9	General Dentist	1 in 5 miles	33	9	100.0	0	0.0	0.8	1.4
			Specialists	1 in 5 miles	12	9	100.0	0	0.0	1.0	1.5
	33322	2	General Dentist	1 in 5 miles	8	2	100.0	0	0.0	0.6	0.7
			Specialists	1 in 5 miles	18	2	100.0	0	0.0	0.6	0.6
	33323	3	General Dentist	1 in 5 miles	67	3	100.0	0	0.0	0.8	1.1
			Specialists	1 in 5 miles	13	3	100.0	0	0.0	1.2	1.2
	33324	4	General Dentist	1 in 5 miles	100	4	100.0	0	0.0	0.8	0.8
			Specialists	1 in 5 miles	46	4	100.0	0	0.0	1.1	1.1
	33325	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	2.3	2.3
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	2.3	2.3
	33326	2	General Dentist	1 in 5 miles	9	2	100.0	0	0.0	0.9	0.9
			Specialists	1 in 5 miles	9	2	100.0	0	0.0	0.7	1.7
	33328	3	General Dentist	1 in 5 miles	90	3	100.0	0	0.0	0.5	0.7
			Specialists	1 in 5 miles	38	3	100.0	0	0.0	1.2	1.2
	33334	8	General Dentist	1 in 5 miles	0	8	100.0	0	0.0	1.3	1.6
			Specialists	1 in 5 miles	0	8	100.0	0	0.0	1.3	1.4
	33345	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	0.7	1.9
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	2.1	2.1
	33351	6	General Dentist	1 in 5 miles	5	6	100.0	0	0.0	0.7	1.2
			Specialists	1 in 5 miles	0	6	100.0	0	0.0	1.7	1.7
Fort Myers, FL	33901	1	General Dentist	1 in 5 miles	34	1	100.0	0	0.0	1.3	1.3
			Specialists	1 in 5 miles	3	1	100.0	0	0.0	1.3	1.3
Fort Pierce, FL	34949	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	4.5	4.5
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	4.2	4.5
Gainesville, FL	32606	1	General Dentist	1 in 5 miles	4	1	100.0	0	0.0	1.3	1.3
			Specialists	1 in 5 miles	5	1	100.0	0	0.0	1.7	1.7
Georgetown, KY	40324	1	General Dentist	1 in 5 miles	10	1	100.0	0	0.0	1.4	1.4
			Specialists	1 in 5 miles	6	1	100.0	0	0.0	0.8	0.8
Greenville, PA	16125	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	12.1	12.1
			Specialists	1 in 5 miles	1	1	100.0	0	0.0	0.3	12.4
Hallandale, FL	33009	1	General Dentist	1 in 5 miles	1	1	100.0	0	0.0	0.1	1.8
			Specialists	1 in 5 miles	4	1	100.0	0	0.0	0.9	1.0

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## Access Detail By Zip Code

March 31, 2017

Access Analysis

All Standard

Employee Group

All EEs

Provider Group

General Dentist

Specialists

All Employees											
City	Zip Code	Employee #	Provider			With Access		Without Access		Average Distance	
			Name	Standard	#	#	%	#	%	1	2
Hephzibah, GA	30815	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	102.0	102.0
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	88.1	88.1
Hermitage, TN	37076	1	General Dentist	1 in 5 miles	1	1	100.0	0	0.0	2.1	2.1
			Specialists	1 in 5 miles	10	1	100.0	0	0.0	1.7	1.7
Hernando, FL	34442	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	4.7	4.7
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	4.7	12.0
Hickory, NC	28602	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	31.2	31.7
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	29.7	31.6
Hobe Sound, FL	33455	2	General Dentist	1 in 5 miles	0	1	50.0	1	50.0	4.9	4.9
			Specialists	1 in 5 miles	0	1	50.0	1	50.0	4.9	4.9
Hollywood, FL	33019	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	1.8	1.8
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	2.0	2.0
	33020	2	General Dentist	1 in 5 miles	9	2	100.0	0	0.0	1.3	1.3
			Specialists	1 in 5 miles	0	2	100.0	0	0.0	1.6	2.2
	33021	3	General Dentist	1 in 5 miles	90	3	100.0	0	0.0	0.8	0.8
			Specialists	1 in 5 miles	39	3	100.0	0	0.0	0.4	0.7
	33022	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	1.4	1.4
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	2.1	2.1
	33029	1	General Dentist	1 in 5 miles	2	1	100.0	0	0.0	0.7	1.1
			Specialists	1 in 5 miles	4	1	100.0	0	0.0	1.1	1.2
	33081	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	1.3	1.3
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	0.8	0.8
Huntington, WV	25705	1	General Dentist	1 in 5 miles	8	1	100.0	0	0.0	1.2	1.2
			Specialists	1 in 5 miles	1	1	100.0	0	0.0	1.2	7.3
Indialantic, FL	32903	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	2.6	2.6
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	3.0	4.7
Inverness, FL	34450	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	5.4	5.4
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	5.4	17.0
	34452	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	4.4	4.4
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	4.4	15.1
Jacksonville, FL	32221	1	General Dentist	1 in 5 miles	14	1	100.0	0	0.0	3.2	3.2
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	5.6	5.6
Jamaica, NY	11432	1	General Dentist	1 in 5 miles	17	1	100.0	0	0.0	0.1	0.1
			Specialists	1 in 5 miles	1	1	100.0	0	0.0	0.4	1.5
Jupiter, FL	33458	1	General Dentist	1 in 5 miles	181	1	100.0	0	0.0	1.0	1.0
			Specialists	1 in 5 miles	94	1	100.0	0	0.0	1.0	1.0
	33478	3	General Dentist	1 in 5 miles	0	2	66.7	1	33.3	5.1	5.1
			Specialists	1 in 5 miles	0	2	66.7	1	33.3	5.1	5.1
Knoxville, TN	37918	1	General Dentist	1 in 5 miles	2	1	100.0	0	0.0	0.8	2.2
			Specialists	1 in 5 miles	4	1	100.0	0	0.0	1.5	1.5

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Network Analysis - All Employees

## Access Detail By Zip Code

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March 31, 2017

Access Analysis  
All Standard  
Employee Group  
All EEs  
Provider Group  
General Dentist  
Specialists

All Employees											
City	Zip Code	Employee	Provider			With Access		Without Access		Average Distance	
		#	Name	Standard	#	#	%	#	%	1	2
Lady Lake, FL	32159	2	General Dentist	1 in 5 miles	0	0	0.0	2	100.0	8.6	8.6
			Specialists	1 in 5 miles	0	2	100.0	0	0.0	4.3	8.6
Lake Mary, FL	32746	1	General Dentist	1 in 5 miles	24	1	100.0	0	0.0	0.2	0.2
			Specialists	1 in 5 miles	13	1	100.0	0	0.0	0.2	0.2
Lake Placid, FL	33852	3	General Dentist	1 in 5 miles	0	0	0.0	3	100.0	47.6	47.6
			Specialists	1 in 5 miles	0	0	0.0	3	100.0	47.9	47.9
Lake Worth, FL	33467	2	General Dentist	1 in 5 miles	86	2	100.0	0	0.0	1.2	1.3
			Specialists	1 in 5 miles	31	2	100.0	0	0.0	3.0	3.0
Lakeland, FL	33809	1	General Dentist	1 in 5 miles	81	1	100.0	0	0.0	2.1	2.1
			Specialists	1 in 5 miles	37	1	100.0	0	0.0	2.1	2.6
Landrum, SC	29356	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	32.2	33.3
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	61.7	61.7
Live Oak, FL	32060	2	General Dentist	1 in 5 miles	0	0	0.0	2	100.0	57.5	57.5
			Specialists	1 in 5 miles	0	0	0.0	2	100.0	57.4	57.4
McDonough, GA	30252	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	9.1	9.1
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	7.3	7.3
Miami, FL	33157	1	General Dentist	1 in 5 miles	2	1	100.0	0	0.0	0.3	0.7
			Specialists	1 in 5 miles	4	1	100.0	0	0.0	0.6	0.6
	33169	1	General Dentist	1 in 5 miles	1	1	100.0	0	0.0	1.9	1.9
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	1.9	1.9
	33179	1	General Dentist	1 in 5 miles	93	1	100.0	0	0.0	0.5	0.5
			Specialists	1 in 5 miles	44	1	100.0	0	0.0	0.6	0.6
	33189	1	General Dentist	1 in 5 miles	68	1	100.0	0	0.0	0.4	0.4
			Specialists	1 in 5 miles	14	1	100.0	0	0.0	0.4	0.4
Missouri City, TX	77459	1	General Dentist	1 in 5 miles	65	1	100.0	0	0.0	0.4	0.4
			Specialists	1 in 5 miles	35	1	100.0	0	0.0	0.4	0.4
Navarre, OH	44662	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	5.7	5.7
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	5.7	5.7
New Smyrna Beach	32169	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	2.4	2.4
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	9.9	9.9
Ocala, FL	34478	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	2.0	2.0
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	1.1	1.3
Okeechobee, FL	34974	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	27.2	27.2
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	27.2	27.2
Painesville, OH	44077	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	3.5	3.5
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	3.5	3.5
Palm Bay, FL	32909	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	5.1	5.1
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	3.6	5.1
Pensacola, FL	32514	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	176.7	176.7
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	176.7	177.5

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## Access Detail By Zip Code

March 31, 2017

Access Analysis

All Standard

Employee Group

All EEs

Provider Group

General Dentist

Specialists

All Employees											
City	Zip Code	Employee #	Provider			With Access		Without Access		Average Distance	
			Name	Standard	#	#	%	#	%	1	2
Pompano Beach, FL	33060	3	General Dentist	1 in 5 miles	1	3	100.0	0	0.0	1.1	1.8
			Specialists	1 in 5 miles	1	3	100.0	0	0.0	1.1	1.9
	33062	4	General Dentist	1 in 5 miles	86	4	100.0	0	0.0	0.9	1.3
			Specialists	1 in 5 miles	34	4	100.0	0	0.0	0.9	1.3
	33063	8	General Dentist	1 in 5 miles	7	8	100.0	0	0.0	0.6	0.7
			Specialists	1 in 5 miles	5	8	100.0	0	0.0	0.7	0.7
	33064	4	General Dentist	1 in 5 miles	2	4	100.0	0	0.0	0.8	1.5
			Specialists	1 in 5 miles	1	4	100.0	0	0.0	0.9	1.7
	33065	2	General Dentist	1 in 5 miles	10	2	100.0	0	0.0	0.8	1.3
			Specialists	1 in 5 miles	11	2	100.0	0	0.0	0.8	1.3
	33066	2	General Dentist	1 in 5 miles	0	2	100.0	0	0.0	1.5	1.8
			Specialists	1 in 5 miles	0	2	100.0	0	0.0	1.8	2.1
	33067	1	General Dentist	1 in 5 miles	27	1	100.0	0	0.0	0.6	1.5
			Specialists	1 in 5 miles	7	1	100.0	0	0.0	1.7	1.7
	33068	5	General Dentist	1 in 5 miles	24	5	100.0	0	0.0	0.8	1.1
			Specialists	1 in 5 miles	0	5	100.0	0	0.0	1.6	1.6
	33069	2	General Dentist	1 in 5 miles	0	2	100.0	0	0.0	2.5	2.9
			Specialists	1 in 5 miles	0	2	100.0	0	0.0	2.8	3.1
	33071	2	General Dentist	1 in 5 miles	95	2	100.0	0	0.0	0.5	0.5
			Specialists	1 in 5 miles	52	2	100.0	0	0.0	0.5	0.5
Port Saint Lucie, FL	34953	3	General Dentist	1 in 5 miles	0	3	100.0	0	0.0	3.6	3.6
			Specialists	1 in 5 miles	0	3	100.0	0	0.0	3.6	3.6
	34983	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	2.1	2.1
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	2.1	2.1
	34984	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	4.2	4.2
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	4.6	4.6
Powder Springs, GA	34987	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	3.4	3.4
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	3.4	3.4
	30127	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	2.8	2.8
			Specialists	1 in 5 miles	2	1	100.0	0	0.0	1.5	1.5
Purvis, MS	39475	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	265.7	266.7
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	267.7	267.7
Saint Augustine, FL	32086	1	General Dentist	1 in 5 miles	11	1	100.0	0	0.0	1.4	1.4
			Specialists	1 in 5 miles	6	1	100.0	0	0.0	1.4	1.4
Sautee Nacoochee,	30571	2	General Dentist	1 in 5 miles	0	0	0.0	2	100.0	28.1	28.1
			Specialists	1 in 5 miles	0	0	0.0	2	100.0	28.1	28.9
Seminole, FL	33776	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	3.8	3.8
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	1.8	2.6
Stuart, FL	34994	1	General Dentist	1 in 5 miles	96	1	100.0	0	0.0	2.4	2.4
			Specialists	1 in 5 miles	54	1	100.0	0	0.0	0.9	0.9

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## Access Detail By Zip Code

## Access Analysis

All Standard

Employee Group

All EEs

Provider Group

General Dentist

## Specialists

[illegible]

# ***A report on the accessibility of the***

## ***Aetna DMO***

### ***City of Fort Lauderdale - All***

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*March 31, 2017*

March 31, 2017

Report Contents

Access Summary By City . . . . . 3  
All EEs: General Dentist, All EEs: Specialists

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All EEs: General Dentist, All EEs: Specialists

## Access Summary By City

March 31, 2017

Access Analysis

All Standard

Employee Group

All EEs

Provider Group

General Dentist

Specialists

<sup>1</sup> Provider counts represent:

#: Provider access points

P: Unique providers

L: Unique provider locations

\*\* These records have been excluded from the analysis because of invalid zip codes.

All Employees									
Employee		Provider		Access Results			Average Distance		
Name	#	Group / Access Standard		#	%	Counts <sup>1</sup>	1	2	
All EEs	2,154	General Dentist	With	2,082	96.7	#: 78,349	1.1	1.3	
		1 in 5 miles	W/o	72	3.3	P: 78,349 L: 7,293	27.2	27.3	
		Specialists	With	2,084	96.8	#: 33,642	1.4	1.7	
** All EEs	5	General Dentist	With	0	0.0	#: 78,349	---	---	
		1 in 5 miles	W/o	0	0.0	P: 78,349 L: 7,293			
		Specialists	With	0	0.0	#: 33,642	---	---	
		1 in 5 miles	W/o	0	0.0	L: 7,301			

Key Geographic Areas								
City	Employee	Provider		Access Results			Average Distance	
	#	Group / Access Standard			#	%	1	2
Fort Lauderdale, FL	1,108	General Dentist	With	1,108	100.0	1.0	1.2	
		1 in 5 miles	W/o	0	0.0	--	--	
		Specialists	With	1,108	100.0	1.5	1.8	
Pompano Beach, FL	342	General Dentist	With	342	100.0	1.0	1.2	
		1 in 5 miles	W/o	0	0.0	--	--	
		Specialists	With	342	100.0	1.1	1.3	
Hollywood, FL	207	General Dentist	With	207	100.0	0.9	1.1	
		1 in 5 miles	W/o	0	0.0	--	--	
		Specialists	With	207	100.0	1.1	1.3	
Miami, FL	72	General Dentist	With	72	100.0	1.1	1.3	
		1 in 5 miles	W/o	0	0.0	--	--	
		Specialists	With	71	98.6	1.5	1.6	
Boca Raton, FL	45	General Dentist	With	45	100.0	1.7	2.0	
		1 in 5 miles	W/o	0	0.0	--	--	
		Specialists	With	45	100.0	1.2	1.4	
Deerfield Beach, FL	35	General Dentist	With	35	100.0	0.8	1.5	
		1 in 5 miles	W/o	0	0.0	--	--	

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## Access Detail By Zip Code

March 31, 2017

Access Analysis

All Standard

Employee Group

All EEs

Provider Group

General Dentist

Specialists

\*\* These records have been excluded from the analysis because of invalid zip codes.

All Employees											
City	Zip Code	Employee #	Provider			With Access		Without Access		Average Distance	
			Name	Standard	#	#	%	#	%	1	2
Advance, NC	27006	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	5.1	5.1
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	5.1	5.1
Albertville, AL	35951	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	72.8	72.8
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	72.0	72.0
Altamonte Springs, FL	32714	1	General Dentist	1 in 5 miles	91	1	100.0	0	0.0	0.3	0.3
			Specialists	1 in 5 miles	45	1	100.0	0	0.0	1.1	1.1
Anacortes, WA	98221	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	18.1	18.1
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	21.6	21.6
Arlington, TX	76001	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	2.9	3.0
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	1.8	2.0
Astor, FL	32102	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	16.3	16.3
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	16.3	16.3
Atlanta, GA	30342	1	General Dentist	1 in 5 miles	6	1	100.0	0	0.0	0.4	0.4
			Specialists	1 in 5 miles	27	1	100.0	0	0.0	1.1	1.1
Augusta, GA	30906	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	105.4	105.4
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	88.7	88.7
Austin, TX	78730	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	3.4	3.4
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	4.2	4.2
Bellefonte, PA	16823	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	9.6	9.6
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	31.8	31.8
Blairsville, GA	30512	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	40.2	40.2
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	22.5	35.1
Bloomingdale, NJ	07403	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	2.0	2.0
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	1.9	4.0
Boca Raton, FL	33428	17	General Dentist	1 in 5 miles	0	17	100.0	0	0.0	1.8	2.1
			Specialists	1 in 5 miles	1	17	100.0	0	0.0	1.4	1.8
	33431	2	General Dentist	1 in 5 miles	82	2	100.0	0	0.0	1.3	1.6
			Specialists	1 in 5 miles	32	2	100.0	0	0.0	1.6	1.6
	33432	4	General Dentist	1 in 5 miles	0	4	100.0	0	0.0	2.6	3.3
			Specialists	1 in 5 miles	2	4	100.0	0	0.0	0.6	1.0
	33433	4	General Dentist	1 in 5 miles	1	4	100.0	0	0.0	0.9	1.6
			Specialists	1 in 5 miles	4	4	100.0	0	0.0	0.7	0.9
	33434	2	General Dentist	1 in 5 miles	84	2	100.0	0	0.0	1.2	1.2
			Specialists	1 in 5 miles	34	2	100.0	0	0.0	1.2	1.2
	33486	9	General Dentist	1 in 5 miles	0	9	100.0	0	0.0	2.1	2.3
			Specialists	1 in 5 miles	2	9	100.0	0	0.0	1.0	1.1
	33487	3	General Dentist	1 in 5 miles	3	3	100.0	0	0.0	0.8	1.1
			Specialists	1 in 5 miles	0	3	100.0	0	0.0	1.5	1.5
	33498	4	General Dentist	1 in 5 miles	0	4	100.0	0	0.0	1.5	1.5
			Specialists	1 in 5 miles	10	4	100.0	0	0.0	1.2	1.2

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Network Analysis - All Employees

## Access Detail By Zip Code

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March 31, 2017

Access Analysis  
All Standard  
Employee Group  
All EEs  
Provider Group  
General Dentist  
Specialists

\*\* These records have been excluded from the analysis because of invalid zip codes.

All Employees											
City	Zip Code	Employee #	Provider			With Access		Without Access		Average Distance	
			Name	Standard	#	#	%	#	%	1	2
Bothell, WA	98012	1	General Dentist	1 in 5 miles	2	1	100.0	0	0.0	1.4	1.4
			Specialists	1 in 5 miles	4	1	100.0	0	0.0	1.4	1.4
Boulder, CO	80305	1	General Dentist	1 in 5 miles	47	1	100.0	0	0.0	0.2	0.2
			Specialists	1 in 5 miles	1	1	100.0	0	0.0	1.1	2.7
Boynton Beach, FL	33424	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	0.6	0.6
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	0.6	0.6
	33426	2	General Dentist	1 in 5 miles	96	2	100.0	0	0.0	1.0	1.0
			Specialists	1 in 5 miles	40	2	100.0	0	0.0	1.0	1.0
	33435	4	General Dentist	1 in 5 miles	82	4	100.0	0	0.0	1.1	1.1
			Specialists	1 in 5 miles	32	4	100.0	0	0.0	1.1	1.1
	33436	5	General Dentist	1 in 5 miles	0	5	100.0	0	0.0	1.4	1.4
			Specialists	1 in 5 miles	2	5	100.0	0	0.0	0.9	0.9
	33437	5	General Dentist	1 in 5 miles	0	5	100.0	0	0.0	3.2	3.2
			Specialists	1 in 5 miles	3	5	100.0	0	0.0	0.8	0.9
	33472	6	General Dentist	1 in 5 miles	0	6	100.0	0	0.0	2.7	2.7
			Specialists	1 in 5 miles	0	6	100.0	0	0.0	1.4	1.4
Bronson, FL	33473	2	General Dentist	1 in 5 miles	0	2	100.0	0	0.0	3.2	3.2
			Specialists	1 in 5 miles	0	2	100.0	0	0.0	1.8	1.9
	32621	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	18.5	18.5
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	18.2	18.2
	03816	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	61.9	62.0
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	58.6	58.6
	32428	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	78.2	78.2
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	78.2	79.2
	34711	1	General Dentist	1 in 5 miles	78	1	100.0	0	0.0	1.2	1.2
			Specialists	1 in 5 miles	35	1	100.0	0	0.0	1.2	1.2
	12065	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	6.4	6.4
			Specialists	1 in 5 miles	10	1	100.0	0	0.0	1.3	1.3
Dania, FL	33004	15	General Dentist	1 in 5 miles	23	15	100.0	0	0.0	1.3	1.3
			Specialists	1 in 5 miles	0	15	100.0	0	0.0	2.2	2.5
Daytona Beach, FL	32118	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	2.7	2.7
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	2.7	2.7
Deerfield Beach, FL	33441	18	General Dentist	1 in 5 miles	1	18	100.0	0	0.0	0.8	2.0
			Specialists	1 in 5 miles	1	18	100.0	0	0.0	0.8	1.9
	33442	16	General Dentist	1 in 5 miles	85	16	100.0	0	0.0	0.9	1.0
			Specialists	1 in 5 miles	42	16	100.0	0	0.0	1.0	1.0
	33443	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	0.9	1.8
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	0.9	1.8
Deland, FL	32724	1	General Dentist	1 in 5 miles	2	1	100.0	0	0.0	1.7	1.7
			Specialists	1 in 5 miles	2	1	100.0	0	0.0	1.7	1.7

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## Access Detail By Zip Code

March 31, 2017

Access Analysis

All Standard

Employee Group

All EEs

Provider Group

General Dentist

Specialists

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All Employees											
City	Zip Code	Employee	Provider			With Access		Without Access		Average Distance	
		#	Name	Standard	#	#	%	#	%	1	2
Delray Beach, FL	33444	2	General Dentist	1 in 5 miles	76	2	100.0	0	0.0	0.6	0.8
			Specialists	1 in 5 miles	29	2	100.0	0	0.0	0.7	0.7
	33445	2	General Dentist	1 in 5 miles	1	2	100.0	0	0.0	0.6	2.2
			Specialists	1 in 5 miles	3	2	100.0	0	0.0	0.6	0.6
	33446	2	General Dentist	1 in 5 miles	79	2	100.0	0	0.0	2.1	2.1
			Specialists	1 in 5 miles	30	2	100.0	0	0.0	0.9	2.1
	33482	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	1.6	1.6
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	1.6	1.6
	33483	2	General Dentist	1 in 5 miles	16	2	100.0	0	0.0	0.8	1.4
			Specialists	1 in 5 miles	19	2	100.0	0	0.0	0.2	0.6
Estero, FL	33484	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	1.3	1.3
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	1.0	1.3
		1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	3.1	3.1
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	2.9	2.9
Fernandina Beach, FL	32034	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	17.8	17.8
			Specialists	1 in 5 miles	3	1	100.0	0	0.0	0.2	0.2
Flat Rock, NC	28731	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	20.2	21.3
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	70.3	70.3
Fleming Island, FL	32003	1	General Dentist	1 in 5 miles	52	1	100.0	0	0.0	0.5	0.5
			Specialists	1 in 5 miles	28	1	100.0	0	0.0	0.5	0.5
Fort Lauderdale, FL	33301	15	General Dentist	1 in 5 miles	85	15	100.0	0	0.0	0.7	0.8
			Specialists	1 in 5 miles	30	15	100.0	0	0.0	0.5	0.9
	33302	6	General Dentist	1 in 5 miles	0	6	100.0	0	0.0	0.3	0.3
			Specialists	1 in 5 miles	0	6	100.0	0	0.0	0.3	0.3
	33303	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	0.8	0.8
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	0.2	0.8
	33304	33	General Dentist	1 in 5 miles	8	33	100.0	0	0.0	0.5	0.5
			Specialists	1 in 5 miles	5	33	100.0	0	0.0	0.6	0.6
	33305	26	General Dentist	1 in 5 miles	0	26	100.0	0	0.0	1.1	1.1
			Specialists	1 in 5 miles	1	26	100.0	0	0.0	0.8	1.1
	33306	11	General Dentist	1 in 5 miles	4	11	100.0	0	0.0	0.5	0.5
			Specialists	1 in 5 miles	4	11	100.0	0	0.0	0.4	0.5
	33307	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	1.0	1.5
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	0.8	1.5
	33308	46	General Dentist	1 in 5 miles	104	46	100.0	0	0.0	0.5	0.6
			Specialists	1 in 5 miles	37	46	100.0	0	0.0	0.5	0.5
	33309	77	General Dentist	1 in 5 miles	0	77	100.0	0	0.0	1.5	1.5
			Specialists	1 in 5 miles	0	77	100.0	0	0.0	2.8	3.0
	33310	2	General Dentist	1 in 5 miles	0	2	100.0	0	0.0	0.5	0.5
			Specialists	1 in 5 miles	0	2	100.0	0	0.0	2.8	3.2

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## Access Detail By Zip Code

March 31, 2017

Access Analysis

All Standard

Employee Group

All EEs

Provider Group

General Dentist

Specialists

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All Employees											
City	Zip Code	Employee #	Provider			With Access		Without Access		Average Distance	
			Name	Standard	#	#	%	#	%	1	2
Fort Lauderdale, FL	33311	189	General Dentist	1 in 5 miles	3	189	100.0	0	0.0	1.0	1.0
			Specialists	1 in 5 miles	0	189	100.0	0	0.0	1.7	2.3
	33312	89	General Dentist	1 in 5 miles	8	89	100.0	0	0.0	1.5	1.5
			Specialists	1 in 5 miles	2	89	100.0	0	0.0	1.6	2.5
	33313	59	General Dentist	1 in 5 miles	8	59	100.0	0	0.0	0.6	0.9
			Specialists	1 in 5 miles	0	59	100.0	0	0.0	1.8	2.0
	33314	24	General Dentist	1 in 5 miles	0	24	100.0	0	0.0	1.6	1.7
			Specialists	1 in 5 miles	0	24	100.0	0	0.0	1.9	2.0
	33315	36	General Dentist	1 in 5 miles	0	36	100.0	0	0.0	1.0	1.2
			Specialists	1 in 5 miles	0	36	100.0	0	0.0	2.2	2.3
	33316	13	General Dentist	1 in 5 miles	2	13	100.0	0	0.0	0.8	1.0
			Specialists	1 in 5 miles	0	13	100.0	0	0.0	1.5	2.0
	33317	49	General Dentist	1 in 5 miles	8	49	100.0	0	0.0	0.8	1.0
			Specialists	1 in 5 miles	21	49	100.0	0	0.0	0.9	1.6
	33318	2	General Dentist	1 in 5 miles	0	2	100.0	0	0.0	0.1	0.1
			Specialists	1 in 5 miles	0	2	100.0	0	0.0	0.1	0.1
	33319	54	General Dentist	1 in 5 miles	14	54	100.0	0	0.0	0.7	0.9
			Specialists	1 in 5 miles	6	54	100.0	0	0.0	1.9	1.9
	33321	51	General Dentist	1 in 5 miles	33	51	100.0	0	0.0	0.8	1.4
			Specialists	1 in 5 miles	12	51	100.0	0	0.0	0.9	1.4
	33322	35	General Dentist	1 in 5 miles	8	35	100.0	0	0.0	0.9	0.9
			Specialists	1 in 5 miles	18	35	100.0	0	0.0	0.8	0.8
	33323	21	General Dentist	1 in 5 miles	67	21	100.0	0	0.0	0.9	1.2
			Specialists	1 in 5 miles	13	21	100.0	0	0.0	1.3	1.3
	33324	46	General Dentist	1 in 5 miles	100	46	100.0	0	0.0	1.0	1.0
			Specialists	1 in 5 miles	46	46	100.0	0	0.0	1.1	1.1
	33325	36	General Dentist	1 in 5 miles	0	36	100.0	0	0.0	2.0	2.1
			Specialists	1 in 5 miles	0	36	100.0	0	0.0	1.9	2.2
	33326	8	General Dentist	1 in 5 miles	9	8	100.0	0	0.0	1.0	1.0
			Specialists	1 in 5 miles	9	8	100.0	0	0.0	1.1	1.8
	33327	6	General Dentist	1 in 5 miles	0	6	100.0	0	0.0	1.5	1.5
			Specialists	1 in 5 miles	0	6	100.0	0	0.0	3.4	3.5
	33328	37	General Dentist	1 in 5 miles	90	37	100.0	0	0.0	0.7	0.9
			Specialists	1 in 5 miles	38	37	100.0	0	0.0	1.0	1.0
	33329	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	0.9	1.3
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	1.3	1.3
	33330	11	General Dentist	1 in 5 miles	0	11	100.0	0	0.0	1.7	1.7
			Specialists	1 in 5 miles	1	11	100.0	0	0.0	1.1	1.7
	33331	12	General Dentist	1 in 5 miles	15	12	100.0	0	0.0	1.6	1.6
			Specialists	1 in 5 miles	5	12	100.0	0	0.0	1.5	1.6

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## Access Detail By Zip Code

March 31, 2017

Access Analysis

All Standard

Employee Group

All EEs

Provider Group

General Dentist

Specialists

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All Employees											
City	Zip Code	Employee #	Provider			With Access		Without Access		Average Distance	
			Name	Standard	#	#	%	#	%	1	2
Fort Lauderdale, FL	33332	5	General Dentist	1 in 5 miles	0	5	100.0	0	0.0	2.6	2.7
			Specialists	1 in 5 miles	0	5	100.0	0	0.0	2.6	2.6
	33334	57	General Dentist	1 in 5 miles	0	57	100.0	0	0.0	1.2	1.6
			Specialists	1 in 5 miles	0	57	100.0	0	0.0	1.1	1.4
	33335	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	1.0	1.5
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	0.8	1.5
	33338	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	0.1	0.1
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	0.1	0.1
	33345	2	General Dentist	1 in 5 miles	0	2	100.0	0	0.0	0.7	1.9
			Specialists	1 in 5 miles	0	2	100.0	0	0.0	2.1	2.1
	33346	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	0.8	0.8
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	1.5	2.0
	33348	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	0.4	0.4
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	0.3	0.3
	33351	43	General Dentist	1 in 5 miles	5	43	100.0	0	0.0	0.6	1.0
			Specialists	1 in 5 miles	0	43	100.0	0	0.0	1.5	1.5
Fort Myers, FL	33901	1	General Dentist	1 in 5 miles	34	1	100.0	0	0.0	1.3	1.3
			Specialists	1 in 5 miles	3	1	100.0	0	0.0	1.3	1.3
Fort Pierce, FL	34949	2	General Dentist	1 in 5 miles	0	2	100.0	0	0.0	4.0	4.0
			Specialists	1 in 5 miles	0	2	100.0	0	0.0	3.7	4.0
Gainesville, FL	32605	1	General Dentist	1 in 5 miles	12	1	100.0	0	0.0	1.8	1.8
			Specialists	1 in 5 miles	1	1	100.0	0	0.0	1.3	1.3
	32606	1	General Dentist	1 in 5 miles	4	1	100.0	0	0.0	1.3	1.3
			Specialists	1 in 5 miles	5	1	100.0	0	0.0	1.7	1.7
Georgetown, KY	40324	1	General Dentist	1 in 5 miles	10	1	100.0	0	0.0	1.4	1.4
			Specialists	1 in 5 miles	6	1	100.0	0	0.0	0.8	0.8
Greenville, PA	16125	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	12.1	12.1
			Specialists	1 in 5 miles	1	1	100.0	0	0.0	0.3	12.4
Hallandale, FL	33008	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	0.4	1.3
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	0.6	0.6
	33009	6	General Dentist	1 in 5 miles	1	6	100.0	0	0.0	0.8	2.0
			Specialists	1 in 5 miles	4	6	100.0	0	0.0	1.0	1.0
Hephzibah, GA	30815	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	102.0	102.0
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	88.1	88.1
Hermitage, TN	37076	1	General Dentist	1 in 5 miles	1	1	100.0	0	0.0	2.1	2.1
			Specialists	1 in 5 miles	10	1	100.0	0	0.0	1.7	1.7
Hernando, FL	34442	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	4.7	4.7
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	4.7	12.0
Hialeah, FL	33012	2	General Dentist	1 in 5 miles	102	2	100.0	0	0.0	0.2	0.4
			Specialists	1 in 5 miles	19	2	100.0	0	0.0	0.6	0.6

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## Access Detail By Zip Code

March 31, 2017

Access Analysis

All Standard

Employee Group

All EEs

Provider Group

General Dentist

Specialists

\*\* These records have been excluded from the analysis because of invalid zip codes.

All Employees											
City	Zip Code	Employee #	Provider			With Access		Without Access		Average Distance	
			Name	Standard	#	#	%	#	%	1	2
Hialeah, FL	33014	1	General Dentist	1 in 5 miles	17	1	100.0	0	0.0	0.9	0.9
			Specialists	1 in 5 miles	19	1	100.0	0	0.0	0.9	1.0
	33015	7	General Dentist	1 in 5 miles	1	7	100.0	0	0.0	1.2	1.2
			Specialists	1 in 5 miles	0	7	100.0	0	0.0	1.2	1.2
	33016	1	General Dentist	1 in 5 miles	19	1	100.0	0	0.0	0.5	0.5
			Specialists	1 in 5 miles	26	1	100.0	0	0.0	0.5	0.5
Hickory, NC	33018	3	General Dentist	1 in 5 miles	5	3	100.0	0	0.0	1.6	1.6
			Specialists	1 in 5 miles	0	3	100.0	0	0.0	1.7	1.9
	28602	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	31.2	31.7
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	29.7	31.6
	33455	3	General Dentist	1 in 5 miles	0	2	66.7	1	33.3	3.8	3.8
			Specialists	1 in 5 miles	0	2	66.7	1	33.3	3.8	3.8
Hollywood, FL	33019	8	General Dentist	1 in 5 miles	0	8	100.0	0	0.0	1.2	1.2
			Specialists	1 in 5 miles	0	8	100.0	0	0.0	2.7	2.7
	33020	20	General Dentist	1 in 5 miles	9	20	100.0	0	0.0	1.1	1.2
			Specialists	1 in 5 miles	0	20	100.0	0	0.0	1.9	2.0
	33021	25	General Dentist	1 in 5 miles	90	25	100.0	0	0.0	0.7	0.7
			Specialists	1 in 5 miles	39	25	100.0	0	0.0	0.5	0.7
	33022	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	1.4	1.4
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	2.1	2.1
	33023	32	General Dentist	1 in 5 miles	6	32	100.0	0	0.0	0.9	1.0
			Specialists	1 in 5 miles	1	32	100.0	0	0.0	1.1	1.4
	33024	37	General Dentist	1 in 5 miles	11	37	100.0	0	0.0	0.7	1.0
			Specialists	1 in 5 miles	22	37	100.0	0	0.0	0.9	1.2
	33025	26	General Dentist	1 in 5 miles	13	26	100.0	0	0.0	1.3	1.4
			Specialists	1 in 5 miles	11	26	100.0	0	0.0	1.2	1.3
	33026	20	General Dentist	1 in 5 miles	98	20	100.0	0	0.0	0.6	0.7
			Specialists	1 in 5 miles	39	20	100.0	0	0.0	0.6	0.7
	33027	18	General Dentist	1 in 5 miles	100	18	100.0	0	0.0	1.2	1.3
			Specialists	1 in 5 miles	54	18	100.0	0	0.0	1.4	1.4
	33029	19	General Dentist	1 in 5 miles	2	19	100.0	0	0.0	1.0	1.3
			Specialists	1 in 5 miles	4	19	100.0	0	0.0	1.1	1.2
	33081	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	1.3	1.3
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	0.8	0.8
Homestead, FL	33031	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	4.7	4.7
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	3.3	4.7
	33033	1	General Dentist	1 in 5 miles	6	1	100.0	0	0.0	0.6	0.6
			Specialists	1 in 5 miles	11	1	100.0	0	0.0	0.6	0.6
Huntington, WV	25705	1	General Dentist	1 in 5 miles	8	1	100.0	0	0.0	1.2	1.2
			Specialists	1 in 5 miles	1	1	100.0	0	0.0	1.2	7.3

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## Access Detail By Zip Code

March 31, 2017

Access Analysis

All Standard

Employee Group

All EEs

Provider Group

General Dentist

Specialists

\*\* These records have been excluded from the analysis because of invalid zip codes.

All Employees											
City	Zip Code	Employee	Provider			With Access		Without Access		Average Distance	
		#	Name	Standard	#	#	%	#	%	1	2
Indialantic, FL	32903	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	2.6	2.6
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	3.0	4.7
Inverness, FL	34450	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	5.4	5.4
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	5.4	17.0
	34452	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	4.4	4.4
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	4.4	15.1
Jacksonville, FL	32221	1	General Dentist	1 in 5 miles	14	1	100.0	0	0.0	3.2	3.2
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	5.6	5.6
Jamaica, NY	11432	1	General Dentist	1 in 5 miles	17	1	100.0	0	0.0	0.1	0.1
			Specialists	1 in 5 miles	1	1	100.0	0	0.0	0.4	1.5
Jensen Beach, FL	34957	3	General Dentist	1 in 5 miles	8	3	100.0	0	0.0	3.1	3.1
			Specialists	1 in 5 miles	13	3	100.0	0	0.0	3.1	3.1
Jupiter, FL	33458	4	General Dentist	1 in 5 miles	181	4	100.0	0	0.0	1.2	1.2
			Specialists	1 in 5 miles	94	4	100.0	0	0.0	1.2	1.2
	33468	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	0.8	0.8
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	0.8	0.8
	33478	21	General Dentist	1 in 5 miles	0	9	42.9	12	57.1	5.5	5.5
			Specialists	1 in 5 miles	0	9	42.9	12	57.1	5.5	5.5
Key Largo, FL	33037	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	21.9	21.9
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	21.9	21.9
Knoxville, TN	37918	1	General Dentist	1 in 5 miles	2	1	100.0	0	0.0	0.8	2.2
			Specialists	1 in 5 miles	4	1	100.0	0	0.0	1.5	1.5
Lady Lake, FL	32159	2	General Dentist	1 in 5 miles	0	0	0.0	2	100.0	8.6	8.6
			Specialists	1 in 5 miles	0	2	100.0	0	0.0	4.3	8.6
Lake Mary, FL	32746	2	General Dentist	1 in 5 miles	24	2	100.0	0	0.0	0.4	0.4
			Specialists	1 in 5 miles	13	2	100.0	0	0.0	0.4	0.4
Lake Placid, FL	33852	3	General Dentist	1 in 5 miles	0	0	0.0	3	100.0	47.6	47.6
			Specialists	1 in 5 miles	0	0	0.0	3	100.0	47.9	47.9
Lake Worth, FL	33449	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	2.1	2.1
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	4.7	4.7
	33460	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	0.8	0.8
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	0.8	0.8
	33461	1	General Dentist	1 in 5 miles	85	1	100.0	0	0.0	1.5	1.5
			Specialists	1 in 5 miles	33	1	100.0	0	0.0	1.2	1.5
	33462	1	General Dentist	1 in 5 miles	1	1	100.0	0	0.0	1.6	1.6
			Specialists	1 in 5 miles	1	1	100.0	0	0.0	0.4	2.5
	33463	9	General Dentist	1 in 5 miles	2	9	100.0	0	0.0	1.0	1.1
			Specialists	1 in 5 miles	0	9	100.0	0	0.0	2.4	2.5
	33465	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	2.5	2.5
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	0.7	2.5

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## Access Detail By Zip Code

March 31, 2017

Access Analysis

All Standard

Employee Group

All EEs

Provider Group

General Dentist

Specialists

\*\* These records have been excluded from the analysis because of invalid zip codes.

All Employees											
City	Zip Code	Employee #	Provider			With Access		Without Access		Average Distance	
			Name	Standard	#	#	%	#	%	1	2
Lake Worth, FL	33467	16	General Dentist	1 in 5 miles	86	16	100.0	0	0.0	1.5	1.5
			Specialists	1 in 5 miles	31	16	100.0	0	0.0	2.6	2.6
Lakeland, FL	33809	1	General Dentist	1 in 5 miles	81	1	100.0	0	0.0	2.1	2.1
			Specialists	1 in 5 miles	37	1	100.0	0	0.0	2.1	2.6
Landrum, SC	29356	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	32.2	33.3
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	61.7	61.7
Live Oak, FL	32060	2	General Dentist	1 in 5 miles	0	0	0.0	2	100.0	57.5	57.5
			Specialists	1 in 5 miles	0	0	0.0	2	100.0	57.4	57.4
Loxahatchee, FL	33470	12	General Dentist	1 in 5 miles	0	4	33.3	8	66.7	6.3	6.3
			Specialists	1 in 5 miles	0	4	33.3	8	66.7	6.5	6.5
Marco Island, FL	34145	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	13.7	13.7
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	13.7	13.7
McDonough, GA	30252	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	9.1	9.1
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	7.3	7.3
Miami Beach, FL	33139	1	General Dentist	1 in 5 miles	2	1	100.0	0	0.0	0.3	0.5
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	1.9	1.9
	33140	1	General Dentist	1 in 5 miles	15	1	100.0	0	0.0	0.4	0.4
			Specialists	1 in 5 miles	29	1	100.0	0	0.0	0.4	0.4
	33141	2	General Dentist	1 in 5 miles	8	2	100.0	0	0.0	0.3	0.3
			Specialists	1 in 5 miles	9	2	100.0	0	0.0	0.5	0.5
Miami Gardens, FL	33056	4	General Dentist	1 in 5 miles	18	4	100.0	0	0.0	1.4	1.4
			Specialists	1 in 5 miles	17	4	100.0	0	0.0	1.4	1.4
Miami, FL	33127	1	General Dentist	1 in 5 miles	1	1	100.0	0	0.0	0.5	2.1
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	2.7	3.7
	33133	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	1.1	1.1
			Specialists	1 in 5 miles	4	1	100.0	0	0.0	1.1	1.1
	33136	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	1.1	1.1
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	3.0	3.0
	33137	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	1.2	2.6
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	2.6	3.2
	33144	1	General Dentist	1 in 5 miles	3	1	100.0	0	0.0	0.4	1.2
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	2.3	2.3
	33145	1	General Dentist	1 in 5 miles	18	1	100.0	0	0.0	0.2	0.2
			Specialists	1 in 5 miles	14	1	100.0	0	0.0	0.2	0.2
	33147	3	General Dentist	1 in 5 miles	2	3	100.0	0	0.0	0.7	0.7
			Specialists	1 in 5 miles	0	3	100.0	0	0.0	2.1	2.8
	33150	2	General Dentist	1 in 5 miles	0	2	100.0	0	0.0	0.7	1.6
			Specialists	1 in 5 miles	0	2	100.0	0	0.0	0.7	1.6
	33155	1	General Dentist	1 in 5 miles	92	1	100.0	0	0.0	0.1	0.1
			Specialists	1 in 5 miles	34	1	100.0	0	0.0	0.1	0.1

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## Access Detail By Zip Code

March 31, 2017

Access Analysis

All Standard

Employee Group

All EEs

Provider Group

General Dentist

Specialists

\*\* These records have been excluded from the analysis because of invalid zip codes.

All Employees											
City	Zip Code	Employee #	Provider			With Access		Without Access		Average Distance	
			Name	Standard	#	#	%	#	%	1	2
Miami, FL	33157	2	General Dentist	1 in 5 miles	2	2	100.0	0	0.0	0.6	0.8
			Specialists	1 in 5 miles	4	2	100.0	0	0.0	0.8	0.8
	33158	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	1.5	1.5
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	1.3	1.3
	33161	2	General Dentist	1 in 5 miles	0	2	100.0	0	0.0	1.4	1.5
			Specialists	1 in 5 miles	0	2	100.0	0	0.0	1.5	1.5
	33162	8	General Dentist	1 in 5 miles	12	8	100.0	0	0.0	0.5	0.6
			Specialists	1 in 5 miles	3	8	100.0	0	0.0	0.7	0.8
	33165	1	General Dentist	1 in 5 miles	4	1	100.0	0	0.0	1.0	1.0
			Specialists	1 in 5 miles	4	1	100.0	0	0.0	0.7	0.7
	33167	4	General Dentist	1 in 5 miles	0	4	100.0	0	0.0	2.7	2.9
			Specialists	1 in 5 miles	0	4	100.0	0	0.0	2.9	3.0
	33168	2	General Dentist	1 in 5 miles	0	2	100.0	0	0.0	2.6	2.8
			Specialists	1 in 5 miles	0	2	100.0	0	0.0	2.7	2.8
	33169	10	General Dentist	1 in 5 miles	1	10	100.0	0	0.0	1.3	1.6
			Specialists	1 in 5 miles	0	10	100.0	0	0.0	1.7	1.7
	33173	3	General Dentist	1 in 5 miles	2	3	100.0	0	0.0	0.5	0.5
			Specialists	1 in 5 miles	2	3	100.0	0	0.0	0.9	1.0
	33177	1	General Dentist	1 in 5 miles	2	1	100.0	0	0.0	1.6	2.0
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	2.8	2.8
	33178	3	General Dentist	1 in 5 miles	9	3	100.0	0	0.0	2.6	2.6
			Specialists	1 in 5 miles	5	3	100.0	0	0.0	2.6	3.0
	33179	9	General Dentist	1 in 5 miles	93	9	100.0	0	0.0	0.7	0.7
			Specialists	1 in 5 miles	44	9	100.0	0	0.0	0.7	0.8
	33180	1	General Dentist	1 in 5 miles	32	1	100.0	0	0.0	0.1	0.2
			Specialists	1 in 5 miles	51	1	100.0	0	0.0	0.4	0.4
	33181	1	General Dentist	1 in 5 miles	13	1	100.0	0	0.0	0.6	1.2
			Specialists	1 in 5 miles	14	1	100.0	0	0.0	1.2	1.2
	33183	2	General Dentist	1 in 5 miles	1	2	100.0	0	0.0	1.3	1.4
			Specialists	1 in 5 miles	6	2	100.0	0	0.0	1.4	1.4
	33185	2	General Dentist	1 in 5 miles	2	2	100.0	0	0.0	1.0	1.0
			Specialists	1 in 5 miles	0	2	100.0	0	0.0	3.6	3.6
	33186	3	General Dentist	1 in 5 miles	17	3	100.0	0	0.0	0.8	0.8
			Specialists	1 in 5 miles	22	3	100.0	0	0.0	0.6	0.8
	33187	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	4.0	4.1
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	5.9	5.9
	33189	1	General Dentist	1 in 5 miles	68	1	100.0	0	0.0	0.4	0.4
			Specialists	1 in 5 miles	14	1	100.0	0	0.0	0.4	0.4
	33193	1	General Dentist	1 in 5 miles	4	1	100.0	0	0.0	0.2	0.2
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	1.3	1.8

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Network Analysis - All Employees

## Access Detail By Zip Code

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March 31, 2017

Access Analysis  
All Standard  
Employee Group  
All EEs  
Provider Group  
General Dentist  
Specialists

\*\* These records have been excluded from the analysis because of invalid zip codes.

All Employees											
City	Zip Code	Employee #	Provider			With Access		Without Access		Average Distance	
			Name	Standard	#	#	%	#	%	1	2
Miami, FL	33196	1	General Dentist	1 in 5 miles	2	1	100.0	0	0.0	1.7	1.7
			Specialists	1 in 5 miles	1	1	100.0	0	0.0	1.4	2.3
	33245	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	0.4	0.8
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	0.8	0.8
Missouri City, TX	77459	1	General Dentist	1 in 5 miles	65	1	100.0	0	0.0	0.4	0.4
			Specialists	1 in 5 miles	35	1	100.0	0	0.0	0.4	0.4
Navarre, OH	44662	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	5.7	5.7
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	5.7	5.7
New Smyrna Beach	32169	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	2.4	2.4
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	9.9	9.9
Newport Beach, CA	92663	1	General Dentist	1 in 5 miles	4	1	100.0	0	0.0	0.3	0.5
			Specialists	1 in 5 miles	2	1	100.0	0	0.0	0.5	0.6
North Miami Beach,	33160	6	General Dentist	1 in 5 miles	1	6	100.0	0	0.0	0.7	1.1
			Specialists	1 in 5 miles	0	6	100.0	0	0.0	1.1	1.1
Ocala, FL	34478	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	2.0	2.0
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	1.1	1.3
	34482	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	9.8	9.8
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	8.9	8.9
Okeechobee, FL	34974	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	27.2	27.2
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	27.2	27.2
Opa Locka, FL	33054	5	General Dentist	1 in 5 miles	0	5	100.0	0	0.0	1.3	1.3
			Specialists	1 in 5 miles	0	5	100.0	0	0.0	1.3	1.3
	33055	2	General Dentist	1 in 5 miles	3	2	100.0	0	0.0	1.0	1.0
			Specialists	1 in 5 miles	0	2	100.0	0	0.0	1.9	1.9
Orlando, FL	32803	1	General Dentist	1 in 5 miles	80	1	100.0	0	0.0	0.9	0.9
			Specialists	1 in 5 miles	42	1	100.0	0	0.0	0.9	0.9
	32809	1	General Dentist	1 in 5 miles	105	1	100.0	0	0.0	0.5	0.5
			Specialists	1 in 5 miles	38	1	100.0	0	0.0	0.9	1.3
Painesville, OH	44077	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	3.5	3.5
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	3.5	3.5
Palm Bay, FL	32909	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	5.1	5.1
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	3.6	5.1
Palm Beach Garder	33410	1	General Dentist	1 in 5 miles	4	1	100.0	0	0.0	1.4	1.4
			Specialists	1 in 5 miles	6	1	100.0	0	0.0	0.7	0.7
	33418	1	General Dentist	1 in 5 miles	1	1	100.0	0	0.0	2.4	3.3
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	3.0	3.0
Palm City, FL	34990	8	General Dentist	1 in 5 miles	3	8	100.0	0	0.0	2.0	2.0
			Specialists	1 in 5 miles	3	8	100.0	0	0.0	2.0	2.0
Pembroke Pines, FL	33028	14	General Dentist	1 in 5 miles	5	14	100.0	0	0.0	1.1	1.1
			Specialists	1 in 5 miles	3	14	100.0	0	0.0	0.8	1.1

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Network Analysis - All Employees

## Access Detail By Zip Code

14

March 31, 2017

Access Analysis  
All Standard  
Employee Group  
All EEs  
Provider Group  
General Dentist  
Specialists

\*\* These records have been excluded from the analysis because of invalid zip codes.

All Employees											
City	Zip Code	Employee #	Provider			With Access		Without Access		Average Distance	
			Name	Standard	#	#	%	#	%	1	2
Pensacola, FL	32514	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	176.7	176.7
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	176.7	177.5
Pompano Beach, FL	33060	36	General Dentist	1 in 5 miles	1	36	100.0	0	0.0	1.2	1.6
			Specialists	1 in 5 miles	1	36	100.0	0	0.0	1.2	1.6
	33061	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	0.4	1.1
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	0.4	1.1
	33062	17	General Dentist	1 in 5 miles	86	17	100.0	0	0.0	0.8	1.0
			Specialists	1 in 5 miles	34	17	100.0	0	0.0	0.8	1.0
	33063	51	General Dentist	1 in 5 miles	7	51	100.0	0	0.0	0.8	0.9
			Specialists	1 in 5 miles	5	51	100.0	0	0.0	0.8	0.9
	33064	32	General Dentist	1 in 5 miles	2	32	100.0	0	0.0	0.9	1.7
			Specialists	1 in 5 miles	1	32	100.0	0	0.0	1.3	1.8
	33065	34	General Dentist	1 in 5 miles	10	34	100.0	0	0.0	0.8	1.2
			Specialists	1 in 5 miles	11	34	100.0	0	0.0	0.9	1.2
	33066	15	General Dentist	1 in 5 miles	0	15	100.0	0	0.0	1.3	1.6
			Specialists	1 in 5 miles	0	15	100.0	0	0.0	1.6	1.7
	33067	24	General Dentist	1 in 5 miles	27	24	100.0	0	0.0	0.9	1.3
			Specialists	1 in 5 miles	7	24	100.0	0	0.0	1.3	1.3
	33068	41	General Dentist	1 in 5 miles	24	41	100.0	0	0.0	0.7	0.9
			Specialists	1 in 5 miles	0	41	100.0	0	0.0	1.2	1.2
	33069	21	General Dentist	1 in 5 miles	0	21	100.0	0	0.0	2.3	2.6
			Specialists	1 in 5 miles	0	21	100.0	0	0.0	2.6	2.8
	33071	25	General Dentist	1 in 5 miles	95	25	100.0	0	0.0	1.0	1.0
			Specialists	1 in 5 miles	52	25	100.0	0	0.0	0.8	0.9
	33073	29	General Dentist	1 in 5 miles	97	29	100.0	0	0.0	0.6	0.6
			Specialists	1 in 5 miles	45	29	100.0	0	0.0	0.6	0.7
	33074	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	1.0	2.5
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	2.5	2.5
	33076	15	General Dentist	1 in 5 miles	86	15	100.0	0	0.0	0.9	0.9
			Specialists	1 in 5 miles	35	15	100.0	0	0.0	0.9	0.9
Port Saint Lucie, FL	34953	13	General Dentist	1 in 5 miles	0	11	84.6	2	15.4	3.8	3.8
			Specialists	1 in 5 miles	0	11	84.6	2	15.4	3.8	3.8
	34983	2	General Dentist	1 in 5 miles	0	2	100.0	0	0.0	1.8	1.8
			Specialists	1 in 5 miles	0	2	100.0	0	0.0	2.1	2.1
	34984	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	4.2	4.2
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	4.6	4.6
	34986	2	General Dentist	1 in 5 miles	87	2	100.0	0	0.0	0.7	0.7
			Specialists	1 in 5 miles	50	2	100.0	0	0.0	0.8	0.8
	34987	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	3.4	3.4
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	3.4	3.4

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Continued on next page...

## Access Detail By Zip Code

March 31, 2017

Access Analysis

All Standard

Employee Group

All EEs

Provider Group

General Dentist

Specialists

\*\* These records have been excluded from the analysis because of invalid zip codes.

All Employees											
City	Zip Code	Employee	Provider			With Access		Without Access		Average Distance	
		#	Name	Standard	#	#	%	#	%	1	2
Powder Springs, GA	30127	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	2.8	2.8
			Specialists	1 in 5 miles	2	1	100.0	0	0.0	1.5	1.5
Purvis, MS	39475	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	265.7	266.7
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	267.7	267.7
Saint Augustine, FL	32086	1	General Dentist	1 in 5 miles	11	1	100.0	0	0.0	1.4	1.4
			Specialists	1 in 5 miles	6	1	100.0	0	0.0	1.4	1.4
Sanford, FL	32773	1	General Dentist	1 in 5 miles	77	1	100.0	0	0.0	0.6	0.6
			Specialists	1 in 5 miles	34	1	100.0	0	0.0	0.6	0.6
Sautee Nacoochee, GA	30571	2	General Dentist	1 in 5 miles	0	0	0.0	2	100.0	28.1	28.1
			Specialists	1 in 5 miles	0	0	0.0	2	100.0	28.1	28.9
Seminole, FL	33776	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	3.8	3.8
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	1.8	2.6
Sherwood, AR	72120	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	125.2	125.6
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	125.5	125.5
Stuart, FL	34994	2	General Dentist	1 in 5 miles	96	2	100.0	0	0.0	2.4	2.4
			Specialists	1 in 5 miles	54	2	100.0	0	0.0	0.6	0.6
	34997	1	General Dentist	1 in 5 miles	92	1	100.0	0	0.0	0.8	0.8
			Specialists	1 in 5 miles	39	1	100.0	0	0.0	0.8	0.8
Summerfield, FL	34491	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	12.4	12.4
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	5.8	12.4
Tallahassee, FL	32312	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	7.2	7.2
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	7.2	8.7
Tavares, FL	32778	2	General Dentist	1 in 5 miles	0	2	100.0	0	0.0	2.1	2.1
			Specialists	1 in 5 miles	0	2	100.0	0	0.0	2.1	2.1
Tavernier, FL	33070	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	33.3	33.3
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	32.9	33.3
Tucson, AZ	85739	1	General Dentist	1 in 5 miles	0	0	0.0	1	100.0	6.3	6.3
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	6.3	6.3
Vero Beach, FL	32964	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	0.9	0.9
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	1.8	1.8
	32967	1	General Dentist	1 in 5 miles	0	1	100.0	0	0.0	4.9	6.2
			Specialists	1 in 5 miles	0	0	0.0	1	100.0	5.1	5.1
Wellington, FL	33414	10	General Dentist	1 in 5 miles	168	10	100.0	0	0.0	1.7	1.7
			Specialists	1 in 5 miles	63	10	100.0	0	0.0	1.7	1.7
West Palm Beach, FL	33404	1	General Dentist	1 in 5 miles	1	1	100.0	0	0.0	0.9	1.7
			Specialists	1 in 5 miles	0	1	100.0	0	0.0	1.5	3.6
	33405	3	General Dentist	1 in 5 miles	0	3	100.0	0	0.0	1.1	1.3
			Specialists	1 in 5 miles	0	3	100.0	0	0.0	2.5	2.6
	33406	3	General Dentist	1 in 5 miles	17	3	100.0	0	0.0	1.4	1.4
			Specialists	1 in 5 miles	17	3	100.0	0	0.0	1.4	1.4

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## Access Detail By Zip Code

## Specialists

\*\* These records have been excluded from the analysis because of invalid zip codes.

[illegible]

**AMENDED AND RESTATED**

**CERTIFICATE OF INCORPORATION**

**AETNA LIFE INSURANCE COMPANY**

*Section 1.* The name of the Company is Aetna Life Insurance Company.

*Section 2.* The Company may make insurance upon lives, may grant and issue annuities, either in connection with or separate from contracts of insurance predicated upon life risks, may issue policies stipulated to be with or without participation in profits, may issue policies or certificates of insurance against loss of life or personal injury resulting from any cause, and against loss on account of liability to others for personal injuries, fatal or otherwise, or injury to property resulting from accidental causes, and against loss resulting from disease or accident, and against any other casualty or risk which may be the subject of life, accident, health, casualty or liability insurance. The Company in addition to the foregoing, is authorized generally to do a life, accident, health, liability and casualty insurance business, and is authorized to insure against any and all hazards or risks against which life, accident, health, liability or casualty insurance companies are now, or may hereafter at any time be authorized to insure by the laws of the State of Connecticut, or of any other state or territory of the United States or foreign countries in which the Company may be licensed to carry on business. The Company, in addition to the foregoing, is authorized to engage in any lawful act or activity for which corporations may be formed under the Stock Corporation Act of the State of Connecticut, or any successor statute thereto.

*Section 3.* There shall be one class of shares, denominated common stock, with a par value of \$2.50 per share. The authorized number of common shares is 33,300,000. No distribution by way of dividends shall be made to the stockholders of the Company out of any surplus funds or profits which belong to the holders of participating policies issued by the Company prior to January 1, 1968; but such portion as the Company may determine of the surplus funds or profits attributable to participating policies thereafter issued by the Company may be made available for the general purposes of the Company, including dividends to stockholders.

*Section 4.* (A) No person who is or was a director of the Company shall be personally liable to the Company or its shareholders for monetary damages for breach of duty as a director in an amount that exceeds the compensation received by the director for serving the Company during the year of the violation if such breach did not (a) involve a knowing and culpable violation of law by the director, (b) enable the director or an associate, as defined in subdivision (3) of Section 33-374d of the Connecticut Stock Corporation Act as in effect on the effective date hereof and as it may be amended from time to time, to receive an improper personal economic gain, (c) show a lack of good faith and a conscious disregard for the duty of the director to the Company under circumstances in

which the director was aware that his conduct or omission created an unjustifiable risk of serious injury to the Company, (d) constitute a sustained and unexcused pattern of inattention that amounted to an abdication of the director's duty to the Company, or (e) create liability under Section 33-321 of the Connecticut Stock Corporation Act as in effect on the effective date hereof and as it may be amended from time to time. This Section 4 shall not limit or preclude the liability of a person who is or was a director for any act or omission occurring prior to the effective date hereof. Any lawful repeal or modification of this Section 4 or the adoption of any provision inconsistent herewith by the Board of Directors and the shareholders of the Company shall not, with respect to a person who is or was a director, adversely affect any limitation of liability, right or protection of such person existing hereunder with respect to any breach of duty occurring prior to the effective date of such repeal, modification or adoption of a provision inconsistent herewith.

(B) The limitation of liability of any person who is or was a director provided for in this Section 4 shall not be exclusive of any other limitation or elimination of liability contained in, or which may be provided to any such person under, Connecticut law as in effect on the effective date hereof and as thereafter amended.

*Section 5.* The Company's By-Laws may provide for the establishment of an Executive Committee, which Committee may, subject to such limitations as the By-Laws from time to time provide, exercise all of the authority of the Board of Directors of the Company.

STATE OF CONNECTICUT  
OFFICE OF THE SECRETARY OF THE STATE } SS. HARTFORD

I hereby certify that this is a true copy of record  
in this Office

In Testimony whereof, I have hereunto set my hand,  
and affixed the Seal of said State, at Hartford,  
this 20th day of December A.D. 1996

Miles S. Rapoport  
SECRETARY OF THE STATE

# **AETNA LIFE INSURANCE COMPANY BY-LAWS**

## **ARTICLE I SHAREHOLDERS' MEETINGS**

*Section 1.* The Annual Meeting of the Shareholders of the Company shall be held at the home office of the Company in the City of Hartford in each year on such day in March or April and at such hour as the Board of Directors may prescribe.

*Section 2.* Special meetings of the shareholders may be called by the Board, the Chairman or the President. Each such meeting shall be held on the date and at the hour specified in the call for the meeting and, unless another place within or without the State of Connecticut has been specified in any such call by the Board or the Chairman, at the home office of the Company in the City of Hartford.

## **ARTICLE II DIRECTORS**

*Section 1.* The Board of Directors shall consist of not less than three and not more than twenty-one Directors, and the number of directorships at any time within such minimum and maximum range shall be the number fixed by vote of the Shareholders or Directors or, in the absence thereof, shall be the number of Directors elected at the preceding Annual Meeting of Shareholders. If a vacancy in the Board of Directors is created by an increase in the number of directorships, it may be filled for the unexpired term by action of the Shareholders or by the concurring vote of Directors holding a majority of the directorships, which number of directorships shall be the number prior to the vote on the increase. All other vacancies in the Board shall be filled in the manner provided by law.

*Section 2.* Regular meetings of the Board shall be held at such place and on such day and hour at such periodic intervals as the Board may from time to time designate. Notice of such regular meetings need not be given, but the Secretary shall notify each Director by mail of the action of the Board designating or changing the place, period, day, or hour of such regular meetings.

*Section 3.* Special meetings of the Board shall be held at the call of the Chairman, the President or not less than one-third of the Directors then in office.

*Section 4.* A quorum shall consist of a majority of the Directors at the time in office, but not less than two Directors nor less than one-third of the number of Directors provided for by Article II, Section 1.

## ARTICLE IV OFFICERS

*Section 1.* There shall be a Chairman elected by the Board of Directors from their own number and a President and a Secretary appointed by the Board. The Board may also appoint one or more Vice Chairmen, Executive Vice Presidents and Senior Vice Presidents. The Board shall fix, or authorize any officer or officers to fix, the compensation of any such officer. In addition, the Board may appoint, and fix the compensation of, and may authorize any officer or officers to appoint, and to fix the compensation of, such additional officers as the Board or such authorized officer or officers deem necessary for the proper conduct of the business of the Company.

*Section 2.* The Chairman shall be the chief executive officer of the Company unless the Board vests such position in another officer. The chief executive officer shall be responsible under the direction of the Board for the general supervision, management, and control of the affairs and property of the Company. The Chairman shall serve as an ex officio member of all committees appointed by the Board except as may be otherwise provided in these By-Laws or in the vote appointing a committee. The Chairman shall preside at all meetings of the shareholders, the Board and all committees appointed by the Board of which he is a member except as may be otherwise provided in the vote appointing a committee. The Chairman, and the chief executive officer if they are not the same person, shall have such other authority and responsibility and perform such other duties as may from time to time be delegated by the Board.

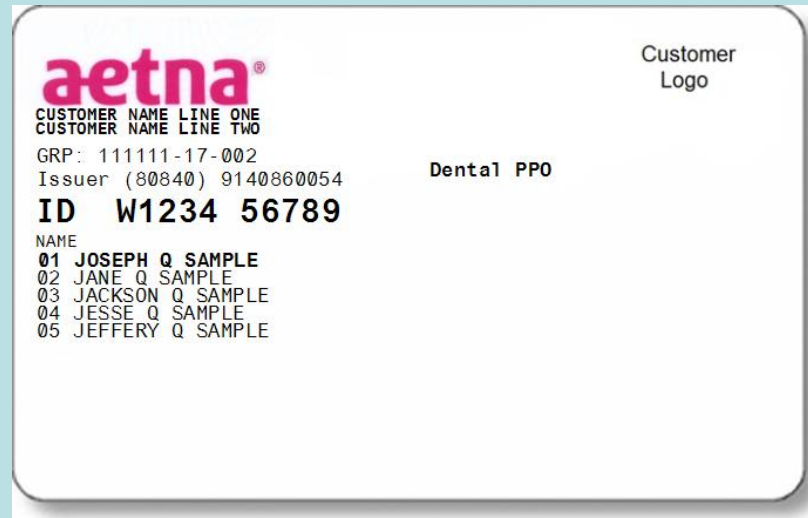
*Section 3.* Officers appointed pursuant to Section 1 of this Article IV shall be subject to the direction of and shall have such authority and perform such duties as may be assigned from time to time by the Board of Directors or the chief executive officer.

## ARTICLE V CORPORATE SEAL

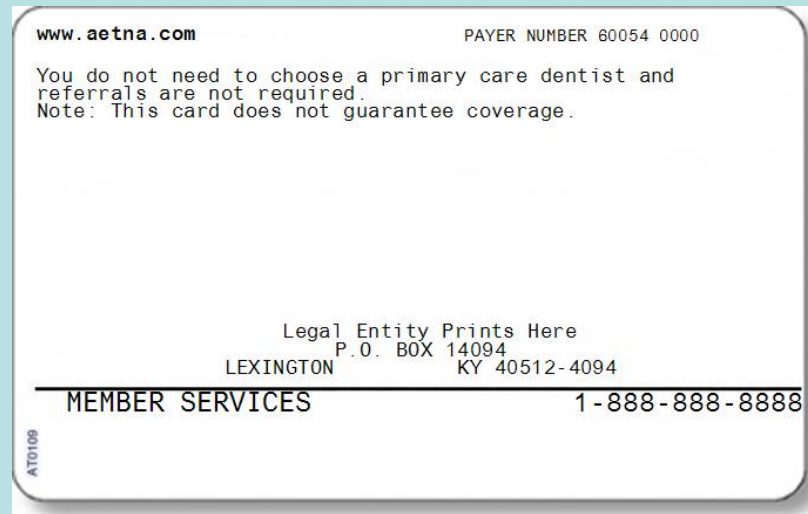
*Section 1.* The corporate seal of the Company consists of the corporate name "Aetna Life Insurance Company" in a circle, and the words "Hartford, Conn." within the circle.

*Section 2.* The corporate seal shall be in the custody of the Secretary and shall be affixed by him or, with the approval of the Chairman, or President, by his delegate to documents required to be executed under the seal of the Company. Duplicate seals may be in the possession of such other officers of the Company, and affixed to such documents, as the Board of Directors, or officers acting under its authorization, may from time to time determine necessary or desirable.

# Dental PPO



## BOC





Aetna Life Insurance Company  
P.O. BOX 14094  
LEXINGTON, KY 40512-4094

Statement date: February 23, 2016

Member: JANE H DOE  
Member ID: W12345678  
Group #: 0987654-10-001 A P1  
Group name: TEST INC

QUESTIONS? Contact us at aetna.com  
1-800-950-5550  
Or write to the address shown above.

JANE H DOE  
111 AETNA DRIVE  
HARTFORD CT 06156

# Explanation of Benefits (EOB) - This is not a bill

This statement is called your EOB. It shows how much you may owe, the amount that was billed, and your member rate. It also shows the amount you saved and what your plan paid. Look at this statement carefully and make sure it is correct. If you do owe anything, you will receive a bill from your doctor or health care provider(s).

## Track your health care costs

\$0.00

Amount you owe or already paid

Amount billed

\$125.00

Plan payments and discounts

- \$125.00

You owe

\$0.00

\$125.00

\$0.....\$125.00

\$69.00

Amount you saved

Going to a doctor or hospital in the network saves you money.

That's because we have arranged discounted rates with these providers.

The online provider directory can help you find a doctor or other health care professional. Just go to [www.aetna.com](http://www.aetna.com).

Amount you have left to meet deductible

To see your latest deductible totals, look for "Your benefit balances" toward the end of this statement. It shows any amounts remaining for this plan year.

### A guide to key terms

Term	This means	Your totals
Amount billed:	The amount your doctor or health care provider billed for services.	\$125.00
Member rate:	The agreed upon amount the in-network doctor or health care provider accepts as their fee.	\$56.00
Amount you saved:	The difference between the amount billed and the in-network arranged pricing.	\$69.00
Pending or not payable:	A claim that needs more review by us or an amount we did not pay. You may or may not have to pay this. Read 'Your Claim Remarks' to learn more.	\$0.00
Deductible:	The amount you pay before your health plan will pay benefits.	\$0.00
Coinsurance:	When you pay part of the bill and we pay part of the bill. Some plans do not have coinsurance.	\$0.00
Copay:	A fixed dollar amount you pay when you visit a doctor or other health care provider.	\$0.00

### Stay healthy

When you visit your doctor, be prepared with the questions you want to ask. Write them down and bring them with you. Ask about tests, medications and next steps you need to take over the next year.

CAM 17-0756  
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Statement date: February 23, 2016

Member: JANE H DOE  
Member ID: W12345678  
Group #: 0987654-10-001 A P1  
Group name: TEST INC

## Your payment summary

Your plan paid					You owe or already paid
Patient	Provider	Amount	Sent to	Send date	Amount
Jess (daughter)	Doctors Office	\$56.00	Doctors Office	2/23/16	\$0.00
Total:		\$56.00			\$0.00

## Your claims up close

### Claim for Jess (daughter)

Claim ID:E00000000 Received on 2/17/16	Amount billed	Member rate	Pending or not payable	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You may owe C+D+E+H=I
PALLIATIVE TREATMENT-EMER on 2/16/16 D9110 Doctors Office	125.00	56.00				56.00	56.00 (100%)		
Office Totals:	125.00	56.00				56.00	56.00		
	A	B	C	D	E	F	G	H	I

### Your Claim Remarks

#### General Remarks:

\* - In certain states, PPO dentists are not required to accept PPO discounted rates for non-covered services.

## Your benefit balances to date for 1/1/16 to 12/31/16

Description			
Individual	Annual limit	Amount used	Amount remaining
Jess (daughter)			
Dental In Network Benefit Year	\$2,000.00	\$56.00	\$1,944.00
Individual lifetime benefits	Amount	Amount used	Amount remaining
Jess (daughter)			
Dental In Network Orthodontia	\$2,000.00	\$2,000.00	\$0.00

A complete list of your benefit balances and plan limits can be found on your secure member website.

### Make better health decisions and take action with confidence

With iTriage - a free healthcare app - you can find answers to your medical questions. Search symptoms and conditions, store your health information, and find local doctors. Text iTriage to 31996 to download the free app or visit [www.itriagehealth.com](http://www.itriagehealth.com).

Member: JANE H DOE  
Member ID: W12345678  
Group #: 0987654-10-001 A P1  
Group name: TEST INC

**Make time for yourself**

Finding time to exercise can be tough. Check with your doctor and make a plan. Create a schedule and do your best to stick with it. It will soon become part of your routine.

Si necesita asistencia lingüística en español, llámenos al número que figura en su tarjeta de identificación (ID) médica.

Pour une aide en français, veuillez nous appeler au numéro figurant sur votre carte d'identité.

若需要中文协助，请拨打您医疗身分证上的电话联系我们。

Para sa tulong sa wikang Tagalog, tawagan kami sa numero na nasa iyong Medikal na ID card.

Ya'áti' t'áá dinék'ehjí bee aká'a'áyeed biniiyé, nihich'í' hodílnihjí' éí azee' ál'ídi naaltsoos bee nées ho'dílnínígíí number bikáá' yisdzoh.

Für Auskünfte auf Deutsch rufen Sie einfach die Nummer auf Ihrer Krankenversicherungskarte an.

Do you need this in another language? Call us.

**XYZ Company**  
**Plan Sponsor ID 0000999999999999**

**Standard Report For Fully Insured Dental Products**

Current Data For Claims Incurred January 01, 2011 - December 31, 2011

Prior Data For Claims Incurred January 01, 2010 - December 31, 2010

Integrated



**XYZ Company - Plan Sponsor ID 0000999999999999**  
**Report Parameters**  
Integrated

Current Data For Claims Incurred January 01, 2011 - December 31, 2011  
Prior Data For Claims Incurred January 01, 2010 - December 31, 2010  
2 Month Claim Lag  
Book of Business Data Incurred End Date December 31, 2011

**Standard Report Template: Fully Insured Dental**

**Large Claimant Threshold: \$50,000**

**Funding Arrangement and Product:**

**Account Structure:**

**Network Service Area:**

Fully Insured Aetna Health Fund Dental PPO  
Fully Insured Dental Indemnity  
Fully Insured Dental PPO

Plan Sponsor Level

All



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IMPORTANT: Aetna makes no representation or warranty of any kind, whether express or implied, with respect to the information in this report, and cannot guarantee its accuracy or completeness. Accordingly, Aetna shall not be liable for any act or omissions of third parties made in reliance on the information.

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**XYZ Company - Plan Sponsor ID 0000999999999999**

Integrated

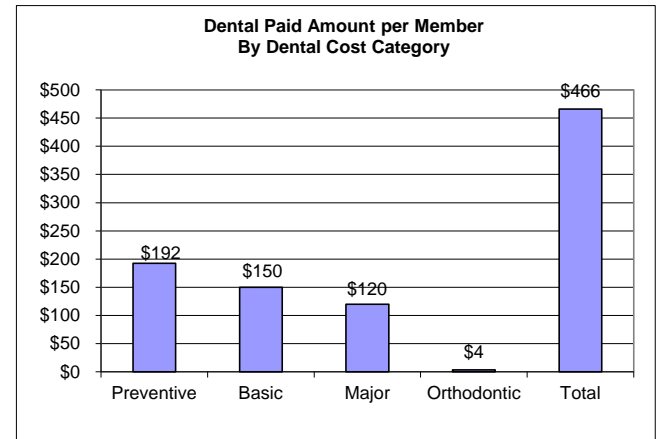
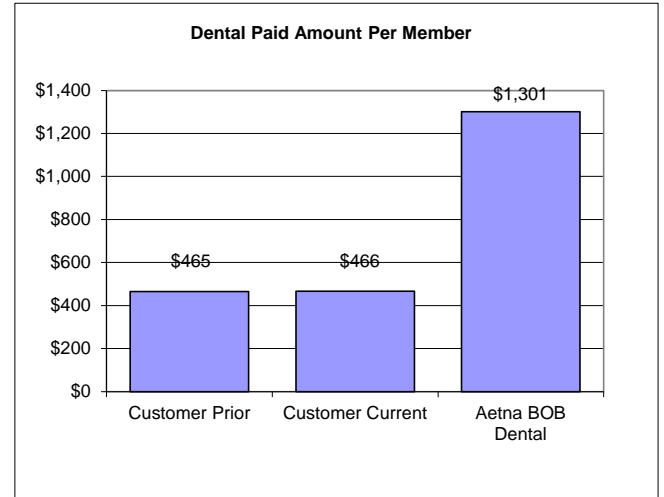
Current Data For Claims Incurred January 01, 2011 - December 31, 2011 ( 2 Month Claim Lag )

Prior Data For Claims Incurred January 01, 2010 - December 31, 2010 ( 2 Month Claim Lag )

**Key Statistics - Dental**

Demographics Summary	Customer Prior	Customer Current	% Change from Prior	Aetna BOB Dental <sup>1</sup>
Average Number of Employees	6,241	6,095	-2.3%	N/A
Average Number of Members	9,064	8,821	-2.7%	N/A
Ratio of Members to Employees	1.5	1.4	-0.3%	2.2
Percent Male Members	38.2%	38.0%	-0.2%	49.5%
Percent Female Members	61.8%	62.0%	0.2%	50.5%
Average Age of Membership	69.9	70.5	0.9%	35.2
<b>Key Statistics</b>				
Total Dental Paid Amount	\$4,212,262	\$4,109,610	-2.4%	N/A
Dental Paid Amount per Employee	\$674.90	\$674.23	-0.1%	\$1,883.34
Dental Paid Amount per Member	\$464.75	\$465.90	0.2%	\$1,301.40
Preventive Paid Amount Per Member	\$189.37	\$192.24	1.5%	\$221.89
Preventive Number of Services/1,000 Members	3,728	3,745	0.5%	4,667
Basic Paid Amount Per Member	\$151.91	\$150.23	-1.1%	\$350.04
Basic Number of Services/1,000 Members	1,255	1,178	-6.1%	3,062
Major Paid Amount Per Member	\$119.85	\$119.89	0.0%	\$404.86
Major Number of Services/1,000 Members	343	322	-6.3%	1,325
Orthodontic Paid Amount Per Member	\$3.55	\$3.50	-1.5%	\$323.97
Orthodontic Number of Services/1,000 Members	32	34	7.4%	1,906
Network Discount Savings	\$867,986	\$947,097	9.1%	N/A
% of Dental Paid Amount In Network	31.9%	36.9%	5.0%	40.3%
Reasonable & Customary Savings	\$165,838	\$169,421	2.2%	N/A

<sup>1</sup>Aetna BOB demographic metrics are specific to the plan sponsor's product. Aetna BOB financial and utilization metrics are further adjusted for the plan sponsor's age and gender mix. All BOB metrics are based on a 12 month incurred time period with a two month lag.



**XYZ Company - Plan Sponsor ID 0000999999999999**

Integrated

Current Data For Claims Incurred January 01, 2011 - December 31, 2011 ( 2 Month Claim Lag )

Prior Data For Claims Incurred January 01, 2010 - December 31, 2010 ( 2 Month Claim Lag )

***Savings and Benefit Payment Distribution***

	<u>Total Group</u>		<u>In Network</u>		<u>Out of Network</u>	
	<u>Dollars</u>	<u>% of Cost</u>	<u>Dollars</u>	<u>% of Cost</u>	<u>Dollars</u>	<u>% of Cost</u>
<b>TOTAL COSTS</b>	<b>\$8,133,532</b>		<b>\$3,494,770</b>		<b>\$4,638,762</b>	
<b>PAID BENEFITS</b>	<b>\$4,109,610</b>		<b>\$1,518,087</b>		<b>\$2,591,523</b>	
<b>TOTAL PLAN ADMINISTRATION SAVINGS</b>	<b>\$4,023,922</b>	<b>49.5%</b>	<b>\$1,976,683</b>	<b>56.6%</b>	<b>\$2,047,239</b>	<b>44.1%</b>
<b><u>DISTRIBUTION OF TOTAL SAVINGS</u></b>						
<b>Provider Network Savings ("Discounts")</b>	<b>\$947,097</b>	<b>11.6%</b>	<b>\$947,097</b>	<b>27.1%</b>	<b>\$0</b>	<b>0.0%</b>
<b>Claim Administration Savings</b>	<b>\$1,134,073</b>	<b>13.9%</b>	<b>\$413,166</b>	<b>11.8%</b>	<b>\$720,906</b>	<b>15.5%</b>
Alternate Benefits	\$83,215	1.0%	\$46,618	1.3%	\$36,597	0.8%
Coordination of Benefits (COB)	\$16,919	0.2%	\$6,253	0.2%	\$10,665	0.2%
Duplicate Bills	\$356,307	4.4%	\$174,847	5.0%	\$181,460	3.9%
Eligibility Denials	\$25,277	0.3%	\$1,300	0.0%	\$23,977	0.5%
Frequency Limitations	\$95,434	1.2%	\$37,893	1.1%	\$57,541	1.2%
Non-Covered Services	\$70,230	0.9%	\$25,112	0.7%	\$45,117	1.0%
Not Medically Necessary	\$27,533	0.3%	\$9,698	0.3%	\$17,835	0.4%
Reasonable & Customary	\$210,210	2.6%	\$0	0.0%	\$210,210	4.5%
Other Denied Claims	\$248,949	3.1%	\$111,445	3.2%	\$137,504	3.0%
<b>Benefit Plan Savings</b>	<b>\$1,942,752</b>	<b>23.9%</b>	<b>\$616,420</b>	<b>17.6%</b>	<b>\$1,326,332</b>	<b>28.6%</b>
Deductible	\$306,220	3.8%	\$93,287	2.7%	\$212,933	4.6%
Coinsurance/Copay	\$1,423,639	17.5%	\$485,489	13.9%	\$938,150	20.2%
Plan Maximum	\$212,893	2.6%	\$37,644	1.1%	\$175,249	3.8%
<b><u>BENEFIT PAYMENT DISTRIBUTION</u></b>						
<b>By Membership Type -</b>						
Employee	\$2,837,401	69.0%	\$1,055,736	69.5%	\$1,781,665	68.7%
Spouse	\$1,173,912	28.6%	\$426,233	28.1%	\$747,678	28.9%
Children	\$85,517	2.1%	\$32,559	2.1%	\$52,957	2.0%
Other/Unknown	\$12,781	0.3%	\$3,558	0.2%	\$9,223	0.4%
<b>TOTAL</b>	<b>\$4,109,610</b>	<b>100.0%</b>	<b>\$1,518,087</b>	<b>100.0%</b>	<b>\$2,591,523</b>	<b>100.0%</b>
<b>By Benefit Category -</b>						
Preventive	\$1,695,718	41.3%	\$512,327	33.7%	\$1,183,391	45.7%
Basic	\$1,325,145	32.2%	\$512,200	33.7%	\$812,944	31.4%
Major	\$1,057,519	25.7%	\$485,201	32.0%	\$572,318	22.1%
Orthodontic	\$30,885	0.8%	\$8,358	0.6%	\$22,527	0.9%
Other	\$344	0.0%	\$0	0.0%	\$344	0.0%
<b>TOTAL</b>	<b>\$4,109,610</b>	<b>100.0%</b>	<b>\$1,518,087</b>	<b>100.0%</b>	<b>\$2,591,523</b>	<b>100.0%</b>

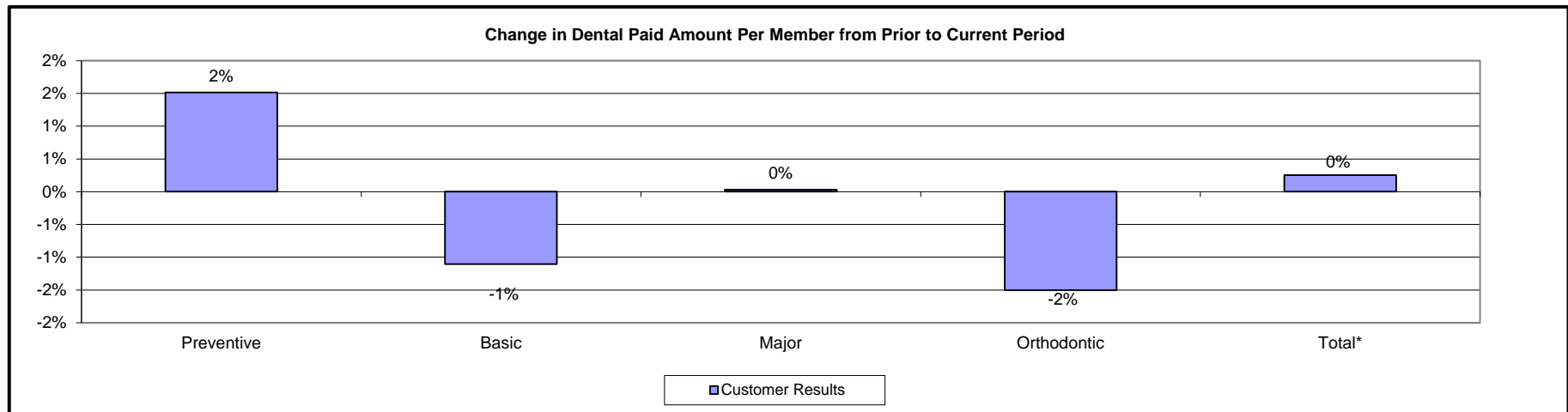
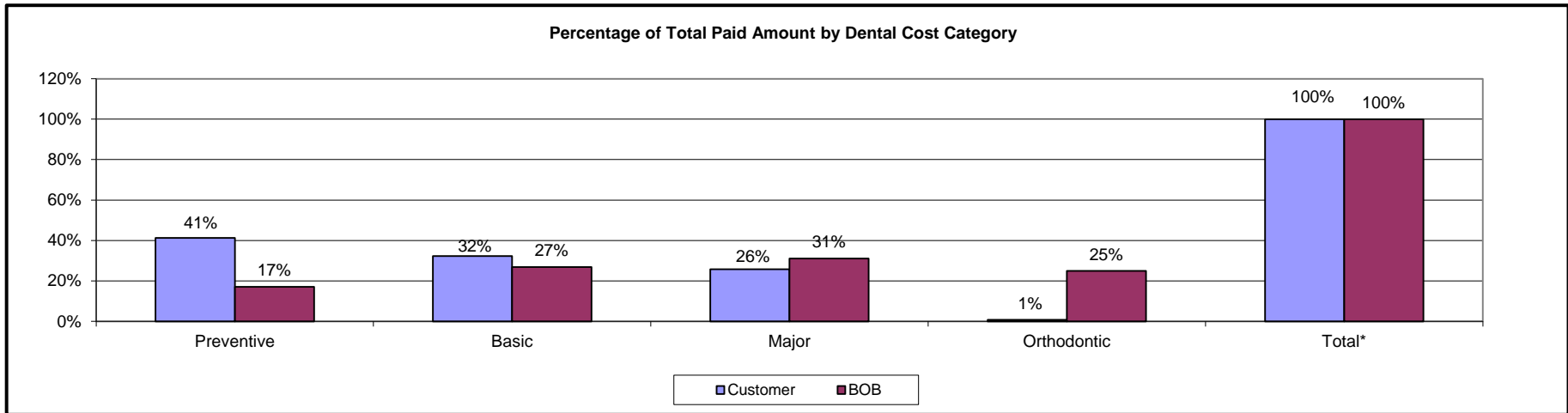
**XYZ Company - Plan Sponsor ID 0000999999999999**

Integrated

Current Data For Claims Incurred January 01, 2011 - December 31, 2011 ( 2 Month Claim Lag )

Prior Data For Claims Incurred January 01, 2010 - December 31, 2010 ( 2 Month Claim Lag )

***Trend Analysis by Dental Cost Category***



\* Change in Dental Paid Amount Per Member (Trend) from Key Statistics Dental, Page 1.

**XYZ Company - Plan Sponsor ID 0000999999999999**

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Current Data For Claims Incurred January 01, 2011 - December 31, 2011 ( 2 Month Claim Lag )

***Dental - Provider Network Experience***

	<u>Aetna PPO Network</u>	<u>Aetna PPO II Network</u>	<u>Out-of-Network</u>	<u>Total</u>
<b>Total Number of Services</b>	17,635	1,810	27,162	46,607
<b>Expenses - PPO:</b>				
Net Average/Submitted Charges	\$2,876,481	\$260,312	\$3,846,443	\$6,983,236
% of Net Average/Submitted Charges	41.2%	3.7%	55.1%	100.0%
Savings from Negotiated Arrangements	\$902,982	\$44,115	N/A	N/A
Savings % from Negotiated Arrangements	31.4%	16.9%	N/A	N/A

**XYZ Company - Plan Sponsor ID 0000999999999999**

Integrated

Current Data For Claims Incurred January 01, 2011 - December 31, 2011 ( 2 Month Claim Lag )

Prior Data For Claims Incurred January 01, 2010 - December 31, 2010 ( 2 Month Claim Lag )

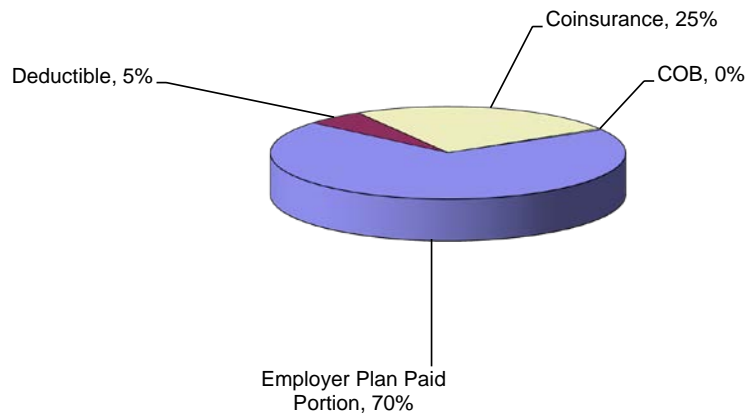
***Dental - Cost Sharing Analysis***

	<b>Prior Period</b>	<b>Current Period</b>	<b>% Change</b>	<b>Aetna BOB Dental<sup>1</sup></b>
Average Number of Employees	6,241	6,095	-2.3%	
Allowed Amount	\$6,055,483	\$5,856,388	-3.3%	
Coordination of Benefits (COB) <sup>2</sup>	\$23,876	\$16,919	-29.1%	
Deductible	\$323,644	\$306,220	-5.4%	
Coinsurance	\$1,495,700	\$1,423,639	-4.8%	
Employee Paid Portion	\$1,819,344	\$1,729,859	-4.9%	
Employee Paid Portion per Employee	\$292	\$284	-2.6%	
Employer Plan Paid Portion	\$4,212,262	\$4,109,610	-2.4%	
Employer Plan Paid Portion per Employee	\$675	\$674	-0.1%	
Employer % Share Dental	69.6%	70.2%	0.6%	61.6%
Employee % Share Dental	30.0%	29.5%	-0.5%	37.5%
COB % Share Dental	0.4%	0.3%	-0.1%	1.0%

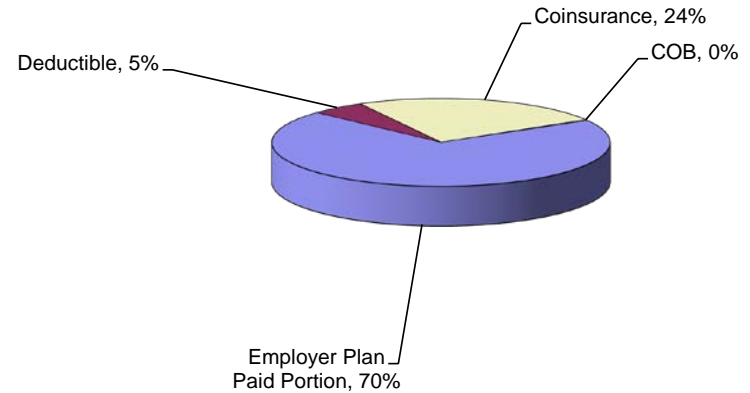
<sup>1</sup> Aetna BOB is not adjusted for variations in plan design within products.

<sup>2</sup> Includes miscellaneous & other adjustments

**Cost Sharing % of Allowed Amount  
Customer - Prior**

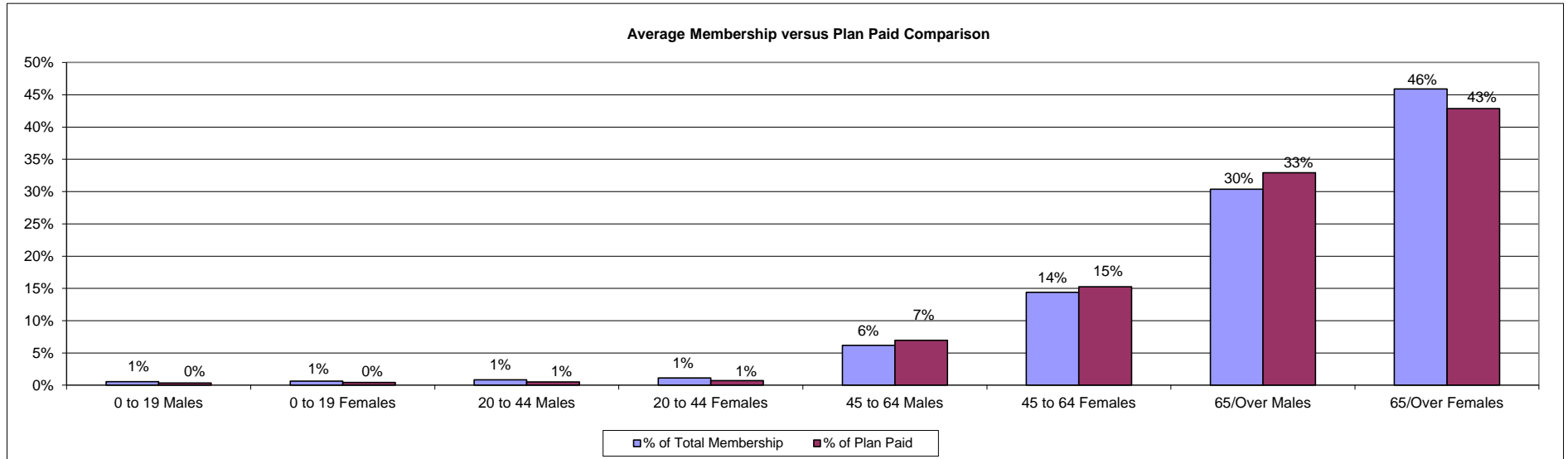


**Cost Sharing % of Allowed Amount  
Customer - Current**



**XYZ Company - Plan Sponsor ID 0000999999999999**  
Integrated  
Current Data For Claims Incurred January 01, 2011 - December 31, 2011 ( 2 Month Claim Lag )

***Demographics For Dental Membership***



	Average Membership	Percent of Total Membership	Paid Amount	Percent of Total Paid Amount
Employees	6,095	69.1%	\$2,845,028	69.2%
Dependents	2,726	30.9%	\$1,264,582	30.8%
Members	8,821	100.0%	\$4,109,610	100.0%

**XYZ Company - Plan Sponsor ID 0000999999999999**

Integrated

Current Data For Claims Incurred January 01, 2011 - December 31, 2011 ( 2 Month Claim Lag )

**Top 25 Services by Dollar**

<b>ADA Code</b>	<b>Dental Procedures</b>	<b>Dental Paid Amount</b>	<b>Dental Paid Amount In Network</b>	<b>Percent of Claims Paid In Network</b>	<b>Total Number of Services</b>	<b>Number of Services per 1,000 Members</b>	<b>Aetna BOB Services per 1,000 Members</b>	<b>Customer Variance from Aetna BOB</b>	<b>Customer Frequency Rank</b>	<b>Aetna BOB Frequency Rank</b>
D1110	PROPHYLAXIS - ADULT	\$824,456	\$245,590	29.8%	11,111	1,260	675	86.5%	1	2
D2750	CRWN PORCLN FUS /HGH NBL MET	\$383,688	\$173,782	45.3%	817	93	24	287.6%	8	29
D0120	PERIODIC ORAL EVALUATION	\$383,189	\$109,466	28.6%	10,030	1,137	720	57.9%	2	1
D2740	CROWN-PORCELAIN/CERAMIC SUBS	\$174,930	\$65,727	37.6%	349	40	14	184.9%	23	36
D0274	DENTAL BITEWINGS FOUR FILMS	\$162,298	\$48,006	29.6%	3,372	382	292	30.7%	3	3
D4910	PERIODONTAL MAINTENANCE	\$135,482	\$41,234	30.4%	1,718	195	54	263.8%	5	20
D3330	ENDODONTIC THERAPY, MOLAR	\$134,191	\$47,855	35.7%	202	23	18	24.2%	30	31
D6010	ODONTICS ENDOSTEAL IMPLANT	\$78,139	\$47,016	60.2%	95	11	2	460.5%	40	77
D3320	ENDODONTIC THERAPY, BICUSPID	\$77,543	\$29,290	37.8%	146	17	10	71.9%	36	44
D2752	CROWN PORCLN FUS NOBLE MET	\$74,588	\$39,377	52.8%	174	20	14	40.0%	31	35
D2392	RESIN-BASED COMPOSITE - 2 SU	\$68,019	\$20,090	29.5%	676	77	79	-2.6%	13	13
D0140	LIMITED ORAL EVAL - PROB FOC	\$64,568	\$24,228	37.5%	1,244	141	90	56.3%	7	11
D2331	RESIN TWO SURFACE-ANTERIOR	\$64,019	\$23,907	37.3%	686	78	29	167.5%	12	26
D0210	INTRAORAL-COMPLETE SERIES	\$61,243	\$18,756	30.6%	591	67	59	13.6%	14	19
D2391	RESIN-BASED COMPOSITE - 1 SU	\$60,792	\$16,198	26.6%	788	89	83	8.0%	10	12
D0220	INTRAORAL-PERIAPICAL-FIRST	\$59,766	\$19,683	32.9%	2,895	328	230	43.0%	4	4
D7210	SURG REMOV-ERUPTED TOOTH	\$56,299	\$34,463	61.2%	404	46	32	43.7%	18	23
D4341	PERIODONTAL SCALING &ROOT	\$54,261	\$28,832	53.1%	361	41	71	-42.6%	21	15
D2330	RESIN ONE SURFACE ANTERIOR	\$51,751	\$17,363	33.6%	691	78	36	117.5%	11	22
D6750	CROWN PORCELAIN HIGH NOBLE	\$51,588	\$28,109	54.5%	118	13	4	246.1%	39	59
D2950	CORE BUILDUP INC ANY PINS	\$44,861	\$21,366	47.6%	502	57	30	87.6%	17	25
D2393	RESIN-BASED COMPOSITE - 3 SU	\$44,250	\$15,384	34.8%	352	40	31	27.8%	22	24
D3310	ENDODONTIC THERAPY ANTERIOR	\$42,487	\$17,233	40.6%	90	10	6	80.3%	42	54
D2332	RESIN THREE SURFACE-ANTERIOR	\$41,910	\$15,992	38.2%	364	41	21	97.2%	20	30
D5213	DENTURES MAXILL PART METAL	\$39,812	\$12,875	32.3%	67	8	2	299.0%	45	78
	All Others	\$875,480	\$356,264	40.7%	8,764	994	1,586	-37.3%		
	<b>Grand Total</b>	<b>\$4,109,610</b>	<b>\$1,518,087</b>	<b>36.9%</b>	<b>46,607</b>	<b>5,284</b>	<b>4,211</b>	<b>25.5%</b>		

Aetna BOB metrics reflect non-adjusted PPO/Indemnity data incurred in the calendar year indicated.

**XYZ Company - Plan Sponsor ID 0000999999999999**

Integrated

Current Data For Claims Incurred January 01, 2011 - December 31, 2011 ( 2 Month Claim Lag )

***Utilization by Procedure Group***

<b>Procedure Group</b>	<b>Prior Year Utilization per 1000</b>	<b>Current Year Utilization per 1000</b>	<b>% Change Current / Prior</b>	<b>Aetna Current BOB</b>	<b>Customer Variance from Current Aetna BOB</b>
Adjunctive General Services	61	60	-1.1%	44	38%
Crowns	166	167	0.4%	79	110%
Diagnostic	2461	2,483	0.9%	1,971	26%
Endodontic	59	60	1.6%	48	26%
Fixed Prosthodontic	50	41	-17.8%	17	140%
Implant Services	32	33	3.8%	6	425%
Inlays/Onlays	4	2	-32.6%	3	-20%
Oral and Maxillofacial Surgery	117	119	1.7%	119	0%
Orthodontics	14	20	47.5%	112	-82%
Other	7	4	-33.2%	2	138%
Other Restorative	139	126	-9.3%	67	86%
Periodontic	327	306	-6.5%	157	95%
Preventive	1277	1,267	-0.7%	1,092	16%
Removable Prosthodontic	75	69	-8.1%	15	344%
Restorative	577	525	-9.0%	478	10%
Unknown	1	1	37.0%	0	144%
<b>Total Procedure Group</b>	<b>5364</b>	<b>5,284</b>	<b>-1.5%</b>	<b>4,211</b>	<b>25%</b>

Aetna BOB metrics reflect non-adjusted PPO/Indemnity data incurred in the calendar year indicated.

**XYZ Company - Plan Sponsor ID 0000999999999999**

Integrated

Current Data For Claims Incurred January 01, 2011 - December 31, 2011 ( 2 Month Claim Lag )

**Financial Overview for Fully Insured Products**

	<b>Employees</b>	<b>Premium</b>	<b>Dental Paid Amount</b>
January 2011	6,157	\$425,578	\$373,434
February 2011	6,134	\$424,386	\$317,200
March 2011	6,126	\$422,449	\$354,860
April 2011	6,115	\$423,084	\$325,049
May 2011	6,110	\$422,505	\$381,256
June 2011	6,095	\$418,325	\$388,309
July 2011	6,083	\$420,726	\$285,400
August 2011	6,071	\$419,751	\$327,492
September 2011	6,055	\$418,698	\$317,238
October 2011	6,047	\$417,980	\$323,063
November 2011	6,081	\$420,546	\$369,647
December 2011	6,069	\$419,147	\$346,662
<b>Total</b>	<b>N/A</b>	<b>\$5,053,175</b>	<b>\$4,109,610</b>

This report provides an overview of premium and claims dollars by month for the current time period.

Please Note that there may be a discrepancy when comparing this report to other financial reports due to completion factors.

Further, the claim experience reflected in these reports may not be the same as those used to develop the renewal rates.

## ***Data Availability Summary***

Actual data availability date ranges may vary for many reasons including plan inception date or plan cancellation date. The actual ranges of data included in this report may differ from the ranges listed in the report headers/titles for these reasons. The summary below indicates actual data availability and represents the actual ranges of data included in the report.

	<b>Prior Period Data Availability</b>	<b>Current Period Data Availability</b>
Dental Claims:		
Fully Insured Dental Indemnity	01/19/10 - 12/29/10	No Data Available
Fully Insured Dental PPO	01/01/10 - 12/31/10	01/03/11 - 12/31/11
Dental Membership:		
Fully Insured Dental Indemnity	01/16/10 - 12/16/10	No Data Available
Fully Insured Dental PPO	01/16/10 - 12/16/10	01/16/11 - 12/16/11
Fully Insured Aetna Health Fund Dental PPO	01/16/10 - 12/16/10	01/16/11 - 12/16/11

## ***Glossary***

<b>% of Dental Paid Amount In Network</b>	The percent of total allowed dental paid claims(paid amount) that were in network.
<b>ADA Code</b>	Procedure code assigned to each dental service by the American Dental Association (ADA).
<b>Aetna BOB Frequency Rank</b>	Aetna's book-of-business rank for each procedure in terms of number of services.
<b>Aetna BOB Services per 1000 Members</b>	Aetna's book of business number of dental services divided by members per 1000.
<b>Aetna Current Year BOB</b>	Aetna's book of business number of dental services divided by members per 1000.
<b>Alternate Benefits</b>	The dollar amount of savings to the plan sponsor due to application of the Alternate Benefit provision in the plan, and reflects the cost difference between the submitted procedures and the approved, alternate procedures.
<b>Allowed Amount</b>	Total amount allowed under the medical plan including the employee paid portion of deductibles, copays, coinsurance, the employer paid portion (paid amount) and COB. Allowed amount does not include plan and administrative exclusions such as duplicate claims, ineligible claims, network discount savings and R&C savings.
<b>Average Age of Membership</b>	The average age of the members allowed under the plan for the reporting period.
<b>Average Number of Employees</b>	The average number of employees allowed under the dental plan for the reporting period.
<b>Average Number of Members</b>	The average number of members allowed under the dental plan for the reporting period.
<b>Basic Number of Services/ 1,000 Members</b>	The total number of basic services divided by members per 1,000.
<b>Basic Paid Amount Per Member</b>	The dental claims categorized as basic and paid by the plan sponsor expressed on a per member basis.

## ***Glossary***

<b>Claim Administration Savings</b>	The amount of ineligible charges submitted for payment. This amount is split by primary reason for claim payment denial.
<b>COB % Share (per Employee)</b>	The COB % share of dental allowed amount expressed on a per employee basis.
<b>Coinsurance</b>	The total amount of coinsurance paid by the employees.
<b>Coordination of Benefits (COB)</b>	Benefits submitted, but paid by another carrier.
<b>Current Network Discount Savings %</b>	The total savings to the plan sponsor due to the application of negotiated discount arrangements with contracted providers expressed as a percentage of the total charges that qualify for payment at the participating provider rate of benefits. Network Discount Savings % is calculated as the total participating provider network discounts divided by the total participating provider allowed amount plus network discount savings. (Network Discount Savings / (Allowed Amount + Network Discount Savings)). Note: the denominator in this calculation is referenced as "Net Submitted Charges" on the Provider Network Experience report. Claims with Medicare and/or other COB integration are excluded from the discount calculation. The denominator for Dental claims processed on or after 11/12/05 is Ingenix Average Charges.
<b>Current Year Number of Services per 1,000 Members</b>	Number of dental services per 1,000 members in the year for which the report is run.
<b>Customer Frequency Rank</b>	Customer's rank for each service in terms of number of services.
<b>Customer Variance from Aetna BOB</b>	The percentage difference between the customer's number of services per 1,000 members and Aetna's book of business number of services per 1,000 members
<b>Deductible</b>	The total amount of deductibles paid by the employees.
<b>Dental Paid Amount per Employee</b>	The total dental paid amount by the plan sponsor expressed on a per employee basis.
<b>Dental Paid Amount per Member</b>	The total dental paid amount by the plan sponsor expressed on a per member basis.

## ***Glossary***

<b>Employee % Share (per Employee)</b>	The employee % share of dental allowed amount expressed on a per employee basis.
<b>Employee Paid Portion</b>	The total of deductibles, copays and coinsurance paid by employees.
<b>Employee Paid Portion (per Employee)</b>	The total of deductibles, copays and coinsurance paid by employees expressed on a per employee basis.
<b>Employer % Share (per Employee)</b>	The employer % share of dental allowed amount expressed on a per employee basis.
<b>Employer Paid Portion</b>	The total dental paid amount by the plan sponsor during the reporting period.
<b>Employer Paid Portion (per Employee)</b>	The total dental paid amount by the plan sponsor during the reporting period expressed on a per employee basis.
<b>Frequency Limitations</b>	The plan sponsor savings for incurred services in excess of the plan's frequency limits for such procedures.
<b>Major Number of Services/ 1,000 Members</b>	The total number of major services divided by members per 1,000.
<b>Major Paid Amount Per Member</b>	The dental claims categorized as major and paid by the plan sponsor expressed on a per member basis.
<b>Net Average/Submitted Charges</b>	The same as Net Submitted Charges, but using Ingenix Average Charges for In-Network dental claims processed on or after 11/12/05.
<b>Net Submitted Charges</b>	This is the denominator in the calculation for Network Discount Savings %. See also Network Discount Savings.
<b>Network Discount Savings</b>	The total savings to the plan sponsor due to the application of negotiated discount arrangements with contracted providers. For Dental claims processed on or after 11/12/05, this is calculated as the positive difference between Ingenix Average Charges and the negotiated fees.

## ***Glossary***

<b>Number of Services</b>	The count or number of dental services (unit count) during the reporting period.
<b>Number of Services per 1000 Members</b>	The total number of services divided by members per 1,000
<b>Orthodontic Number of Services/ 1,000 Members</b>	The total number of orthodontic services divided by members per 1,000
<b>Orthodontic Paid Amount Per Member</b>	The dental claims categorized as orthodontic and paid by the plan sponsor expressed on a per member basis.
<b>Percentage Change from Prior Year</b>	Percentage change in the number of services per 1,000 members from the prior year to the current year.
<b>Percent Female Members</b>	The percent of total membership who are female.
<b>Percent Male Members</b>	The percent of total membership who are male.
<b>Preventive Number of Services/ 1,000 Members</b>	The total number of preventive services divided by members per 1,000
<b>Preventive Paid Amount Per Member</b>	The dental claims categorized as preventive and paid by the plan sponsor expressed on a per member basis.
<b>Plan Maximum</b>	The total amount of eligible charges exceeding the plan's annual and lifetime maximums, and paid by the employees.
<b>Prior Year Number of Services per 1,000 Members</b>	Number of dental services per 1,000 members for the prior year.
<b>Procedure Group</b>	Broad categories of dental services that each procedure code is assigned to.

## ***Glossary***

<b>Provider Network Savings</b>	Same as Network Discount Savings.
<b>Ratio of Members to Employees</b>	The average number of members allowed divided by the average number of employees allowed.
<b>Reasonable &amp; Customary Savings</b>	The dollar amount of savings to the plan sponsor due to R&C reductions.
<b>Savings from Negotiated Arrangements</b>	The total savings to the plan sponsor due to the application of negotiated discount arrangements with contracted providers. For Dental claims processed on or after 11/12/05, this is calculated as the positive difference between Ingenix Average Charges and the negotiated fees.
<b>Total Cost</b>	As used in the Savings and Benefit Payment Distribution report, includes all eligible and ineligible claims submitted for payment by or on behalf of the Plan Sponsor. For in-network claims processed after 11/12/05, Ingenix Average Charges were used as the Eligible Charges for those claims.
<b>Total Dental Paid Amount</b>	The total dental paid amount by the plan sponsor.