

Solicitation 565-11755

Single Source Third Party Administrator, Pharmacy & Employee Assistance

Bid Designation: Public



City of Fort Lauderdale

Bid 565-11755

Single Source Third Party Administrator, Pharmacy & Employee Assistance

Bid Number 565-11755
Bid Title Single Source Third Party Administrator, Pharmacy & Employee Assistance

Bid Start Date May 5, 2016 9:13:28 AM EDT
Bid End Date Jun 3, 2016 2:00:00 PM EDT
Question & Answer End Date May 20, 2016 5:00:00 PM EDT

Bid Contact AnnDebra Diaz
Procurement Specialist II
Procurement
954-828-5949
adiaz@fortlauderdale.gov

Pre-Bid Conference May 17, 2016 2:00:00 PM EDT
Attendance is optional
Location: City of Fort Lauderdale City Hall
3rd Floor Conference Room
100 N. Andrews Avenue
Fort Lauderdale, FL 33301

Addendum # 1

New Documents Exhibit 15_Copy of Employee census 4-2016 including coverage tier.xlsx

Changes were made to the following items:

Single Source Third Party Administrator, Pharmacy & Employee Assistance

Description

The City of Fort Lauderdale, Florida (City) is seeking a qualified, experienced and licensed firm to provide Single Provider Third Party Administration (TPA) and Pharmacy Benefit Management (PBM) services for the City's self-funded health plan and a fully-insured Employee Assistance Program (EAP) in accordance with the terms, conditions, and specifications contained in this Request for Proposals (RFP). The City is requesting that the TPA and PBM be fully integrated for reporting and Disease Managment (DM) purposes. Single source is defined as a managed care company with primarily a proprietary network of providers capable of providing all the services required for the successful operation of a group health and pharmacy benefit plan.

The TPA and PBM proposal must include an EAP proposal that may be from a provider that is related or unrelated to the TPA and PBM. For further information, go to www.bidsync.com

Added on May 13, 2016:

Exhibit 15_Copy of Employee census 4-2016 including coverage tier has been included for review purposes.

Added on May 24, 2016:

The following documents have been included for review purposes:

1. Exhibit 16_Full Dispensary List City of Fort Lauderdale Health and Wellness Center
2. Exhibit 17_2016 No Cost Preventive Drugs
3. Exhibit 18_2016 Generic Drug List
4. Exhibit 19_2015 City of Fort Lauderdale Reporting Package March 2016
5. Exhibit 20_City of Fort Lauderdale 2016 Wellness Budget and Health Improvement Plan 3-24-16
6. Exhibit 21_City of Fort Lauderdale 2016 Wellbeing Communication Plan v3

Added on May 24, 2016:

The following documents have been included for review purposes:

1. Exhibit 22_2015 City of Fort Lauderdale Pharmacy Management Shared Payout-Rebate
2. Exhibit 23_2014 CITY_OF_FORT_LAUDERDALE_RX-sharing_calc_summary

Addendum # 1

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SECTION 1 – INTRODUCTION AND INFORMATION

1.1 Purpose

The City of Fort Lauderdale, Florida (City) is seeking a qualified, experienced and licensed firm to provide Single Provider Third Party Administration (TPA) and Pharmacy Benefit Management (PBM) services for the City's self-funded health plan and a fully-insured Employee Assistance Program (EAP) in accordance with the terms, conditions, and specifications contained in this Request for Proposals (RFP). The City is requesting that the TPA and PBM be fully integrated for reporting and Disease Management (DM) purposes. Single source is defined as a managed care company with primarily a proprietary network of providers capable of providing all the services required for the successful operation of a group health and pharmacy benefit plan.

The TPA and PBM proposal must include an EAP proposal that may be from a provider that is related or unrelated to the TPA and PBM.

1.2 Submission Deadline

Sealed proposals shall be delivered during the City's normal business hours in a sealed envelope and addressed to the City of Fort Lauderdale Procurement Services Division, 100 N. Andrews Avenue, #619, Fort Lauderdale, FL 33301 (City Hall) no later than the date and time specified, at which time and place the proposals will be publicly opened and the names of the firms will be read. In addition, there is a required re-pricing process for medical claims and pharmacy claims that must be completed by the Proposers. The information and forms are provided on the Plan Actuary's secure website (www.wakely.com) that Proposers are required to access and complete per the instructions by the RFP due date. After the deadline, proposals will not be accepted. Firms are responsible for making certain that their proposal is received at the location specified by the due date and time. The City of Fort Lauderdale is not responsible for delays caused by any mail, package or courier service, including the U.S. mail, or caused by any other occurrence or condition. The City's normal business hours are Monday through Friday, 8:00 a.m. through 5:00 p.m. excluding holidays observed by the City.

1.3 Pre-proposal Conference

There will be a pre-proposal conference scheduled for this Request for Proposal. It is strongly suggested that all Proposers attend the pre-proposal conference.

Attendance is not mandatory. It is the sole responsibility of the Proposer to become familiar with the scope of the City's requirements and plans prior to submitting a proposal. No variation in price or conditions shall be permitted based upon a claim of ignorance. It is strongly suggested that all Proposers attend the pre-proposal meeting.

It will be the sole responsibility of the Proposer to attend the pre-proposal conference. No variation in price or conditions shall be permitted based upon a claim of ignorance. Submission of a proposal will be considered evidence that the Proposer has familiarized themselves with the nature and extent of the work, required.

1.4 BidSync

The City of Fort Lauderdale uses BidSync (www.bidsync.com) to administer the competitive solicitation process, including but not limited to soliciting proposals, issuing addenda, posting

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results and issuing notification of an intended decision. There is no charge to register and download the RFP from BidSync. Proposers are strongly encouraged to read the various vendor Guides and Tutorials available in BidSync well in advance of their intention of submitting a proposal to ensure familiarity with the use of BidSync. The City shall not be responsible for a Proposer's inability to submit a Proposal by the end date and time for any reason, including issues arising from the use of BidSync.

1.5 Point of Contact

For information concerning procedures for responding to this solicitation, contact Senior Procurement Specialist AnnDebra Diaz at (954) 828-5949 or email at adiaz@fortlauderdale.gov. Such contact shall be for clarification purposes only.

For information concerning technical specifications, please utilize the question / answer feature provided by BidSync at www.bidsync.com. Questions of a material nature must be received prior to the cut-off date specified in the RFP Schedule. Material changes, if any, to the scope of services or bidding procedures will only be transmitted by written addendum. (See addendum section of BidSync Site). Proposer's please note: Proposals shall be submitted as stated in PART V – Submittal Requirements. No part of your proposal can be submitted via FAX. No variation in price or conditions shall be permitted based upon a claim of ignorance. Submission of a proposal will be considered evidence that the Proposer has familiarized themselves with the nature and extent of the work, and the services required in this RFP. The entire proposal must be submitted in accordance with all specifications contained in this solicitation. The questions and answers submitted in BidSync shall become part of any contract that is created from this RFP.

1.6 Agent, Broker or Consultant Participation

The City of Fort Lauderdale has contracted with The Rhodes Insurance Group to serve as the consultant in reference to the City's group benefit plans. Remuneration for these consulting services is paid directly by the City to The Rhodes Insurance Group under a separate contract. No other consultant, agent or broker services are requested nor anticipated for this RFP. All proposed prices shall not include any remuneration to a third party.

END OF SECTION

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SECTION 2 – SPECIAL TERMS AND CONDITIONS

2.1 General Conditions

RFP General Conditions (Form G-107, Rev. 02/15) are included and made a part of this RFP.

2.2 Addenda, Changes, and Interpretations

It is the sole responsibility of each firm to notify the Buyer utilizing the question / answer feature provided by BidSync and request modification or clarification of any ambiguity, conflict, discrepancy, omission or other error discovered in this competitive solicitation. Requests for clarification, modification, interpretation, or changes must be received prior to the Question and Answer (Q & A) Deadline. Requests received after this date may not be addressed. Questions and requests for information that would not materially affect the scope of services to be performed or the solicitation process will be answered within the question / answer feature provided by BidSync and shall be for clarification purposes only. Material changes, if any, to the scope of services or the solicitation process will only be transmitted by official written addendum issued by the City and uploaded to BidSync as a separate addendum to the RFP. Under no circumstances shall an oral explanation given by any City official, officer, staff, or agent be binding upon the City and should be disregarded. All addenda are a part of the competitive solicitation documents and each firm will be bound by such addenda. It is the responsibility of each to read and comprehend all addenda issued.

2.3 Changes and Alterations

The Proposer may change or withdraw a Proposal at any time prior to Proposal submission deadline; however, no oral modifications will be allowed. Modifications shall not be allowed following the Proposal deadline.

2.4 Proposer's Costs

The City shall not be liable for any costs incurred by Proposers in responding to this RFP.

2.5 Pricing/Delivery

All pricing should be identified on the Cost Proposal page provided in this RFP. No additional costs may be accepted, other than the costs stated on the Cost Proposal page. Failure to use the City's Cost Proposal pages and Actuary re-pricing forms and provide costs as requested in this RFP may deem your proposal non-responsive

Prices proposed shall be valid for at least One-Hundred and Twenty (120) days from time of RFP opening unless otherwise extended and agreed upon by the City and Proposer.

2.6 Invoices/Payment

Payment will be made within forty-five (45) days after receipt of an invoice acceptable to the City, in accordance with the Florida Local Government Prompt Payment Act. If, at any time during the contract, the City shall not approve or accept the Proposer's work product, and agreement cannot be reached between the City and the Proposer to resolve the problem to the City's satisfaction, the City shall negotiate with the Proposer on a payment for the work completed and usable to the City.

Partial billing will not be accepted. The City will pay 100% of the contract price after all items/services have been delivered and accepted.

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2.7 Related Expenses/Travel Expenses

All costs including travel are to be included in your proposal. The City will not accept any additional costs.

2.8 Payment Method

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 for administration fees 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. See Contract Payment Method form attached.

2.9 Mistakes

The Proposer shall examine this RFP carefully. The submission of a Proposal shall be prima facie evidence that the Proposer has full knowledge of the scope, nature, and quality of the work to be performed; the detailed requirements of the specifications; and the conditions under which the work is to be performed. Ignorance of the requirements will not relieve the Proposer from liability and obligations under the Contract.

2.10 Acceptance of Proposals / Minor Irregularities

2.10.1 The City reserves the right to accept or reject any or all proposals, part of proposals, and to waive minor irregularities or variances to specifications contained in proposals which do not make the proposal conditional in nature and minor irregularities in the solicitation process. A minor irregularity shall be a variation from the solicitation that does not affect the price of the contract or does not give a respondent an advantage or benefit not enjoyed by other respondents, does not adversely impact the interests of other firms or, does not affect the fundamental fairness of the solicitation process. The City also reserves the right to reissue a Request for Proposal.

2.10.2 The City reserves the right to disqualify Proposer during any phase of the competitive solicitation process and terminate for cause any resulting contract upon evidence of collusion with intent to defraud or other illegal practices on the part of the Proposer.

2.11 Sample Contract Agreement

A sample of the formal agreement template, which will be required to be executed by the awarded vendor can be found at our website http://fortlauderdale.gov/purchasing/AWARDS/CONTRACT_TEMPLATE_SERVICES.pdf. It is required that the selected vendor accept the City's agreement whose provisions will supersede any contradictory provisions contained in other vendor agreements.

2.12 Responsiveness

In order to be considered responsive to the solicitation, the firm's proposal shall fully conform in all material respects to the solicitation and all of its requirements, including all form and substance.

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2.13 Responsibility

In order to be considered as a responsible firm, firm shall be fully capable to meet all of the requirements of the solicitation and subsequent contract, must possess the full capability, including financial and technical, to perform as contractually required, and must be able to fully document, to the City's satisfaction, the ability to provide good faith performance.

2.14 Minimum Qualifications

This RFP requires TPA, PBM and EAP bidders to be a single-provider, carrier based managed care organization that includes a proprietary network for the majority of providers and has the capability to integrate all data and the administration related to claims, eligibility, disease management and wellness programs as defined in Section 1.1. In order to be considered, a Proposer must, as of the proposal return date stated in this RFP and throughout the duration of the program, meet the following applicable minimum qualifications. Proposer must provide documentation of existing qualifications in Tab VII of their proposal. See Section 5 of this RFP for complete instructions for submitting your proposal.

Third Party Health Plan Administrator (TPA) and Pharmacy Benefit Manager (PBM)

- Authorized by the State of Florida Department of Financial Services Department to provide the services requested in the RFP.
- Operating as a TPA for a minimum of ten (10) years in Florida at the time of the proposal due date.

Employee Assistance Plan

- Authorized to do business in the State of Florida.
- Minimum of five (5) years of experience in providing assessment, counseling and referral services for a public or private organization with 500 or more employees in the State of Florida.
- Network of mental health providers who are in compliance with State of Florida licensing requirements as outlined by the Department of Health.

2.14.1 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.

2.14.2 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.

2.14.3 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.

2.14.4 Firm and those performing the work must be appropriately licensed and registered in the State of Florida.

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2.15 Lobbying Activities

Any Proposer submitting a response to this solicitation must comply, if applicable, with City of Fort Lauderdale Ordinance No. C-00-27 & Resolution No. 07-101, Lobbying Activities. Copies of Ordinance No. C-00-27 and Resolution No. 07-101 may be obtained from the City Clerk's Office on the 7th Floor of City Hall, 100 N. Andrews Avenue, Fort Lauderdale, Florida. The ordinance may also be viewed on the City's website at: http://www.fortlauderdale.gov/clerk/LobbyistDocs/lobbyist_ordinance.pdf.

2.16 Protest Procedure

2.16.1 Any Proposer or Bidder who is not recommended for award of a contract and who alleges a failure by the city to follow the city's procurement ordinance or any applicable law may protest to the director of procurement services division (director), by delivering a letter of protest to the director within five (5) days after a notice of intent to award is posted on the city's web site at the following link: http://www.fortlauderdale.gov/purchasing/notices_of_intent.htm.

2.16.2 The complete protest ordinance may be found on the city's web site at the following link: <http://www.fortlauderdale.gov/purchasing/protestordinance.pdf>.

2.17 Public Entity Crimes

Proposer, by submitting a proposal attests she/he/it has not been placed on the convicted vendor list. A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a proposal on a contract to provide any goods or services to a public entity, may not submit a proposal on a contract with a public entity for the construction or repair of a public building or public work, may not submit proposals on leases of real property to a public entity, may not be awarded or perform work as a Proposer, supplier, sub-contractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, Florida Statutes, for Category Two for a period of 36 months from the date of being placed on the convicted vendor list.

2.18 Subcontractors

2.18.1 If the Proposer proposes to use subcontractors in the course of providing these services to the City, this information shall be a part of the bid response. Such information shall be subject to review, acceptance and approval of the City, prior to any contract award.

2.18.2 Proposer shall ensure that all of Proposer's subcontractors perform in accordance with the terms and conditions of this Contract. Proposer shall be fully responsible for all of Proposer's subcontractors' performance, and liable for any of Proposer's subcontractors' non-performance and all of Proposer's subcontractors' acts and omissions. Proposer shall defend, at Proposer's expense, counsel being subject to the City's approval or disapproval, and indemnify and hold harmless the City and the City's officers, employees, and agents from and against any claim, lawsuit, third-party action, or judgment, including any award of attorney fees and any award of costs, by or in favor of any Proposer's subcontractors for payment for work performed for the City.

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2.18.3 Proposer shall require all of its subcontractors to provide the required insurance coverage as well as any other coverage that the Proposer may consider necessary, and any deficiency in the coverage or policy limits of said subcontractors will be the sole responsibility of the Proposer.

2.19 Insurance Requirements

2.19.1 The Proposer shall furnish proof of insurance requirements as indicated below. The coverage is to remain in force at all times during the contract period. The following minimum insurance coverage is required. The City is to be added as an "additional insured" with relation to General Liability Insurance. This MUST be written in the description section of the insurance certificate, even if you have a check-off box on your insurance certificate. Any costs for adding the City as "additional insured" will be at the Proposer's expense.

2.19.2 The City of Fort Lauderdale shall be given notice 10 days prior to cancellation or modification of any stipulated insurance. The insurance provided shall be endorsed or amended to comply with this notice requirement. In the event that the insurer is unable to accommodate, it shall be the responsibility of the Proposer to provide the proper notice. Such notification will be in writing by registered mail, return receipt requested and addressed to the Procurement Services Division.

2.19.3 The Proposer's insurance must be provided by an A.M. Best's "A-" rated or better insurance company authorized to issue insurance policies in the State of Florida, subject to approval by the City's Risk Manager. Any exclusions or provisions in the insurance maintained by the Proposer that precludes coverage for work contemplated in this RFP shall be deemed unacceptable, and shall be considered breach of contract.

Workers' Compensation and Employers' Liability Insurance

Limits: Workers' Compensation – Per Florida Statute 440
Employers' Liability - \$500,000

Any firm performing work on behalf of the City of Fort Lauderdale must provide Workers' Compensation insurance. Exceptions and exemptions will be allowed by the City's Risk Manager, if they are in accordance with Florida Statute. For additional information contact the Department of Financial Services, Workers' Compensation Division at (850) 413-1601 or on the web at www.fldfs.com.

Commercial General Liability Insurance

Covering premises-operations, products-completed operations, independent Proposers and contractual liability.

Limits: Combined single limit bodily injury/property damage \$1,000,000. This coverage must include, but not limited to:

- a. Coverage for the liability assumed by the Proposer under the indemnity

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- provision of the contract.
- b. Coverage for Premises/Operations
- c. Products/Completed Operations
- d. Broad Form Contractual Liability
- e. Independent Proposers

Automobile Liability Insurance

Covering all owned, hired and non-owned automobile equipment.

Limits: Bodily injury \$250,000 each person, \$500,000 each occurrence
Property damage \$100,000 each occurrence

Professional Liability (Errors & Omissions)

Limits: \$2,000,000 per occurrence

2.19.4 A copy of **ANY** current Certificate of Insurance should be included with your proposal.

2.19.5 In the event that you are the successful Proposer, you will be required to provide a certificate naming the City as an "additional insured" for General Liability. Certificate holder should be addressed as follows:

City of Fort Lauderdale
Procurement Services Division
100 N. Andrews Avenue, Room 619
Fort Lauderdale, FL 33301

2.20 Award of Contract

A Contract (the "Agreement") may be awarded by the City Commission. The City reserves the right to execute or not execute, as applicable, a contract with the Proposer(s) that is determined to be in the City's best interests. The City reserves the right to award a contract to more than one Proposer, at the sole and absolute discretion of the City.

2.21 Uncontrollable Circumstances ("Force Majeure")

The City and Proposer will be excused from the performance of their respective obligations under this agreement when and to the extent that their performance is delayed or prevented by any circumstances beyond their control including, fire, flood, explosion, strikes or other labor disputes, act of God or public emergency, war, riot, civil commotion, malicious damage, act or omission of any governmental authority, delay or failure or shortage of any type of transportation, equipment, or service from a public utility needed for their performance, provided that:

2.21.1 The non performing party gives the other party prompt written notice describing the particulars of the Force Majeure including, but not limited to, the nature of the occurrence and its expected duration, and continues to furnish timely reports with respect thereto during the period of the Force Majeure;

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2.21.2 The excuse of performance is of no greater scope and of no longer duration than is required by the Force Majeure;

2.21.3 No obligations of either party that arose before the Force Majeure causing the excuse of performance are excused as a result of the Force Majeure; and

2.21.4 The non performing party uses its best efforts to remedy its inability to perform.

Notwithstanding the above, performance shall not be excused under this Section for a period in excess of two (2) months, provided that in extenuating circumstances, the City may excuse performance for a longer term. Economic hardship of the Proposer will not constitute Force Majeure. The term of the agreement shall be extended by a period equal to that during which either party's performance is suspended under this Section.

2.22 Canadian Companies

The City may enforce in the United States of America or in Canada or in both countries a judgment entered against the Proposer. The Proposer waives any and all defenses to the City's enforcement in Canada, of a judgment entered by a court in the United States of America. All monetary amounts set forth in this Contract are in United States dollars.

2.23 News Releases/Publicity

News releases, publicity releases, or advertisements relating to this contract or the tasks or projects associated with the project shall not be made without prior City approval.

2.24 Contract Period

The initial contract term shall commence January 1, 2017 and shall expire three years from that date. The City reserves the right to extend the contract for three, additional one year periods, pursuant to the negotiation provisions set forth in Section 2-199, Code of Ordinances for the City of Fort Lauderdale, Florida. The selected proposer must be able to have the plan(s) in place by October 1, 2016 in preparation for the City's Open Enrollment period for a benefit effective date of January 1, 2017.

In the event services are scheduled to end because of the expiration of this contract, the Proposer shall continue the service upon the request of the City as authorized by the awarding authority. The extension period shall not extend for more than one hundred eighty (180) days beyond the expiration date of the existing contract. The Proposer shall be compensated for the service at the rate in effect when this extension clause is invoked by the City.

2.25 Audits

The City may request an audit of medical and pharmacy claims in order to determine if the re-pricing information submitted to the City in their proposal is being followed. The City may use an independent third party auditor, provided that they adhere to the treatment of confidential information defined in the RFP under State of Florida statutes, Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health. (HITECH) Act

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In addition, the successful Proposer must agree to full disclosure of all pharmacy administrative fees, planned and actual discounts, dispensing fees and other administrative fees for the purpose of auditing claims to ensure compliance with the pricing guarantees and provisions contained in the proposal. Refer to the current Administrative Services Only (ASO) Pharmacy Benefit Manager (PBM) agreement for acceptable conditions.

2.26 Substitution of Personnel

In the event the Proposer wishes to substitute trained, qualified, personnel for those listed in the proposal, the City shall receive prior notification and have the right to review, test and approve such substitutions, if deemed necessary. If the City has reasonable evidence to believe that an employee of the Proposer is incompetent, or has performed his or her employment in an objectionable manner, the City shall have the right to require the Proposer to resolve the situation to the City's satisfactions, provided, however, that the Proposer shall not be required to institute or pursue to completion any action if to do so would violate any law, state statute, city ordinance, contract or employment or union agreement.

2.27 Insurance for Collection of Credit Card Payments

The successful Proposer will need to provide proof that they maintain insurance coverage in an amount of not less than \$1,000,000 specifically for cyber related crimes relating to the transmission of credit card information over their website that can include but are not limited to criminal activity involving the information technology infrastructure, including illegal access (unauthorized access), illegal interception (by technical means of non-public transmissions of computer data to, from or within a computer system), data interference (unauthorized damaging, deletion, deterioration, alteration or suppression of computer data), systems interference (interfering with the functioning of a computer system by inputting, transmitting, damaging, deleting, deteriorating, altering or suppressing computer data), misuse of devices, forgery (ID theft), and electronic fraud.

2.28 Service Organization Controls

The Contactor shall provide a current SSAE 16, SOC 2, Type I report with their proposal. Awarded Proposer will be required to provide an SSAE 16, SOC 2, Type II report annually during the term of this contract. If the Proposer cannot provide the SSAE 16, SOC 2, Type I report at time of proposal submittal, a current SOC 3 report will be accepted.

2.29 Business Associate Agreement

The City shall require recommended awarded Proposer, and possibly any sub-contractor to execute a Business Associate Agreement. A Sample Business Associate Agreement is attached as Exhibit 14. The sample document does not need to be executed and provided with your RFP, but will need to be executed upon award of contract.

END OF SECTION

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SECTION 3 - TECHNICAL SPECIFICATIONS/SCOPE OF SERVICES

3.1 Overview

The City of Fort Lauderdale implemented a self-funded health plan in September 2000. There are approximately 1,514 active employees and 88 retirees and 4 COBRA participants (3,537 members) enrolled in the plan. Participating groups include the General Employees (Teamsters), Firefighters, International Association of Firefighters (IAFF), Supervisors and Professional (Federation) and Management-Confidential (non-union). The Fraternal Order of Police (FOP) is currently not eligible to participate in the City's EAP, health and pharmacy plans. The City's census data is attached as "Exhibit 1 Estimated summary enrollment information:

Coverage Tier	HMO 1	HMO 2	CDHP	Total
Employee Only	332	91	291	714
Employee + Spouse	116	30	86	232
Employee + Child	78	7	48	133
Employee + Children	44	12	66	122
Employee + Family	142	29	234	405
Total	712	169	725	1,606

Cigna has provided the TPA and PBM services since January 2012. Subscribers may choose from three (3) different plan options: OAPIN1 (high option HMO), OAPIN2 (low option HMO) and a Consumer Driven Health Plan (CDHP) that utilizes a POS network. The CDHP includes a Health Reimbursement Account (HRA) for active employees in the amount of \$750 for single coverage, \$1,000 for employee + 1 dependent and \$1,500 for family coverage. Amounts not used during the year are carried over to the next year. The Cigna fully-insured EAP was effective January 1, 2015.

In 2013, the City established a near site Health and Wellness Center (Center) for employees and dependents participating in the City's self-funded health plan. The Health and Wellness Center administration is provided by Marathon Health, Inc (Marathon). The Center staff includes a primary care physician and a family nurse practitioner as well as two administrative support staff. Primary care physician services are available without charge to eligible members. In addition, the Center also supplies certain generic medications without charge. The successful TPA will be required to expedite the credentialing process for the physician and nurse practitioner hired by Marathon. The selected TPA will also be required to comply with the following:

- Expedited credentialing of all Health and Wellness Center medical staff with the process completed within 60 of contract award.
- Electronic transmission of lab data (for biometric import) and Health Risk Assessment completions annually.
- Electronic transmission of claims data monthly.
- Adjudication of run out claims for 12 months without additional fees in the event the contract is terminated.
- Assistance with referrals.
- Coordination of programs for outreach, wellness and other health services.

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- Quarterly reporting on utilization and unit cost by category including primary care, specialty care, emergency department, hospital inpatient and outpatient and ancillary services. Reports will include utilization and per capita costs for members utilizing the health center versus members not utilizing the center and overall.
- Access to the TPA account manager and dedicated onsite service representative to coordinate services, resolve problems and continually improve services to the City of Fort Lauderdale.

The City also has a Management Wellness plan that provides management employees with a \$500 incentive based on completion of the defined activities. The TPA and the designated onsite service representative will be required to track the activities of participants and provide a monthly report to the City's Benefits Office identifying the members who complete the activities required for incentive payout.

In addition to the health and pharmacy benefit administration, the successful vendor is required to include a comprehensive fully-insured Employee Assistance Program proposal with benefits that mirror the current Cigna EAP in place. A copy of the current EAP is attached as Exhibit "2".

Last year the City engaged the services of Choicelinx Corp, now operating as Benefits Technology Solutions (or referred to as Benefits Insight), to provide online benefit enrollment services. The successful TPA will be required to engage with Benefits Technology Solutions and to include any related costs in the proposed ASO fees. The City is actively engaged in the process to acquire a Enterprise Resource Planning System (ERP) software and will not consider the implementation of any other software at this time. Proposers who do not currently have a relationship with Benefits Technology Solutions will need to reach out to the contact below. It is required that any Benefits Technology Solutions related fees would be removed from the ASO fee when the new ERP System is implemented. The fee for Benefits Technology Solutions is \$82,000 per year and must be included in the proposed TPA fee. This fee is already included in the cost page.

Chryss LaRoche
Benefits Technology Solutions2 College Park Drive
Hookset, NH 03106
(603) 314-6025

The following programs are not currently administered by the TPA and are not part of this Request for Proposals:

- The City's COBRA administration and FSA plan will continue to be provided by a third party vendor.
The City's specific stop loss policy is currently underwritten by Cigna. This coverage will be marketed later this year.

Certificates of coverage and summary plan descriptions of the current plans are attached as "Exhibit 3".

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3.2 Objectives

It is the City's objective to contract with a single-provider, managed care TPA that will provide the City with the following components:

- a. Comprehensive administrative processes, claims adjudication for health and pharmacy claims, utilization review, managed care and member communications.
- b. Assertive disease management programs that fully integrate with medical and pharmacy claims data and existing wellness plans and initiatives.
- c. Competitive medical claim discounts and minimum discount guarantees.
- d. Pharmacy benefit management using a transparent pricing model, with 100% of the discounted claims and rebates passed through to the City. Currently, the City is using a traditional pricing model.
- e. Large local and national provider network(s) with minimal disruption of the existing provider network.
- f. A fully insured Employee Assistance Program (EAP) with convenient access to a diverse and broad network of mental health and substance dependency clinicians for short-term counseling, financial and legal counseling and support, discounts on local work/life services and consultation on critical incidents and any other organization issues that may arise.
- g. Network performance guarantees, administrative fee guarantees and performance service agreements.
- h. Ability to continue utilizing the Benefits Technology Solutions Online Benefit Enrollment System with any applicable fees included in the proposed TPA fees.
- i. Implementation and administration of the City's Wellness Program.

3.3 Scope of Services

Third Party Administration, Health Plan

The successful administrator will incorporate administration of the City's current benefits including but not limited to the following services:

- a. Timely and accurate claims processing.
- b. Local and national provider networks.
- c. Utilization review components.
- d. Member access to telemedicine services
- e. Disease management, including participant outreach through mail, internet, and telephonic coaching.
- f. Full integration of the existing Management Wellness Plan including the administration of activity tracking and identification of incentive achievement on a monthly basis.
- g. Internet, phone, and print-based participant communications.
- h. Reporting capabilities biweekly, monthly and quarterly (claims, disease management, wellness participation and outcomes, comparative data, predictive modeling, eligibility audits, etc.) Ad Hoc reporting may be requested on an as needed basis with no additional charges.
- i. Integration of reinsurance claims data and reporting for stop-loss carrier.
- j. Integration with City's existing Benefits Technology Solutions online benefit enrollment system.

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- k. A dedicated full-time on-site service representative with duties including but not limited to: assisting with organizing open enrollment meetings, health fairs, wellness events and providing assistance to employees with claim and benefit issues.
- l. Full cooperation with the integration of the City's Health and Wellness Center and the operation of the City's self-funded health plan.
- m. Website and mobile application services to include network provider finder, claim status and other member support tools.
- n. Complete development of all Summary Plan Descriptions (SPDs), Schedules of Benefits, Certificates, applicable riders, and Summary of Benefits Coverage (SBC).

Pharmacy Benefit Management

- a. Pharmacy benefit management with transparent pricing and 100% of the discounted claims and rebates passed on to the City.
- b. Comprehensive network of pharmacies including Walgreens and CVS specifically in tri-county area (Broward, Miami-Dade, Palm Beach) and statewide and national networks.
- c. A Drug formulary that closely matches the City's current formulary.
- d. An exclusive specialty pharmacy service that includes patient education.
- e. Program should include step therapy and prior authorization programs.
- f. Assistance with step therapy and prior authorization programs that include communicating with physicians and implementing a process that does not harm physician-patient relationship.
- g. Procedures to increase the use of mail order pharmacies for maintenance medications.
- h. Monitoring of medication compliance and actions to ensure member adherence.
- i. Outreach and assistance to members taking two or more medications on a regular basis.
- j. Monthly reporting of claims, eligibility and utilization.
- k. Administration of a zero dollar copay benefit that provides certain chronic medications at no cost to the members.
- l. Website and mobile application services to include a network provider finder, formula information status and other member support tools.

Employee Assistance Program

- a. Short-term counseling for 10 sessions per issue, per year, with no maximum on the number of issues (subject to EAP authorization).
- b. Referrals to community resources and appropriate mental health providers when continued and/or more intensive mental health services are required.
- c. 24/7 access to telephonic and online services.
- d. Unlimited telephonic management consultation.
- e. Financial and legal information.
- f. Employee training and informational seminars (onsite and/or web-based).
- g. Utilization reporting on both a quarterly and annual basis.
- h. Promotional and communication materials.

END OF SECTION

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SECTION 4 - GENERAL PLAN PROVISIONS

4.1 Retirees

Retirees and their spouses and eligible dependents can continue coverage for as long as they choose. These options are available only at the time of retirement. Retirees who discontinue enrollment in the group health plan will not be eligible to re-enroll.

4.2 Waiting Period

The waiting period is defined in the employee benefits handbook included in Section 9 of this RFP.

4.3 Contributions

Employer contributions are based on a defined contribution amount per employee based on bargaining group and employee contributions vary by bargaining group.

4.4 Dependent Coverage

Eligible dependents shall include a covered employee's spouse (if not divorced or legally separated)/domestic partner and a covered employee's/domestic partner's child(ren) to the end of the year in which the child reaches age 26, as provided in the Healthcare Reform guidelines. The City also provides coverage to dependents ages 26 to 30 as defined by Florida statute.

4.5 HRA Allowance

Active employees enrolled in the CDHP receive an HRA allowance as follows:

Employee only	\$750
Employee + 1 dependent	\$1,000
Employee + family	\$1,500

Unused funds carry over to the next plan year as permitted by Internal Revenue Service guidelines. A complete description of the benefit plan options is included in the plan documents located in Section 8 of this RFP.

4.6 Determination of Claim Liability

Final determination of any claim liability shall rest with the selected plan administrator in accordance with the plan benefits and the outcome of a pre-established appeals processes.

4.7 Plan Year Defined

The plan year shall be on a calendar year basis.

4.8 ID Cards, Documents, Communications to Members

The Proposer shall provide identification cards, master plan documents (summary plan description) and communications regarding the network and various utilization review, disease management, and wellness services. ID cards and welcome packet must be mailed directly to plan enrollees. The City must approve all communications to members.

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4.9 Communications Costs

The successful Proposer shall provide \$3,000 annually to the City for the purpose of printing the City's benefit brochure. Summary plan descriptions, certificates of coverage, plan riders and benefit plan outlines shall be made available online.

4.10 Wellness Allowance

The successful Proposer shall provide an annual allowance of \$87,000 to be used for wellness programs and initiatives selected by the City. Any unused balances shall be rolled over to the following plan year.

4.11 Standard Reports

The Proposer must include the following in the list of standard reports available without additional charges. Reports are to be broken out by the three plan options and for both active and retirees in the various employee groupings including Teamsters, Firefighters, Federation, Management/Confidential/Professional, and Special Group (COBRA, Adult Child, Beach Survivors). Monthly reporting will be delivered (available) within 15 business days from the end of the preceding month. Annual reporting will be delivered (available) within 15 business days from the end of the first quarter of the following year. Proposer is required to provide and present annual year-end reporting at City of Fort Lauderdale to go over Plan results and make recommendations, at no cost to the City. Ad Hoc reports may be requested from time to time with no charges by the selected TPA.

- Weekly claims reimbursement (invoice) will also list all claims by provider name and include an identification of the diagnosis.
- Monthly paid claims separated by option, by network, non-network and by the five basic employee groups, Teamsters, Fire, Management, Supervisory/Professional and Confidential.
- Monthly hospital inpatient utilization reports separated by option, network, non-network.
- Monthly hospital inpatient utilization by admission type.
- Monthly large claims for claims exceeding \$10,000 identified by option, by employee, retiree or COBRA and by dependent (spouse, child). Reports should include diagnosis and claim status (active or completed). Companies will be required to provide prognosis on a periodic basis.
- Monthly claims cost by major service type, including discount amount, ineligible amount, allowed amount, copay amount, coinsurance amount, savings from COB, total paid and number of claims.
- Monthly claims cost by major service type by employee, spouse, and dependent.
- Monthly claims cost by top 20 principal diagnoses.
- Monthly claims cost by the top 20 servicing providers.
- Annual utilization report including an analysis of experience by option and network versus non-network utilization. Summary diagnosis, prescription and provider information must also be included.
- Monthly enrollment report by option and tier including Reports also need to be identified by the adult dependents (26-30) and a special category to be identified.
- Monthly claims lag report.

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- Provider reports on request to include hospitals (inpatient and outpatient) and physicians, including tax ID number, address, number of claims, dollar amount of claims.
- Monthly report providing the summary of total net claims paid and incurred for the most recent 12 months.
- Health Reimbursement Account Reporting including the tracking of current year and carry over individual balances.

4.12 Performance Guarantees

The City wants the successful TPA to be a true partner in the administration of the health plan and is requesting that the following performance guarantees be included in your proposal. Each standard is to be measured quarterly and reported to the City by the end of the month following the quarter.

Implementation Performance Guarantees	Performance Commitment	Liquidated Damages % Amount
Identification Card Delivery Performance Standard	98% of Identification Cards mailed within 10 business days of receipt of complete and accurate eligibility data.	0.25% of annual Administrative Fee
SPD Delivery Performance Standard	SPDs available 30-days following as of Plan effective date	0.25% of annual Administrative Fee
Call Readiness Performance Commitment	Service Center(s) ready to respond to customer inquiries as of Plan effective date.	0.25% of annual Administrative Fee
Secure Internet Portals Commitment	Employer and member portals fully functional and available to City and participants on effective date	0.25% of annual Administrative Fee
Overall Satisfaction with Implementation Services Performance Standard	Based on a mutually agreed upon Satisfaction Survey (standard will be measured and reported to Employer annually after open enrollment implementation).	0.25% of annual Administrative Fee

Ongoing Performance Guarantees	Measure Method	Liquidated Damages % Amount
I.D. Card Production (ongoing)	98% of Identification Cards mailed within 10 business days of receipt of complete and accurate eligibility data (standard will be measured and reported to Employer	0.25% of annual Administrative Fee

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Ongoing Performance Guarantees	Measure Method	Liquidated Damages % Amount
	quarterly).	
SPD Delivery (ongoing)	SPD available 30-days following of effective date of plan changes	0.25% of annual Administrative Fee
Claims Processing	<p>Time to Process: 94% of claims processed in 10 business days from the date a claim is received to the date it is processed (i.e., paid, pended or denied) excluding weekends and holidays (clean claims only). Standard will be measured and reported to Employer quarterly.</p> <p>Financial Accuracy: 98% Financial Accuracy (Defined as claim dollars paid correctly divided by claim dollars paid based on all claims in the audit sample. Claim dollars paid correctly are calculated by subtracting gross, not net, payment errors from total claim dollars paid.) (standard will be measured and reported to Employer quarterly).</p> <p>Procedural Accuracy: 98% (Defined as number of correct claims reviewed in the audit sample divided by the total number of claims reviewed in the audit sample. A "correct claim" is free of any errors including, but not limited to, spelling, coding, financial, typographical, or numerical (standard will be measured and reported to Employer quarterly).</p>	<p>0.25% of annual Administrative Fee</p> <p>0.25% of annual Administrative Fee</p> <p>0.25% of annual Administrative Fee</p>

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Ongoing Performance Guarantees	Measure Method	Liquidated Damages % Amount
Member Services Hold Time	Toll-free telephone line: Established and operational 30 days prior to the effective date of plan and 95% functional at all times. Standard will be measured and reported to Employer quarterly.	0.25% of annual Administrative Fee
Average Speed of Answer	Average Speed of Answer: Guarantee that 80% of calls answered by live representative within 30 seconds or less (standard will be measured and reported to Employer quarterly)	0.25% of annual Administrative Fee
Abandonment Rate	Abandonment Rate: Guarantee that the call abandonment rate will be 4% or less (standard will be measured and reported to Employer quarterly).	0.25% of annual Administrative Fee
Resolution of Eligibility Issues	Response rate of 3 business days to correct eligibility issues	0.25% of annual Administrative Fee
Service Manager Performance Standard	Response within 24 hours	
Transition of Care	Once members are identified, outreach will be made within 10 business days or the close of open enrollment. After open enrollment, Proposer guarantees outreach within 4 business days.	0.25% of annual Administrative Fee

Liquidated damages amount is not to exceed \$12,000 per quarter, maximum \$48,000 per year.

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SECTION 5 – SUBMITTAL REQUIREMENTS

5.1 Instructions

This is a paper RFP with CD and a re-pricing posting on a secure website. All proposals must be received by the City of Fort Lauderdale, in the Procurement Services Department, Room 619, City Hall, 100 North Andrews Avenue, Fort Lauderdale, Florida 33301 prior to 2 p.m. on the date specified in the RFP. The claims re-pricing information must be posted on the Wakely Consulting Group's secure website by 2 p.m. on the due date. Submittal of response by fax or email will not be acceptable.

- 5.1.1** Although proposals are accepted 'hard copy', the City of Fort Lauderdale uses Bidsync (www.bidsync.com) to administer the competitive solicitation process, including but not limited to soliciting proposals, issuing addenda, responding to questions / requests for information. There is no charge to register and download the RFP from Bidsync. Proposers are strongly encouraged to read the various vendor Guides and Tutorials available in Bidsync well in advance of their intention of submitting a proposal to ensure familiarity with the use of Bidsync. The City shall not be responsible for a Proposer's inability to submit a proposal by the end date and time for any reason, including issues arising from the use of Bidsync.
- 5.1.2** Careful attention must be given to all requested items contained in this RFP. Proposers are invited to submit proposals in accordance with the requirements of this RFP. Please read entire solicitation before submitting a proposal. Proposers must provide a response to each requirement of the RFP. Proposals should be prepared in a concise manner with an emphasis on completeness and clarity. Notes, exceptions, and comments may be rendered on an attachment, provided the same format of this RFP text is followed.
- 5.1.3** All information submitted by Proposer shall be typewritten or provided as otherwise instructed to in the RFP. Proposers shall use and submit any applicable or required forms provided by the City and attach such to their proposal. Failure to use the forms may cause the proposal to be rejected and deemed non-responsive.
- 5.1.4** Proposals shall be submitted by an authorized representative of the firm. Proposals must be submitted in the business entities name by the President, Partner, Officer or Representative authorized to contractually bind the business entity. Proposals shall include an attachment evidencing that the individual submitting the proposal, does in fact have the required authority stated herein.
- 5.1.5** All proposals will become the property of the City. The Proposer's response to the RFP is a public record pursuant to Florida law, which is subject to disclosure by the City under the State of Florida Public Records Law, Florida Statutes Chapter 119.07 ("Public Records Law"). The City shall permit public access to all documents, papers, letters or other material submitted in connection with this RFP and the Contract to be executed for this RFP, subject to the provisions of Chapter 119.07 of the Florida Statutes. Any language contained in the Proposer's response to the RFP purporting to require confidentiality of any portion of the Proposer's response to the RFP, except to the extent that certain information is in the City's opinion is a Trade Secret pursuant to

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Florida law, shall be void. If a Proposer submits any documents or other information to the City which the Proposer claims is Trade Secret information and exempt from Florida Statutes Chapter 119.07 ("Public Records Laws"), the Proposer shall clearly designate that it is a Trade Secret and that it is asserting that the document or information is exempt. The Proposer must specifically identify the exemption being claimed under Florida Statutes 119.07. The City shall be the final arbiter of whether any information contained in the Proposer's response to the RFP constitutes a Trade Secret. The city's determination of whether an exemption applies shall be final, and the Proposer agrees to defend, indemnify, and hold harmless the city and the city's officers, employees, and agent, against any loss or damages incurred by any person or entity as a result of the city's treatment of records as public records. In the event of Contract award, all documentation produced as part of the Contract shall become the exclusive property of the City.

- 5.1.6** One (1) original and four (4) copies plus (six) electronic (soft) copies of your proposal shall be delivered in a sealed package with the RFP number, due and open date, and RFP title clearly marked on the outside by the due date and time (deadline) to the address specified in Section I, 1.2 – Submission Deadline. The re-pricing file must be posted on the Wakely Consulting Group secure website by 2 p.m. by the due date. The City's Actuary will comply with non-disclosure agreements as it pertains to the requested re-pricing information. The Actuary will provide the re-pricing results on an aggregate basis so as not to disclose any data considered to be a trade secret. It is the sole responsibility of the respondent to ensure their proposal is received on or before the date and time stated, in the specified number of copies and in the format stated herein.
- 5.1.7** By submitting a response Proposer is confirming that the firm has not been placed on the convicted vendors list as described in Section §287.133 (2) (a) Florida Statutes; that the only person(s), company or parties interested in the proposal as principals are named therein; that the proposal is made without collusion with any other person(s), company or parties submitting a proposal; that it is in all respects fair and in good faith, without collusion or fraud; and that the signer of the proposal has full authority to bind the firm.

END OF SECTION

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SECTION 6 - REQUIRED INFORMATION / PROPOSAL ORGANIZATION

The City deems certain documentation and information important in the determination of responsiveness and for the purpose of evaluating proposals. Proposals should seek to avoid information in excess of that requested, must be concise, and must specifically address the issues of this RFP. The City prefers that proposals utilize recyclable materials as much as practical. Elaborate binders are neither necessary nor desired. Please place the labeled DVD/CD in a paper sleeve. The proposals shall be organized and divided into the sections indicated herein. These are not inclusive of all the information that may be necessary to properly evaluate the proposal and meet the requirements of the scope of work and/or specifications. Additional documents and information should be provided as deemed appropriate by the respondent in proposal to specific requirements stated herein or through the RFP.

Proposers are instructed to read and follow the instructions carefully as any misinterpretation or failure to comply with instructions may lead to the submittal being rejected.

Forms that are to be submitted in Microsoft Word or Microsoft Excel format should be formatted with standard extensions (.doc, .docx, .xls, .xlsx) with no encryption. Submitting files that are encrypted may lead to the submittal being rejected.

6.1. Proposal Organization

This section of the RFP provides the Proposer with instructions concerning required information that must be submitted as part of their proposal. Proposers must arrange their proposal in the order outlined in these instructions. Failure to provide any of the required information or required documents or failure to arrange the proposal in accordance with these instructions may result in the proposal being rejected.

Proposal Cover Sheet (cover letter optional)

Tab I	Benefits - Deviations from current benefit plan that your company is not able to administer
Tab II	Administration cost. See Section 8, Attachments 1-3 "TPA Pricing, EAP Premiums, and PBM Fees Forms"
Tab III	Network Forms and Geo Access Report
Tab IV	Responses to Questionnaire (Attachment 12)
Tab V	Deviations to Other Specifications
Tab VI	References (Attachment 6)
Tab VII	Other Information and Documentation. In addition to forms included in this RFP (see Section 8), provide an executed and notarized Certification of Accuracy of the claims re-pricing form that you are providing to Wakely Consulting.

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Tab VIII Required Forms and Required Documents (see Section 8)

6.2 Proposal Cover Sheet

Use this sheet as the first page of the proposal. A cover letter may be included after the cover sheet.

6.3 Proposer's Identification and Proposer's Warranty

Include these forms, which are provided in Section 8 of this document in Tab VII of your response (Attachments 8 and 9).

6.4 Addendum Acknowledgment

If any addendums are issued, the Proposer must acknowledge compliance with the addendum by submitting a signed copy of the addendum in this section. This form (Attachment 7) will be issued as part of the addendum process, if any addendums are issued. Proposer may also acknowledge the addendums on the Bid/Proposal Signature Page attached to this RFP. If no addendums are issued, this section only needs to be acknowledged as "none received." Label this Response to Section 6.4 and include in Tab VII of the proposal.

6.5 Public Entity Crimes

NOTE: Proposer, by submitting a proposal attests they have not been placed on the convicted vendor list.

A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a proposal on a contract to provide any goods or services to a public entity, may not submit a proposal on a contract with a public entity for the construction or repair of a public building or public work, may not submit proposals on leases of real property to a public entity, may not be awarded or perform work as a Contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, Florida Statutes, for Category Two for a period of 36 months from the date of being placed on the convicted vendor list.

The Proposer must disclose if the company has been placed on the convicted vendor list. Label this Response to Section 6.5 and include in Tab VII of the proposal.

6.6 No Bid Form

If your company is not submitting a proposal in response to the RFP, please complete the No Bid Form (Attachment 10) found in Section 8 and send to the City at

Attn.: Procurement Services Department
City of Fort Lauderdale
Suite 619
RFP # 565-11755
100 N. Andrews Avenue
Fort Lauderdale, FL 33301

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6.7 Benefit Plan Descriptions

Proposer must provide deviations to the current benefits that your company will not be able to administer. These deviations should be labeled Response to Section 6.7 and placed in Tab I of the proposal. Proposer must try to mirror the City's current plans. Descriptions of the current benefits are attached in Section 9 of this RFP.

6.8 Rate Forms

Proposers must complete the rate forms (Attachments 1-3) included in Section 8 of this document. These forms should be placed in Tab II of the proposal.

6.9 Capitation Rate

Provide your capitation rate schedules, if applicable, and list of associated services by CPT code and description. Include in Tab II of the proposal.

6.10 Mandatory Re-pricing Process

The City has engaged the plan actuary, Wakely Consulting Group, to conduct the re-pricing analysis of the proposed networks and pharmacy claims. A network re-pricing form prepared by the Actuary will be provided to responders upon request. Please contact Alison Pool at alisonp@wakely.com for the form. Please include the RFP information in the subject line. This form must be completed and submitted before the RFP due date to the Actuary's secure web site. If in fact you consider this re-pricing information to be a Trade Secret, and treated as confidential information under Florida sunshine rules, the file should be labeled Trade Secrets. THE ATTACHED DOCUMENT MUST BE SUBMITTED TO WAKELY CONSULTING GROUP AT THEIR SECURED WEBSITE AT: <https://www.wakely.com/clients/> THEIR USER ID IS: wakely1 and PASSWORD IS: janutr5d

6.11 Network Forms

Proposers must complete the network forms included in Section 8 of this document. These completed forms should be placed in Tab III of the proposal.

6.11.1 Network Summary

Indicate the number of providers for each listed specialty by County for each proposed plan (as indicated in Section 8, Attachment 4). Include only those primary care physicians who are accepting patients. Each provider should be counted only once even if he or she has more than one office. Also provide the forms in Excel format (standard .xls or .xlsx with no encryption) placed in Tab III.

6.11.2 Specific Provider Network

The attached Excel workbook, **Specific Provider Network.xlsx**, (Attachment 5) contains two lists of providers currently utilized by City members, one list for PCPs and one for specialists. Indicate which of the providers are included in your network. Also provide this form in Excel format (standard .xls or .xlsx with no encryption) placed in Tab III.

6.12 Geo-Access Report

Provide a geo-access report for members included on the attached census, within 10 miles for primary care, 5 miles for specialists and 10 miles for hospitals, for all zip codes listed. The analysis should include an out of area (South Florida) component. Include this report in Tab III of your proposal.

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6.13 Provider Directories

Proposers must provide a copy of their proposed provider network directories on disk (CD). Label the directories Response to Section 6.13 and include in Tab VII of the proposal.

6.14 Prescription Drug Formulary

Proposers must provide a copy of their current drug formulary. In addition, proposers must complete the attached form (Attachment 11), **highly utilized, high cost medications.xlsx**, included in Section 8 of this document, indicating your company's formulary tier for each medication and noting if prior authorization or step therapy is required. Label this Response to Section 6.14 and include in Tab VII of the proposal.

6.14 Questionnaire

Proposers must respond to the questionnaire (see Attachment 12). These responses must be placed in Tab IV of the proposal.

6.15 Grievance and Appeal Procedure

Proposers must provide a description of the grievance and appeal procedure to be conducted on behalf of the City's health plan. Label this information Response to Section 6.15 and include in Tab VII of the proposal.

6.16 Audited Financial Statement and/or Annual Report

Proposers must furnish their most recent independently audited financial statement and/or 2015 Annual Report (or most current). Label this information Response to Section 6.16 and include in Tab VII of the proposal.

6.17 Service Organization Controls

The Contactor shall provide a current SSAE 16, SOC 2, Type I report with their proposal. Awarded Contractor will be required to provide an SSAE 16, SOC 2, Type II report annually during the term of this contract. If the Contractor cannot provide the SSAE 16, SOC 2, Type I report at time of proposal submittal, a current SOC 3 report will be accepted.

6.18 Incorporation/Licensing

Proposers must provide proof of State of Incorporation and State in which licensed. Label this information Response to 6.18 and include in Tab VII of the proposal.

6.19 Authorization to Provide Services

Proposers must provide certification from the appropriate State offices that the firm is authorized to provide the services contained in the proposal. Label this information Response to Section 6.19 and include in Tab VII of the proposal.

6.20 References

Proposers must provide a list of current group TPA clients including three (3) government entities with more than 1,000 covered employees (preferably with as many or more employees than the City of Fort Lauderdale). In addition, provide references for two (2) EAP clients. Also include references for 2 accounts that have terminated services within the past 24 months. Include names of persons and phone numbers who may be contacted for

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references. A reference form (Attachment 6) is included in Section 8 of this document. The completed form(s) should be placed in Tab VI of the proposal.

6.21 Information Regarding the Company

In order to evaluate the ability of the Proposer to perform the services requested, information about each firm must be provided to determine the firm's ability to meet all of the requirements as stated in this RFP. Provide a brief summary of the corporate/company history of the firm, which should include the number of years the firm has administered self-funded group health plans in Florida (minimum of five (5) years required). Label this Response to 6.21 and include in Tab VII of the proposal.

6.22 Statement of Minimum Qualification

Proposer must provide documentation of minimum qualification as outlined in Section 2.14 - (Minimum Qualifications of Proposer) of this document. Label this information Response to Section 6.22 and include in Tab VII of your proposal.

6.23 Proposed ASO & PBM Agreement

Proposer must include any and all proposed sample agreements, that may be requested to be executed by the City under the proposed plans, or your RFP response may be deemed non-responsive. Label this information Response to Section 6.23 and include proposed contract in Tab VII of the proposal.

6.24 Additional Agreements

Proposers must include a sample of any additional administrative agreement they may require. (A proposed Banking Agreement is attached in Section 9 as Exhibit 11) Any provisions contained in the agreements that conflict with City requirements and/or the response to the RFP will be deemed null and void. Label this Response to Section 6.24 and include in Tab VII of your proposal.

6.25 Service Performance Guarantees Agreement

Proposers must agree to the service performance agreement allowing for liquidated damages for non-conformance to identified standards and the details for this agreement including liquidated damages as noted in Section 4.12. Provide your company's understanding and acceptance of these terms, label this Response to Section 6.25 and include in Tab VII of your proposal.

6.26 Utilization Review

Provide a brief description of each utilization review component outlined below. This should include a description of services, an explanation of how they work, time frame and turn-around time. If your UR program does not include one of the components, please provide a statement to this effect.

- A. Pre-admission authorization
- B. Continued stay review
- C. Retrospective utilization review
- D. Discharge planning
- E. Outpatient utilization review
- F. Medical case management

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- G. Psychiatry/substance abuse review
- H. Diagnostic X-ray and lab/ advanced imaging authorizations
- I. Surgical procedure authorization
- J. Physical Therapy medical necessity determination

Label this information Response to Section 6.26 and include in Tab VII of the proposal.

6.27 Disease Management/Health Promotion

Proposer must provide a description of all disease management programs that will be offered as part of this proposal and any associated cost for this program. This information should include:

- Specific services and interventions of the program.
- Staffing resources as well as frequency and availability of these services.
- Description of the approach to managing each of the disease states.
- Description of the enrollment process for the disease management programs.
- •Description of any incentives your company uses to encourage participation in the programs.
- Description of the type and frequency of reporting your company uses to track, analyze and assess disease management program cost savings.

Label this information Response to Section 6.27 and include in Tab VII of the proposal.

6.28 Organ Transplants, Alternative Medicines

Proposer must provide a description of current practices regarding organ transplants, alternative medicines, investigative drugs, new medical devices and procedures. Include a list of your company's Centers of Excellence that describes the procedures available at each Center. Also provide information about experimental procedures that will not be covered. Label this information Response to Section 6.28 and include in Tab VII of the proposal.

6.29 Acknowledgement of Compliance or Non-Compliance

Provide a summary of any RFP specifications, requirements, terms, conditions and provisions that the Proposer will not conform to. This summary should include a justification and an alternative to the Sections(s) that are not acceptable. If the proposal being submitted is in compliance with all RFP specifications, requirements, terms, conditions and provisions, the Proposer should acknowledge compliance to all Sections. Label this Response to Section 6.29 and include in Tab V of the proposal.

END OF SECTION

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SECTION 7 – EVALUATION AND AWARD

7.1 Evaluation Procedure

7.1.1 Bid Tabulations/Intent to Award

Notice of Intent to Award Contract/Bid, resulting from the City's formal solicitation process, requiring City Commission action, may be found at http://www.fortlauderdale.gov/purchasing/notices_of_intent.htm. Tabulations of receipt of those parties responding to a formal solicitation may be found at <http://www.fortlauderdale.gov/purchasing/bidresults.htm>, or any interested party may call the Procurement Office at 954-828-5933.

7.1.2 Evaluation of proposals will be conducted by an Evaluation Committee, consisting of a minimum of three members of City Staff, or other persons selected by the City Manager or designee. All committee members must be present at scheduled evaluation meetings. Proposals shall be evaluated based upon the information and references contained in the responses as submitted.

7.1.3 The Committee may short list no less than three (3) proposals, assuming that three proposals have been received, that it deems best satisfy the weighted criteria set forth herein. The committee may then conduct interviews and/or require oral presentations from the short listed Proposers. The Evaluation Committee shall then re-score and re-rank the short listed firms in accordance with the weighted criteria.

7.1.4 The final ranking and the Evaluation Committee's recommendation may then be reported to the City Manager for consideration of contract award.

7.2 Evaluation Criteria

7.2.1 The City uses a mathematical formula to determine the scoring for each individual responsive and responsible firm based on the weighted criteria stated herein. Each evaluation committee member will rank each firm by criteria, giving their first ranked firm as number 1, the second ranked firm a number 2, and so on. The City shall average the ranking for each criterion, for all evaluation committee members, and then multiply that average ranking by the weighted criteria identified herein. The lowest average final ranking score will determine the recommendation by the evaluation committee to the City Manager.

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7.2.2 Weighted Criteria

Size & Adequacy of Provider Network South Florida network size, both primary care and specialists Hospital network Ability to provide national provider network (Geo-access Results) Physician turnover rates for Broward, Miami-Dade and Palm Beach Counties Member displacement and disruption	20%
Questionnaire & Performance Guarantees Vendor questionnaire Performance guarantees	15%
Administrative Services Customer and member service Efficient claims adjudication Disease management, utilization review, managed care capabilities Member communications Reporting capabilities Ability to provide full-time onsite dedicated staff Ability to engage with Benefits Technology Solutions Enrollment and implementation Financial capacity, company profile, staffing	20%
Wellness & EAP <u>Wellness:</u> Ability to administer existing Management Wellness Plan including monthly activity tracking and identification of members who have completed the defined activities includes reporting to the City. Ability to provide robust wellness programs for all other employees includes reporting to the City. <u>EAP:</u> Ability to provide all requested services Network accessibility and ease of access to services	10%
References	5%
Total Annual Cost TPA - PBM Administration Fees Network Health Plan Discounts Pharmacy Plan Discounts and Rebates EAP Premium	30%
TOTAL PERCENTAGE AVAILABLE	100%

7.3 Contract Award

The City reserves the right to award a contract to that Proposer who will best serve the interest of the City. The City reserves the right, based upon its deliberations and in its opinion, to accept or reject any or all proposals. The City also reserves the right to waive minor irregularities or variations of the submittal requirements and RFP process.

END OF SECTION

City of Fort Lauderdale
Single Source TPA, Pharmacy Benefit Management
And Employee Assistance Program
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SECTION 8 - REQUIRED FORMS (Attachments)Include in Tab II of the proposal

- a. **TPA Administrative Pricing Form (Attachment 1)**
- b. **Fully-Insured EAP Premium Form (Attachment 2)**
- c. **Pharmacy Benefit Management Fees (Attachment 3)**

Include in Tab III of the proposal

- a. **Network Summary (Attachment 4)**
- b. **Specific Provider Network (Attachment 5)**
- c. **Geo-Access Report (provided by Proposer-see Section 6.12)**

Include in Tab IV of the proposal

- a. **Questionnaire (Attachment 12)**

Include in Tab VI of the proposal

- a. **References (Attachment 6)**

Include in Tab VII of the proposal

- a. **Proposers Identification (Attachment 8)**
- b. **Proposers Warranty (Attachment 9)**
- c. **No Bid Form (Attachment 10)**
- d. **Highly utilized, high cost medications Form (Attachment 11)**

Include in Tab VIII of the proposal

- a. **Proposal Certification (Attachment 7)**
Complete and attach the Proposal Certification provided herein.
- b. **Non-Collusion Statement (Attachment 13)**
This form is to be completed, if applicable, and inserted in this section.
- c. **Contract Payment Method – Administrative Fees Only**
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.
- d. **Sample Insurance Certificate (provided by Proposer)**
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.
- e. **Business License (provided by Proposer)**
Evidence that your firm and/or persons performing the work are licensed to do business in the State of Florida.

END OF SECTION

City of Fort Lauderdale
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SECTION 9 - UNDERWRITING INFORMATION

- Exhibit 1 - Employee census
- Exhibit 2 - Current EAP
- Exhibit 3 - Summary Plan Descriptions and Summaries of Benefits and Coverage
for all plan options
- Exhibit 4 - Current Prescription Drug Formulary
- Exhibit 5 - List of Preventive Care Prescription Medications
- Exhibit 6 – 2016 Employee Benefit Handbook
- Exhibit 7 - Cigna Medical ASO and PBM Agreement
- Exhibit 8 – Cigna-City of Fort Lauderdale 2015 ASO Disclosure Letter
- Exhibit 9 - Management Wellness Program Information
- Exhibit 10 - Cigna and City of Fort Lauderdale Banking Letter (current)
- Exhibit 11 – Proposed City of Fort Lauderdale Banking Agreement Language
- Exhibit 12 – Cigna 2013-March 2016 Claims Experience Reports
- Exhibit 13 – HRA Fund Balances
- Exhibit 14 - Sample of Required Business Associate Agreement

END OF SECTION

TPA Administrative Pricing Form

The City is requesting that all cost factors of the services requested be fully identified on this form. It is preferred that these fees be inclusive of all cost and supplemental fees be minimal. If requested services are not included and/or other services are included in your fee, list as deviations and include this information in Tab V of your proposal. Please provide these fees on a **per subscriber per month basis**. Proposers are requested to provide a **minimum of a three (3)-year rate guarantee** with a desired maximum of five (5) years. Include this form in Tab II of your proposal.

Fees should be based on estimated 1,631 subscribers.

Requested Services	Years 1 through 3	Year 4	Year 5	Year 6
Claims Administration - Inclusive of All Services Listed Below:				
Utilization Management and Review Fees				
Medical Case Management				
Network Access Fee				
Health Reimbursement Account Administration				
24 Hour Nurse Line				
Telemedicine				
Disease Management Fees				
Cardiovascular				
Diabetes				
Coronary Artery Disease				
COPD				
Asthma				
Weight Management				
Chronic Back Pain				
Oncology				
End Stage Renal Disease				
Impact Conditions (low back, osteoarthritis, GERD)				
High Risk Maternity				
Data Integration				
Wellness/City Health Center				
Reinsurance				

Wellness Services				
Coaching Services for Management				
Wellness Allowance	\$4.45			
Dedicated Service Representative				
Standard Reports				
Custom Reports				
Twice weekly Electronic Eligibility File from City & Carrier				
Fiduciary Services - coordination of benefits, claim appeals				
Other Fees That Are Be Included				
Start-up fees				
Preparation of summary plan descriptions				
ID cards				
Integration with Choicelinx benefit enrollment system	\$4.19			

Name & Title of Authorized Representative _____

Signature of Authorized Representative _____

Name of Company _____

Fully-Insured EAP Premium Form

It is preferred that these fees be inclusive of all costs. If additional fees apply for any proposed services, detailed pricing and explanation of the service should be listed in Tab II of your proposal. Please provide these fees on a **per employee per month basis**. Proposers are requested to provide a minimum of a three-year rate guarantee. Any pricing conditions should also be provided in this cost page.

Health Plan Enrollment 1,606

	Years 1 through 3	Year 4	Year 5	Year 6
EAP Premium PEPM	\$ _____	\$ _____	\$ _____	

Pharmacy Benefit Management Fees

Include this form in Tab II of the proposal.

1,631 Subscribers
38,837 Prescriptions

			Years 1 through 3	Year 4	Year 5	Year 6
Admin	Per Script Administration Fee	Per paid script				
Clinical Programs	List available programs	PEPM if purchased				
		PEPM if purchased				
		PEPM if purchased				
		PEPM if purchased				
Retail 30 Day Network	Minimum Guarantees					
	Retail Base Brand Discount	AWP				
	Retail Generic Discount	AWP				
	Retail Dispensing Fee Brand	Per script				
	Retail Dispensing Fee Generic	Per script				
Retail 90 Day Network	Minimum Guarantees					
	Retail Brand Discount	AWP				
	Retail Generic Discount	AWP				
	Retail Dispensing Fee Brand	Per script				
	Retail Dispensing Fee Generic	Per script				
Mail Order	Minimum Guarantees					
	Home Delivery Base Brand Discount	AWP				
	Home Delivery Generic Discount	AWP				
	Home Delivery Dispensing Fee (including Specialty)	Per script				

Specialty	Minimum Guarantees					
	Specialty Retail Brand Discount	AWP				
	Specialty Retail Brand Dispensing Fee	Per script				
	Specialty Retail Generic Discount	AWP				
	Specialty Retail Generic Dispensing Fee	Per script				
	Specialty Home Delivery Brand Discount	AWP				
	Specialty Home Delivery Generic Discount	AWP				
Rebate Sharing	Mail Order Specialty Dispensing Fee Brand and Generic	Per script				
	Minimum Guarantees	Retail 30				
	Standard Formulary	Home Delivery				

Network Summary

Indicate the number of **providers, not doctor's offices**, by county. Include only those primary care physicians who are accepting patients. ***If a provider has more than one office, he or she should be counted only once.***

HMO Network	Broward	Miami-Dade	Palm Beach	Martin	Monroe
Primary Care Physicians					
Family Practice					
General Practice					
Internal Medicine					
Pediatricians					
Total Primary Care					
Total Board Certified Primary Care Physicians					
Specialists					
OB/GYN					
Endocrinologist					
Cardiologist					
Oncologist					
All Other					
Total Specialists					
Total Board Certified Specialists					
Full Service Hospitals*					
Tertiary Care Hospitals					

Include this form in **Tab III** of your proposal.

POS Network	Broward	Miami-Dade	Palm Beach	Martin	Monroe
Primary Care Physicians					
Family Practice					
General Practice					
Internal Medicine					
Pediatricians					
Total Primary Care					
Total Board Certified Primary Care Physicians					
Specialists					
OB/GYN					
Endocrinologist					
Cardiologist					
Oncologist					
All Other					
Total Specialists					
Total Board Certified Specialists					
Full Service Hospitals*					
Tertiary Care Hospitals					

Include this form in **Tab III** of your proposal.

PPO Network	Broward	Miami-Dade	Palm Beach	Martin	Monroe
Primary Care Physicians					
Family Practice					
General Practice					
Internal Medicine					
Pediatricians					
Total Primary Care					
Total Board Certified Primary Care Physicians					
Specialists					
OB/GYN					
Endocrinologist					
Cardiologist					
Oncologist					
All Other					
Total Specialists					
Total Board Certified Specialists					
Full Service Hospitals*					
Tertiary Care Hospitals					

* not including psychiatric hospitals or tertiary care hospitals

** acute short term

Include this form in **Tab III** of your proposal.

City of Fort Lauderdale
Primary Care Providers
Paid & Incurred: February 1, 2015 - February 29, 2016

Indicate which of the following primary care providers are in your company's proposed network. Include the completed form in Tab III of your proposal. Also provide the form in Excel format with no encryption. **Do not change the sort order of the list.**

Tax ID	National Provider ID	Provider Name	Provider Address	City	State	Zip	In Network?
010566922	1134296395	WISHNOV DO BRUCE	22065 STATE ROAD 7	BOCA RATON	FL	33428	
010601196	1558323485	CORRALES MD CARLOS A	3000 CORAL HILLS DR	CORAL SPRINGS	FL	33065	
010625241	1316053358	DELGADO MD NICHOLAS J	3298 SUMMIT BLVD # 16	PENSACOLA	FL	32503	
010659180	1417932344	ARGUELLO MD MARIA L	# 301-B	MARGATE	FL	33063	
020565997	1033292941	BROT MD KARL S	1402 NE 26TH ST	WILTON MANORS	FL	33305	
030371968	1336158252	JOHNSON MD MICHAEL C	28 PARK AVE # 220	WILLISTON	VT	05495	
030517412	1689762338	SCHERTZER MD ERIC C	# 301	PLANTATION	FL	33324	
043648281	1881618411	ZANNIS DO JASON M	# 112	CORAL SPRINGS	FL	33071	
061833406	1780971754	RODRIGUEZ VALD MD ERNESTO	7775 SW 87TH AVE # 100	MIAMI	FL	33173	
134228484	1437205796	SHEIKH MBBS MOHAMMAD T	1168 N STATE ROAD 7	LAUDERHILL	FL	33313	
134281815	1164460937	WONG MD ANTONIO H	501 NW 179TH AVE	PEMBROKE PNES	FL	33029	
200108389	1720012438	RANKIN MD LISA M	# 105-101	PORT ST LUCIE	FL	34983	
200244662		HAWKINS MD NATHANAE L	PO BOX 889	CHIPLEY	FL	32428	
200244662	1184824187	TAING MD DAVID K	1360 BRICKYARD RD	CHIPLEY	FL	32428	
200582768	1457339004	CALINESCU MD CORNELL V	1731 E HALLANDALE BEACH	HALLANDALE BCH	FL	33009	
200737321	1447402441	PUENTE MD JAIRO J	245 W AIRPORT BLVD	PENSACOLA	FL	32505	
201024250	1437359288	GRIFFIN DO CHELSEY D	7600 S LEWIS AVE	TULSA	OK	74136	
201024250	1033400544	HASENPLUG DO TARA B	7600 S LEWIS AVE	TULSA	OK	74136	
201402092	1982703385	ABRAMS DO WEST-KY M	1951 SW 172ND AVE # 308	MIRAMAR	FL	33029	
201419272	1952549719	ARGUELLO MD SERGIO A	PO BOX 844911	LOS ANGELES	CA	90084	
201419272	1871848242	GRIDER MD ABBY M	PO BOX 844911	LOS ANGELES	CA	90084	
201902391	1629026257	SOOD MD AJAY V	4301 S FLAMINGO RD	DAVIE	FL	33330	
201999909	1659366425	LAMP MD JANE I	12957 PALMS WEST DR # 104	LOXAHATCHEE	FL	33470	
202136165	1558470443	BRAVO MD JUAN O	1514 S ALEXANDER ST # 204	PLANT CITY	FL	33563	
202265068	1194880203	MC DONALD MD ASIA T	8601 16TH ST	SILVER SPRING	MD	20910	
202538126	1184647810	PORTER MD ANNETTE G	877 3RD ST # 4	CHIPLEY	FL	32428	
202779245	1568418648	TAYLOR MD DONOVAN D	250 NW 183RD ST	MIAMI	FL	33169	
203113336	1699747303	MINUTECLINIC DIAG OF OH	PO BOX 8427	BELFAST	ME	04915	
203497312	1467421685	TAKE CARE HEALTH KS PA	16767 COLLECTION CENTER	CHICAGO	IL	60693	
203516155	1073780730	MINUTECLINIC DIAG OF FL	PO BOX 8445	BELFAST	ME	04915	
204864532	1285612440	SILVERSTEIN DO SCOTT A	729 E ATLANTIC BLVD	POMPANO BEACH	FL	33060	
204864532	1689613986	ROSEN DO RICHARD M	# 104	DAVIE	FL	33328	
204864532	1538378880	PEDROSO MONTES MD NORBERT	12301 TAFT ST # 100	PEMBROKE PNES	FL	33026	
204864532	1376657122	AWAN MD LILIANA MARCU M	4050 SHERIDAN ST # C	HOLLYWOOD	FL	33021	
204913106	1255410288	MICHELE F LIBMAN	PO BOX 63390	CHARLOTTE	NC	28263	
204983280	1043409964	TAKE CARE HEALTH IL PC	16760 COLLECTION CENTER	CHICAGO	IL	60693	
205155995	1326154261	TORRES MD MANUEL B	12314 SW 127TH AVE	MIAMI	FL	33186	
205328882	1467440842	ALEXANDER MD MICHAEL A	7390 NW 5TH ST # 3	PLANTATION	FL	33317	
205339344	1265403570	JONES JR MD JOHN R	# 101	OAKLAND PARK	FL	33334	
205339344	1275559106	LEE DO NOAH J	# 101	OAKLAND PARK	FL	33334	
205658299	1376515510	NOVA MD MARCO A	6043 NW 167TH ST # A-1	HIALEAH	FL	33015	
205733575	1760572143	CAPEZZUTI DO JENNIFER S	4750 N FEDERAL HWY # 202	FT LAUDERDALE	FL	33308	
205733575	1982678355	MAHER MD ANTHONY M	# E	SUNRISE	FL	33351	
205737038	1689865818	TAKE CARE HEALTH SVC PA	16752 COLLECTION CENTER	CHICAGO	IL	60693	
205904436	1972669307	GIBAJA MD DAVID	4960 SW 72ND AVE # 406	MIAMI	FL	33155	
208490744	1700999398	FRANK MD CHAD E	6710 W SUNRISE BLVD # 110	PLANTATION	FL	33313	
208862151	1427167204	WASKIN DO GLEN A	# 5	POMPANO BEACH	FL	33062	
223271284	1639112501	BASISTA MD MICHAEL P	1355 BROAD ST	CLIFTON	NJ	07013	
223850337	1639154198	CHEATHAM JR DO WILLIAM W	1990 N FEDERAL HWY # C	POMPANO BEACH	FL	33062	
236291113	1023069408	GEISINGER CLINIC	PO BOX 828729	PHILADELPHIA	PA	19182	
236291113	1275851412	HOLENCIK DO SUSAN M	819 E BISHOP ST	BELLEFONTE	PA	16823	
251875183	1114918174	LARKIN MD STEPHEN G	160 NW 170TH ST	N MIAMI BEACH	FL	33169	
260654479	1831391259	GALDAMES MD MARIO A	8251 W BROWARD BLVD # 103	PLANTATION	FL	33324	
261161658	1336438399	KING DO ANNIA R	12301 TAFT ST # 100	PEMBROKE PNES	FL	33026	
261258151	1861412587	ALVAREZ MD LUIS ARIES A	19801 HAMPTON DR # C-1-2	BOCA RATON	FL	33434	
261337493	1265675128	GADH DO RUCHIKA T	# 104	PLANTATION	FL	33324	
261337493	1568512598	PERALTA DO LAURA J	# 104	DAVIE	FL	33328	
261337493	1750473054	KATANICK DO CINDY H	350 NW 84TH AVE # 200-B	PLANTATION	FL	33324	
261337493	1386608537	RAMSAY MD ANDREA J	8320 W SUNRISE BLVD # 105	PLANTATION	FL	33322	
261337493	1891963591	MC GEE DO DANIEL E	350 NW 84TH AVE # 200-B	PLANTATION	FL	33324	
261807699	1417909375	HOOVER MD KEILA	7371 CORAL WAY	MIAMI	FL	33155	
262754928	1528007721	MOISE MD FRANCELOT	1150 N UNIVERSITY DR	PEMBROKE PNES	FL	33024	
262754928	1922397132	DE CASTRO MD MARIE D	1150 N UNIVERSITY DR	PEMBROKE PNES	FL	33024	
262754928	1043522253	AMARA MBBS SHIVANI R	1150 N UNIVERSITY DR	PEMBROKE PNES	FL	33024	
262754928	1063421675	KOENIG DO NATHALIE A	1150 N UNIVERSITY DR	PEMBROKE PNES	FL	33024	
262754928		FAM PRACT OF DAVIE	1150 N UNIVERSITY DR	PEMBROKE PNES	FL	33024	
262909414	1205888575	POLING MD ROBERT	606 BALD EAGLE DR # 302	MARCO ISLAND	FL	34145	
263408316	1275539447	GAJRAJ MD MOHAMED H	6000 W ATLANTIC BLVD	MARGATE	FL	33063	
263867908	1265675128	GADH DO RUCHIKA T	# 104	PLANTATION	FL	33324	
263867908	1407095615	GADH DO RUNDEEP S	# 104	PLANTATION	FL	33324	
264190328	1104058940	BOCACARE INC	# 100B	BOCA RATON	FL	33433	

264190328	1609812437	BALLESTAS MD CARLOS E	PO BOX 405891	ATLANTA	GA	30384
264474616	1699724005	UBEDA MD RAFAEL A	2531 N DIXIE HWY	LAKE WORTH	FL	33460
270254143	1013957356	FRYDMAN DO JARROD M	# 302	PLANTATION	FL	33324
270689249	1780869024	ANSARA MD ROBERT S	PO BOX 70700	FT LAUDERDALE	FL	33307
271173767	1508930447	LIPSON DO BRAD C	11903 SOUTHERN BLVD # 108	ROYAL PLM BCH	FL	33411
271511452	1487983516	KIMBERLY J HENDERSON MD	PO BOX 9309	BELFAST	ME	04915
271660499	1760612709	HUSSAIN MD TABASSUM M	# 104	CORAL SPRINGS	FL	33067
271729229	1558545822	ALVAREZ MD ALDEN R	PO BOX 161539	HIALEAH	FL	33016
271799088	1538481577	SANTEE COOPER URGENT CAR	PO BOX 95970	SOUTH JORDAN	UT	84095
272046454	1962677385	DODSON DO DANIEL C	1117 ROYAL PALM BEACH	ROYAL PLM BCH	FL	33411
272046454	1366673881	DODSON DO GEETANJALI	1117 ROYAL PALM BEACH	ROYAL PLM BCH	FL	33411
272533541	1447571021	TARGET CLINIC FL	PO BOX 9638	BELFAST	ME	04915
272551374	1033155171	TRAINOR MD JACK M	4701 N FEDERAL HWY # A10	FT LAUDERDALE	FL	33308
273261119	1265477509	CHIN-LENN MD MARK D	4040 SHERIDAN ST	HOLLYWOOD	FL	33021
274951265	1194710871	CHAN MD COLIN	1033 DR MLK JR ST # 108	SAINT PETERSBUR	FL	33701
300510314	1821275462	GORDON-PUSEY MD CLEOPATRA	222 S FLAMINGO RD	PEMBROKE PNES	FL	33027
316402089	1720056997	RICHARDSON MD DEBORAH J	421 S CAMPUS AVE	OXFORD	OH	45056
320190801	1003082967	BAIZA MD JANKA K	8551	LOS ANGELES	CA	90084
320349690	1881857506	FAJARDO MD NATASHA A	PO BOX 164600	MIAMI	FL	33116
340505560	1962448662	SEBASTIANO DO ANTHONY W	PO BOX 638542	CINCINNATI	OH	45263
342003073	1619069804	EVANCHO DO WAYNE N	# 285	MIAMI	FL	33179
352349931	1154562155	MONTES DE OCA MD JENNY C	10725 NW 58TH ST	DORAL	FL	33178
352349931	1871512913	ISAZA DO ILDA Y	PO BOX 405891	ATLANTA	GA	30384
352349931	1912095225	HERZOG MD LESLIE K	350 NW 84TH AVE # 200-B	PLANTATION	FL	33324
352349931	1609812437	BALLESTAS MD CARLOS E	PO BOX 405891	ATLANTA	GA	30384
352349931	1316185309	CARRILLO MD ROYNEL G	7201 N UNIVERSITY DR	TAMARAC	FL	33321
352349931	1003104027	GALLEGOS-LOPEZ MD LUCY R	PO BOX 405891	ATLANTA	GA	30384
352349931	1295991651	GOLDSTEIN MD ZOIE T	PO BOX 405891	ATLANTA	GA	30384
361924025		WALGREEN CO	PO BOX 90480	CHICAGO	IL	60696
363738206	1821105057	DREXLER MD MARK A	9532 EAGLE WAY	CHICAGO	IL	60678
364507190	1114016052	FICHERA DO JENNIFER L	700 N HIATUS RD # 105	PEMBROKE PNES	FL	33026
383662363		CHANAY MD JACK V	3501 JOHNSON ST	HOLLYWOOD	FL	33021
391678306	1790892073	SCHIMKE MD ANDREA C	PO BOX 341457	MILWAUKEE	WI	53234
391678306	1851369144	COULTHARD-ATWA DO AMY S	PO BOX 976	SHEBOYGAN	WI	53082
410215170	1003195801	TARGET CORP SUB	PO BOX 309	MINNEAPOLIS	MN	55440
412053632	1760426696	MORRIS MD LEILA C	PO BOX 15950	BELFAST	ME	04915
412214169	1396736997	WALLACE DO TASHA B	2718 LEE BLVD # B	LEHIGH ACRES	FL	33971
412250823	1457631350	BRADLEY DO GARY	PO BOX 100927	ATLANTA	GA	30384
412250823	1811255649	CARELA-KIRBY MD GENDY	PO BOX 100927	ATLANTA	GA	30384
412250823	1750319521	TOWBIN MD SCOTT R	1109 NE JENSEN BEACH BLVD	JENSEN BEACH	FL	34957
412250823	1487604336	KURECKI III MD BERNARD A	PO BOX 100927	ATLANTA	GA	30384
412250823	1356393912	PEARLSTINE MD IRA S	PO BOX 100927	ATLANTA	GA	30384
421654410	1326026568	SILVERSTEIN DO STEPHEN M	729 E ATLANTIC BLVD	POMPANO BEACH	FL	33060
450527284	1902809122	PRIMECARE AT TWIN LAKES	1890 LPGA BLVD # 130	DAYTONA BEACH	FL	32117
452156305	1952546681	NORDQUIST MD CLAY E	2470 E HWY 50	CLERMONT	FL	34711
452180952	1871552356	ARZU MD SHAHED M	4725 N FEDERAL HWY # 676	FT LAUDERDALE	FL	33308
453462809	1831106277	GOMEZ DO AMAURY	9750 NW 33RD ST # 212	CORAL SPRINGS	FL	33065
453549667	1881677516	WELTY MD KATHERINE K	512 W CHERRY ST # A	KISSIMMEE	FL	34741
454112092	1316185309	GONZALEZ CARRI MD ROYNEL	7201 N UNIVERSITY DR	TAMARAC	FL	33321
454211914	1568791457	GILBERT MD MARLON D	4430 SHERIDAN ST # A	HOLLYWOOD	FL	33021
454234370	1417158759	RAMSARAN MD CHRISTOPHER G	4430 SHERIDAN ST # A	HOLLYWOOD	FL	33021
454493313	1669530218	ROSKIN MD STACY D	21150 BISCAYNE BLVD # 302	AVENTURA	FL	33180
454738697		LARSEN MD ROBERT	401 NW 42ND AVE	PLANTATION	FL	33317
455349391	1417932344	ARGUELLO MD MARIA L	100 N STATE ROAD 7 # 301B	MARGATE	FL	33063
455349391	1356326375	ARGUELLO MD VIGARNY A	PO BOX 844911	LOS ANGELES	CA	90084
460889139	1144565219	IMMEDIATE CLINIC	PO BOX 94022	SEATTLE	WA	98124
461108279	1770508707	HAGHIGHI MD MICHAEL	# 901	JACKSONVILLE	FL	32256
461119753	1336347871	HOWEEDY MD AHMED	2337 S UNIVERSITY DR	DAVIE	FL	33324
461243081	1013905645	OJHA MD ASHISH K	PO BOX 628327	ORLANDO	FL	32862
461243081	1841488277	RESTREPO MD ANA L	PO BOX 628327	ORLANDO	FL	32862
461609786	1003911975	GUTIERREZ MD LUIS F	10000 W SAMPLE RD	CORAL SPRINGS	FL	33065
461631611	1154376648	YOUSSEF MD RASHA R	# D720	BOYNTON BEACH	FL	33437
461839082	1487967170	CHRZAN MD DOMINIK M	880 NW 13TH ST # 2B	BOCA RATON	FL	33486
463569706	1497858062	KELSO MD LISA L	2280 W ATLANTIC AVE	DELRAY BEACH	FL	33445
463644061	1962480400	SEEM MD ROHIT	PO BOX 758952	BALTIMORE	MD	21275
465219591	1164520243	MENDEZ MD OSCAR R	2951 NW 49TH AVE # 306	LAUD LAKES	FL	33313
465282650	1467731950	AGGARWAL MD ALKA	1920 DON WICKHAM DR # 335	CLERMONT	FL	34711
465325591	1073533881	KORIVI MD PRAVEEN	2304 E FLETCHER AVE	TAMPA	FL	33612
470914746	1700896206	MISHKIN DO DAVID B	# 301	FT LAUDERDALE	FL	33308
471164169	1871650507	GINTER DO ELISA L	# 104	CORAL SPRINGS	FL	33065
474214330	1356597785	DI CARLO MD HECTOR L	500 SE 17TH ST # 110	FT LAUDERDALE	FL	33316
474969421	1467420927	DOMINGUEZBRUNS MD MAYRA	PO BOX 80063	PHILADELPHIA	PA	19101
481205887	1871666172	LOWTHER MD KELLY H	4674 SNOW MESA DR # 140	FORT COLLINS	CO	80528
542113873	1518929124	BOONE DO RALPH M	1215 DUNN AVE # 3	JACKSONVILLE	FL	32218
542129332	1801850672	MORAN DO GLENN K	201 NW 82ND AVE # 401	PLANTATION	FL	33324
542129332	1942264726	BATES DO PAUL T	201 NW 82ND AVE # 401	PLANTATION	FL	33324
550836075	1134132384	PEREZ-MESA MD FRANCISCO J	# 205	DEERFIELD BCH	FL	33442
550907821	1780613935	GORODETSKY MD JEFFREY S	433 SE OCEAN BLVD	STUART	FL	34994
570604703	1003861881	TOWNSEND MD JESSICA D	700 N PINE ST	SUMMERVILLE	SC	29483
581871078	1215927942	MC LENDON JR MD JULIAN K	145 EAGLES WALK # A	STOCKBRIDGE	GA	30281

582014190	1316960123	BLOCKER MD KATHRYN P	35 HOSPITAL RD	BLAIRSVILLE	GA	30512
582654983	1437165032	FELDMAN DO SETH A	PO BOX 404473	ATLANTA	GA	30384
590324412		PUBLIX SUPER MARKETS INC	PO BOX 116181	ATLANTA	GA	30368
590724459	1295725786	MEYER MD STEVEN A	# 127	ORLANDO	FL	32816
590791028	1699790014	HURWITZ MD DANIEL S	3080 NW 99TH AVE # 200	CORAL SPRINGS	FL	33065
590791028	1891732582	HARRIS MD CLARISSA O	# 200	POMPANO BEACH	FL	33062
590791028	1508970989	GARULLI-CHIDIAC MD RITA M	PO BOX 70700	FT LAUDERDALE	FL	33307
590791028	1962494880	BUSCH DO ANGELA C	PO BOX 70700	FT LAUDERDALE	FL	33307
590791028	1467540666	FIORILLO DO MICHELLE	1106 E BROWARD BLVD	FT LAUDERDALE	FL	33301
590791028	1932319738	LOZA MD ANIBAL J	PO BOX 70700	FT LAUDERDALE	FL	33307
590791028	1780869024	ANSARA MD ROBERT S	PO BOX 70700	FT LAUDERDALE	FL	33307
590791028	1164539011	LAMBERT MD LISE M	4004 N OCEAN BLVD	FT LAUDERDALE	FL	33308
590791028	1366468795	AURELIEN DO PATRICIA J	1411 N FLAGLER AVE	POMPANO BEACH	FL	33060
590791028	1366468795	AURELIEN DO PATRICIA J	1411 N FLAGLER AVE	POMPANO BEACH	FL	33060
590791028	1033292941	BROT MD KARL S	1402 NE 26TH ST	WILTON MANORS	FL	33305
590791028	1033292941	BROT MD KARL S	1402 NE 26TH ST	WILTON MANORS	FL	33305
590791028	1811915184	HURWITZ DO LESLIE A	3080 NW 99TH AVE # 200	CORAL SPRINGS	FL	33065
590791028	1003935586	BOSIRE MD KASSANDRA M	1100 E BROWARD BLVD	FT LAUDERDALE	FL	33301
590791028	1477710531	MANFREDINI MD ANELE R	1000 NE 56TH ST	FT LAUDERDALE	FL	33334
590791028	1477710531	MANFREDINI MD ANELE R	1000 NE 56TH ST	FT LAUDERDALE	FL	33334
590791028	1841305752	SU-DIAZ MD FABIO E	PO BOX 70700	FT LAUDERDALE	FL	33307
590791028	1003921222	ODDMAN MD STACEY J	4004 N OCEAN BLVD	FT LAUDERDALE	FL	33308
590791028	1306097035	MANZI MD GABRIEL H	1309 S FEDERAL HWY	FT LAUDERDALE	FL	33316
591083502	1902046527	CHIPON SCHOEPP DO NADINE	PO BOX 290250	FT LAUDERDALE	FL	33329
591083502	1629153010	ARCOS DO BARBARA	PO BOX 290250	FT LAUDERDALE	FL	33329
591083502	1093767758	KUSIENSKI DO ANDREW M	PO BOX 290250	FT LAUDERDALE	FL	33329
591083502	1982832283	MORAN-WALCUTT DO PAMELA J	PO BOX 290250	FT LAUDERDALE	FL	33329
591083502	1407934110	COHEN DO PETER M	1750 NE 167TH ST	N MIAMI BEACH	FL	33162
591083502	1548226657	DEGAETANO DO JOSEPH S	PO BOX 290250	FT LAUDERDALE	FL	33329
591270698	1053319533	GREER IV DO ROBERT C	624 US HIGHWAY 1	WEST PALM BCH	FL	33403
591310043	1346286309	MORRISON MD LOUIS T	910 S STATE ROAD 7	PLANTATION	FL	33317
591618910	1043487218	PEREZ MD OLGA T	3410 W 84TH ST # 110	HALEAH	FL	33018
591680273	1417988205	ZALMAN DO BARRY	PO BOX 865007	ORLANDO	FL	32886
591680273	1578725271	HANSEN MD LUCIA R	PO BOX 13833	PHILADELPHIA	PA	19101
591680273	1467791798	RAWOF MD SALMA	FLETCH 1	GAINESVILLE	FL	32611
591680273	1134382039	PADILLA MD CHEREE A	PO BOX 13833	PHILADELPHIA	PA	19101
591680273	1881614139	RUBIN MD DANIEL A	PO BOX 13833	PHILADELPHIA	PA	19101
591680273	1386675155	SAMRAJ MD GEORGE P	1707 N MAIN ST	GAINESVILLE	FL	32609
591680273	1952470932	BRIGHT MD PHILIPPA E	PO BOX 13833	PHILADELPHIA	PA	19101
591680273	1255449294	CAREK MD PETER J	PO BOX 13833	PHILADELPHIA	PA	19101
591680273	1104885524	NICOLETTE MD GUY W	1 FLETCHER DR	GAINESVILLE	FL	32611
591680273	1346283405	BERRY MD RONALD L	1 FLETCHER DR	GAINESVILLE	FL	32611
591680273	1578595948	HENSLEY MD LINDA A	1707 N MAIN ST	GAINESVILLE	FL	32609
591829984	1730273210	WEIRICH MD STEPHEN A	1221 71ST ST	MIAMI BEACH	FL	33141
591917016		STREACKER MD JOHN M	1541 MEDICAL DR	TALLAHASSEE	FL	32308
591922015	1811915184	HURWITZ DO LESLIE A	3080 NW 99TH AVE # 200	CORAL SPRINGS	FL	33065
591961248	1821005661	MOBLEY-JOHNSON MD VETA M	960 LEARNING WAY	TALLAHASSEE	FL	32306
591961248	1568429694	WEDDINGTON MD CLARISSA H	960 LEARNING WAY	TALLAHASSEE	FL	32306
592003554	1396735239	REINES MD RICHARD A	4614 HOLLYWOOD BLVD	HOLLYWOOD	FL	33021
592024201	1669461687	BRATT MD IRVING M	1555 E OAKLAND PARK BLVD	OAKLAND PARK	FL	33334
592150091	1922057009	SHAWN MD LESLIE G	400 N HIATUS RD # 201	PEMBROKE PNES	FL	33026
592191790	1124082987	BERNDT DO DAVID L	5930 SW 64TH AVE	DAVIE	FL	33314
592247859	1336347871	HOWEEDY MD AHMED	750 S FEDERAL HWY	DEERFIELD BCH	FL	33441
592287763	1962571703	YEZBICK DO JAMES J	311 S CYPRESS RD	POMPANO BEACH	FL	33060
592301885	1912135435	CHUA MD IAN I	# 5-1	SUMMERFIELD	FL	34491
592313842	1710993894	STARR DO MARGARET J	1430 SW 26TH AVE	POMPANO BEACH	FL	33069
592333374	1124049549	KELLER DO CHRISTOPHER D	11600 SE FEDERAL HWY	HOBE SOUND	FL	33455
592366641	1215009386	HAFFIZULLA MD EVEROLD E	7875 W COMMERCIAL BLVD	TAMARAC	FL	33351
592420282	1467638940	CENATUS MD HERVE J	1502 E FOWLER AVE	TAMPA	FL	33612
592432146	1831155522	GUPTA MD MEENU L	8396 W OAKLAND PARK BLVD	SUNRISE	FL	33351
592466190	1649234808	PEREZ-STABLE MD EDUARDO L	4510 SHERIDAN ST	HOLLYWOOD	FL	33021
592466190	1699739565	HERNANDEZ MD ADAN L	4510 SHERIDAN ST	HOLLYWOOD	FL	33021
592479190	1114982071	EPSTEIN MD MORRIS V	350 NW 84TH AVE # 108	PLANTATION	FL	33324
592579831		PAGE MD CLIFTON L	PO BOX 277397	ATLANTA	GA	30384
592590572	1780738054	GREIFF MD JEFFREY D	6782 W SUNRISE BLVD	PLANTATION	FL	33313
592639530	1538146725	MC KENZIE MD MICHAEL J	4050 SHERIDAN ST # C	HOLLYWOOD	FL	33021
592740264	1255342432	KHANNA MD UMA	1801 SE 1ST AVE	FT LAUDERDALE	FL	33316
592770836	1497754725	SANFORD MD SCOTT A	1900 SE PORT ST LUCIE	PORT ST LUCIE	FL	34952
592888994	1366482994	PETERS MD DAN W T	1690 N MONROE ST	TALLAHASSEE	FL	32303
592898487	1013023548	CROSSMAN MD MARGARET G	# 200	DAYTONA BEACH	FL	32114
592898487	1346247053	JENNINGS MD LANE E	# 200	DAYTONA BEACH	FL	32114
592898487	1104050848	HOLLEY MD ALLISON M	13500 SW 88TH ST # 175	MIAMI	FL	33186
592898487	1760701007	VERZAL MD RHONDA R	# 200	DAYTONA BEACH	FL	32114
592898487	1801903869	OSLOS MD NEIL R	# 200	DAYTONA BEACH	FL	32114
592924021		SCHAUS MD JAMES F	# 127	ORLANDO	FL	32816
592924021	1053469312	DEICHEN MD MICHAEL G	# 201	ORLANDO	FL	32816
592951990	1093779175	WARD DO JEFFREY J	# 3813	PALM COAST	FL	32164
593105246	1861405862	SMITH MD GEORGE A	2200 N PALAFOX ST	PENSACOLA	FL	32501
593105246	1659387579	ABENDAN MD MANUEL C	14 W JORDAN ST # 2G	PENSACOLA	FL	32501
593140335	1598768160	ELDER MD KEVIN E	1919 W SWANN AVE FL 3	TAMPA	FL	33606

593214635		FL HSP MED GRP INC	PO BOX 538600	ORLANDO	FL	32853
593420599	1346271368	FAM CARE PHYS LLP	401 VENTURE DR # A	SOUTH DAYTONA	FL	32119
593447648	1568564441	PATIENTS 1ST APPELYARD	505 APPELYARD DR	TALLAHASSEE	FL	32304
593447648	1134169337	NGUYEN MD DUNG A	505 APPELYARD DR	TALLAHASSEE	FL	32304
593567746	1134249444	KIMMEL DO MURRAY A	2230 N WICKHAM RD # B	MELBOURNE	FL	32935
593643977	1003835604	DELUCIA JR MD RICHARD A	4600 MILITARY TRL # 115	JUPITER	FL	33458
593710414	1215955000	AHMAR MD AYESHA R	# 301	LONGWOOD	FL	32750
593773826	1053348052	GIDWANI MD MONALI L	PO BOX 844911	LOS ANGELES	CA	90084
596012065	1821052739	CALVO DO ALDO A	1101 NW 1ST ST	FT LAUDERDALE	FL	33311
596012065	1497766158	RICHARD DO CHARLES H	1528 NE 4TH AVE	FT LAUDERDALE	FL	33304
596012065	1528194438	SCHUMANN MD ESTHER C	305 S ANDREWS AVE # 601	FT LAUDERDALE	FL	33301
596012065	1073884417	NRTH BROWARD HSP DIST	PO BOX 862851	ORLANDO	FL	32886
596012065	1255354163	RUBIN MD MARK A	PO BOX 862851	ORLANDO	FL	32886
596012065	1891809281	GUPTA MD ASHA K	PO BOX 862851	ORLANDO	FL	32886
596012065	1437113347	ELLIOTT MD RAYMOND O	PO BOX 862851	ORLANDO	FL	32886
596012065	1376532648	WOLF MD MARLENE R	PO BOX 862851	ORLANDO	FL	32886
596012065	1215929138	GUPTA DO NEENA R	PO BOX 862851	ORLANDO	FL	32886
596012065	1629033733	HAYDEN MD ANNA Z	PO BOX 862851	ORLANDO	FL	32886
596012065	1558328542	FINK DO DAVID B	PO BOX 862851	ORLANDO	FL	32886
596012065	1841380227	MORETTI DO MATTHEW H	PO BOX 862851	ORLANDO	FL	32886
596012065	1851358915	OZAKI DO ROBERT H	PO BOX 862851	ORLANDO	FL	32886
596012065	1730372715	CAMARGO MD CORALEE D	PO BOX 862851	ORLANDO	FL	32886
596012065	1558368225	CRESCITELLI DO JOHN B	6333 N FEDERAL HWY # 225	FT LAUDERDALE	FL	33308
596014973	1548391501	FLEIGELMAN MD ROBERT W	12012 MIRAMAR PKWY	MIRAMAR	FL	33025
602165049		WARREN DO AIMEE J	31717 TEMECULA PKWY	TEMECULA	CA	92592
611468602	1093115339	DESAI MD DHRUPA B	1037 S STATE ROAD 7 # 211	WELLINGTON	FL	33414
611468602	1316929995	APICELLA DO VINCENT M	1037 STATE RD 7 # 211	WELLINGTON	FL	33414
611468602	1134101827	BAGO DO MARIACLARA E	1037 STATE RD 7 # 211	WELLINGTON	FL	33414
621529858	1891963591	MC GEE DO DANIEL E	350 NW 84TH AVE # 200-B	PLANTATION	FL	33324
621846787	1437138641	SHEARER SR MD CAMERON A	# 201	MOUNT JULIET	TN	37122
626001636	1457339004	CALINESCU MD CORNELL V	401 NW 42ND AVE	PLANTATION	FL	33317
650003177	1548223563	MC COY MD DALIA S	2950 CLEVELAND CLINIC	WESTON	FL	33331
650003177	1023266319	FRANCO DO MELISSA N	7857 N UNIVERSITY DR	PARKLAND	FL	33067
650003177	1427088764	RODRIGUEZ DO ANGELICA P	2950 CLEVELAND CLINIC	WESTON	FL	33331
650003177	1275731622	MEIER DAVILA MD DAVILA A	7857 N UNIVERSITY DR	PARKLAND	FL	33067
650003177	1053388199	WIEGEL DO DARICE T	2950 CLEVELAND CLINIC	WESTON	FL	33331
650003177	1780995456	JACOBS MD DANA L	525 OKEECHOBEE BLVD # 14	WEST PALM BCH	FL	33401
650003177	1326061649	FUNK DO PERRY N	2950 CLEVELAND CLINIC	WESTON	FL	33331
650003177	1750345187	RUSSELL MD ANDREW A	2950 CLEVELAND CLINIC	WESTON	FL	33331
650003177	1508850918	BONILLA MD ERNESTO	2950 CLEVELAND CLINIC	WESTON	FL	33331
650003177	1063640241	SANCHEZ MD ALICIA K	2950 CLEVELAND CLINIC	WESTON	FL	33331
650003177	1851336150	STUBBE MD HERMANN J	2950 CLEVELAND CLINIC	WESTON	FL	33331
650071518	1316941198	KLEINER DO HARVEY S	# 100	SUNRISE	FL	33351
650075768	1144320821	GRAUBARD MD HOWARD M	603 N FLAMINGO RD # 365	PEMBROKE PNES	FL	33028
650102607	1154359396	HAYS MD RICHARD M	# 220	WELLINGTON	FL	33414
650183810	1104225663	KEYS AHEC	5800 OVERSEAS HWY # 38	MARATHON	FL	33050
650191325	1780789891	LEVY DO CARLOS G	# 109	WESTON	FL	33326
650213201	1083935100	POOVENDRAN MD GAYAN P	4701 N FEDERAL HWY # A39	FT LAUDERDALE	FL	33308
650243630	1174572531	LEVINSON DO LARRY K	4700 SHERIDAN ST # A	HOLLYWOOD	FL	33021
650262985	1780777037	CHIN MD VINCENT C	19411 NW 2ND AVE	MIAMI	FL	33169
650270114	1912984220	HIRSCH DO MICHAEL S	601 N FLAMINGO RD # 103	PEMBROKE PNES	FL	33028
650270114	1063421675	KOENIG DO NATHALIE A	# 211	PEMBROKE PNES	FL	33024
650281062	1215023544	HOWARD DO DONALD C	1740 E HALLANDALE BEACH	HALLANDALE BCH	FL	33009
650298215	1427221977	SZTERN MD LUISA J	17200 NE 19TH AVE	N MIAMI BEACH	FL	33162
650320256	1568442341	ALONSO MD ESTHER	11011 SHERIDAN ST # 302	HOLLYWOOD	FL	33026
650322309	1518933944	ROTHSTEIN DO JEFFREY	4030 SHERIDAN ST # A	HOLLYWOOD	FL	33021
650330107	1538162706	MC CAULEY MD JAMES W	951 NW 13TH ST # 3D	BOCA RATON	FL	33486
650352916	1063583086	SCHMIDT MD MICHAEL P	# 205	DEERFIELD BCH	FL	33442
650379026	1114910866	MARENUS MD DO MARTIN L	2057 N UNIVERSITY DR	SUNRISE	FL	33322
650385507	1841377520	PORFIRI MD CARINE M	777 GLADES RD # 240	BOCA RATON	FL	33431
650385507	1225033848	DELO DO LINDA F	514 SE PORT SAINT LUCIE	PORT ST LUCIE	FL	34984
650438884	1821059304	CAMPITELLI DO ROBERT R	8200 OKEECHOBEE BLVD	WEST PALM BCH	FL	33411
650438884	1649519455	ABDALLAH DO NADER	# C	FT LAUDERDALE	FL	33309
650494106	1750498259	NEWCOMER JR MD JACK I	3319 S STATE ROAD 7 # 108	LAKE WORTH	FL	33449
650518789	1205829215	STINSON DO CHARLES D	PO BOX 5518	BELFAST	ME	04915
650556041	1386628410	FURMAN DO RICHARD A	# 108	PORT ST LUCIE	FL	34986
650556041	1164733812	PRISHUTOVA MD ANNA O	200 SE HOSPITAL AVE	STUART	FL	34994
650556041	1336380526	GURREA DO AYSEN	PO BOX 417	STUART	FL	34995
650556041	1295796290	FAKHRY MD MONA F	1651 SE TIFFANY AVE # 101	PORT ST LUCIE	FL	34952
650556041	1093942682	PATEL MD DIPESH B	# 104	PORT ST LUCIE	FL	34986
650556041	1154340990	GLASPEY JR DO BEN L	2392 SE OCEAN BLVD	STUART	FL	34996
650580501	1891721999	ROGOVIN DO MARK J	# 3	BOYNTON BEACH	FL	33437
650580501	1750336426	TOME MD ROBERT E	1490 FOREST HILL BLVD	WEST PALM BCH	FL	33406
650580501	1619973328	DUDLEY MD ROBERT H	# 240	BOYNTON BEACH	FL	33435
650624422	1205942265	NEWMAN MD EVAN K	6782 W SUNRISE BLVD	PLANTATION	FL	33313
650688891	1639364078	RATHBUN-DUNCAN DO KATHLEE	4889 LAKE WORTH RD # 109	GREENACRES	FL	33463
650715983	1447352588	FRASER MD WAYNE J	2331 N STATE ROAD 7 # 202	LAUD LAKES	FL	33313
650730095	1073692125	ROSENBERG DO AVA W	210 S FEDERAL HWY # 403	HOLLYWOOD	FL	33020
650730095	1871569004	MARIKA DO CINDY S	1604 TOWN CENTER CIR # A	WESTON	FL	33326
650730095	1912984220	HIRSCH DO MICHAEL S	601 N FLAMINGO RD # 103	PEMBROKE PNES	FL	33028

650730095	1790079309	QUALCARE MED GRP INC	210 S FEDERAL HWY # 403	HOLLYWOOD	FL	33020
650730095	1376592048	KAZDAN DO TODD J	6099 STIRLING RD # 220	DAVIE	FL	33314
650732158	1740276435	BOURQUE MD JEAN-CLAUDE E	# B2	COCONUT CREEK	FL	33073
650732158		KHRIS MD MARTA	4855 W HILLSBORO BLVD # B	COCONUT CREEK	FL	33073
650753487	1649238064	WILLIAMS MD KAREN M	4691 S UNIVERSITY DR	DAVIE	FL	33328
650802985	1225176209	PORTNOY DO SETH H	8290 N UNIVERSITY DR	FORT LAUDERDALE	FL	33321
650810436	1225070584	DE LA PAZ MD YIRA L	PO BOX 820897	PEMBROKE PNES	FL	33082
650835091	1821059312	RODRIGUEZ FUND DO WILLIAM	1100 SW 57TH AVE # 101	WEST MIAMI	FL	33144
650870605	1265419709	FLICKER DO MICHAEL A	9633 W BROWARD BLVD # 6	PLANTATION	FL	33324
650879348	1942381512	BIRGANI DO BEHNAM	# 143	DAVIE	FL	33328
650912575	1790745149	CHANDRASEKARAN MD VASANTH	3113 N STATE ROAD 7	MARGATE	FL	33063
650926069	1134226582	SARNOW MD MELVYN L	11120 SW 88TH ST # 100	MIAMI	FL	33176
650977330	1447342985	SILVA MD BRIDGET M	10230 W SAMPLE RD	CORAL SPRINGS	FL	33065
650977330	1003966128	HAMAWY MD DORIS A	10230 W SAMPLE RD	CORAL SPRINGS	FL	33065
651029452	1578722492	MOYA MD LUIS-ALBERTO	200 E HALLANDALE BEACH	HALLANDALE BCH	FL	33009
651044964	1427014158	PRIMENET MED GRP INC	7189 PEMBROKE RD	PEMBROKE PNES	FL	33023
651057394	1871571471	ALTAMIRANO MD DO DARIO D	401 NW 42ND AVE	PLANTATION	FL	33317
651142916	1477553840	DEVINE DO CHRISTOPHER L	# 460	WELLINGTON	FL	33414
651158341	1922113828	RENE-CROOKS DO GIOVANA	PO BOX 14807	BELFAST	ME	04915
651158341	1982670352	EVANS MD LISA J	PO BOX 14807	BELFAST	ME	04915
651178962	1497750376	DE PODESTA DO CRAIG R	PO BOX 132	POMPANO BEACH	FL	33061
651185588	1942261441	WOLFSON MD ILYA	3995 S COBB SE DR	SMYRNA	GA	30080
651238475	1316986995	GARCIA MD RENE D	10260 SW 56TH ST	MIAMI	FL	33165
651261576	1720095607	SHERMAN MD GREGG A	PO BOX 277353	ATLANTA	GA	30384
651261576	1629119136	MAHMOOD DO ZEESHAN A	PO BOX 277353	ATLANTA	GA	30384
651261576	1205828472	GIUSTO MD LOUIS R	PO BOX 277353	ATLANTA	GA	30384
710862119	1528455953	WALMART STORES EST LP	PO BOX 60625	SAINT LOUIS	MO	63160
731730056	1427046887	STEINER DO JOSHUA Z	4410 SHERIDAN ST # A	HOLLYWOOD	FL	33021
770596791	1275587123	AVILA MD JOSE L	# 132	MIAMI	FL	33179
770706313	1275551186	MISHELEVICH MD LUDMILA	1004 N PARROTT AVE	OKEECHOBEE	FL	34972
800330543	1063613701	HAO MD YIHONG J	2900 N MILITARY TRL # 101	BOCA RATON	FL	33431
800341195	1336108521	THOMPSON MD DAVID A	PO BOX 405796	ATLANTA	GA	30384
800341195	1669561650	CALLAHAN MD ANGELITA M	1014 NW 57TH ST	GAINESVILLE	FL	32605
800412061	1376779496	WEST FL PHYS NTWK LLC	PO BOX 405958	ATLANTA	GA	30384
800609800	1750361630	FUSCO MD FRANK R	PO BOX 741381	ATLANTA	GA	30374
820184434		ALBERTSONS LLC	75 REMITTANCE DR DEPT 1119	CHICAGO	IL	60675
840706945	1447225180	WEIXELMAN DO JANICE M	4674 SNOW MESA DR # 140	FORT COLLINS	CO	80528
841074070	1922061522	FIELDS DO AARON M	3676 PARKER BLVD	PUEBLO	CO	81008
900315590	1639275019	PASCHALL MD CHRISTOPHER	4201 BELFORT RD	JACKSONVILLE	FL	32216
900410326	1366441560	HIGHLEY DO TIMOTHY A	2315 ASHEVILLE HWY # 30	HENDERSONVILLE	NC	28791
900864693	1114980190	BRYAN MD ANIQUE M	3801 BISCAYNE BLVD # 300	MIAMI	FL	33137
901021973	1164459244	SCHWARZ MD ROSS J	1316 N STATE ROAD 7	POMPANO BEACH	FL	33063
901021973	1750319919	COHEN DO ALEX R	1316 N STATE ROAD 7	MARGATE	FL	33063
901021973	1518981885	MARTIN MD BARBARA A	# E-214	SUNRISE	FL	33351
901022373	1518900638	SCHACHERE DO RONALD M	1208 N UNIVERSITY DR	PLANTATION	FL	33322
901022373	1487673851	COPPOLA DO RICHARD M	1208 N UNIVERSITY DR	PLANTATION	FL	33322
920104551	1043471659	BRADSTREET MD CHESTER U	1301 HUFFMAN RD # 100	ANCHORAGE	AK	99515
942854057	1982636890	MCDONALD MD STANTON B	35 S 500 E	HEBER CITY	UT	84032
954526112	1982645438	KANG MD HUN K	2900 W 8TH ST	LOS ANGELES	CA	90005
030573133	1104989342	ISRAEL MACHIN	1511 FOREST HILL BLVD # C	WEST PALM BCH	FL	33406
030573133	1295711349	MACHIN MD ISRAEL	1511 FOREST HILL BLVD # 3	WEST PALM BCH	FL	33406
141867974	1649268475	GELINAS MD ROCHEL G	# B2	COCONUT CREEK	FL	33073
201508839	1659551299	PATRICK MD SHANNON K	6041 CADILLAC AVE	LOS ANGELES	CA	90034
237313346	1679736409	POFF MD STEPHEN W	PO BOX 918527	ORLANDO	FL	32891
262481561	1497700223	BLY DO KRIS M	1980 N ROOSEVELT BLVD	KEY WEST	FL	33040
275377965	1619248358	MOULAVI MD SASSON E	190 GLADES RD # E	BOCA RATON	FL	33432
412829408	1538146121	MEASE III MD EDWARD C	7610 MARGATE BLVD	MARGATE	FL	33063
432019032	1417958208	SINGH MD BACHOO	# 101	POMPANO BEACH	FL	33062
450482536	1619248358	MOULAVI MD SASSON E	3196 N FEDERAL HWY	BOCA RATON	FL	33431
452570550	1881645802	PEREZ MD VIVIANA	330 SW 27TH AVE # 708	MIAMI	FL	33135
461484865	1487977690	LABOY III DO FRANCISCO	110 S 10TH AVE	HOLLYWOOD	FL	33019
561679170	1881680288	HALPERN DO JOHN I	13001 SOUTHERN BLVD	LOXAHATCHEE	FL	33470
581717812	1134101116	CORY MD RICHARD C	743 SPRING NE ST	GAINESVILLE	GA	30501
591270698	1134483282	GREER V DO ROBERT C	624 US HIGHWAY 1	WEST PALM BCH	FL	33403
591303452	1003941709	HAMILTON MD EDWIN H	PO BOX 2044	POMPANO BEACH	FL	33061
592061232	1427031160	SAGER MD JEFFREY E	823 N NOB HILL RD	PLANTATION	FL	33324
592215935	1508881889	LOPEZ-IVERN MD FERNANDO M	# 116	BOCA RATON	FL	33428
592466190	1346204203	MARGOLIS DO MICHAEL I	4510 SHERIDAN ST	HOLLYWOOD	FL	33021
593549147	1538283502	MITROPoulos DO PANAGIOTIS	1318 SE 17TH ST	FORT LAUDERDALE	FL	33316
630836930	1720177330	MACCOL MD JAMES J	765 DOUGLAS AVE	ALTAMONTE SPG	FL	32714
650556041	1700932126	WUBBENA MD JON F	2392 SE OCEAN BLVD	STUART	FL	34996
650726225	1285684753	FERNANDEZ JR MD MANUEL	1643 NW 136TH AVE # 100	SUNRISE	FL	33323
650730095	1376525121	TOMCHIK MD ROBERT S	3161 SW 160TH AVE	MIRAMAR	FL	33027
751986041	1114962958	ENVIRONMENTAL HLTH CTR	8345 WALNUT HILL LN # 220	DALLAS	TX	75231
010837065	1265606354	BRENER MD SETH A	5656 BEE CAVE RD	WEST LAKE HLS	TX	78746
010855726	1841213659	BAKER MD TRELIS H	540 CHARTER BLVD # 100	MACON	GA	31210
020617767	1992814040	BAIG MD NIKHAT S	4100 S HOSPITAL DR # 300	PLANTATION	FL	33317
043699291	1447372685	PALA MD OZLEM K	PO BOX 281037	ATLANTA	GA	30384
043732204	1679586044	ATHWAL-JOHAL MD SURJIT K	10081 PINES BLVD # D	PEMBROKE PNES	FL	33024
043735767	1467453126	NELSON MD AUDWIN B	4221 SUN N LAKE BLVD	SEBRING	FL	33872

050526357	1548232929	MARTINDALE MD PATRICIA M	3001 NW 49TH AVE # 204	LAUD LAKES	FL	33313
050560236	1700876877	PATRON DO ANDRES	10796 PINES BLVD # 205	PEMBROKE PNES	FL	33026
161772960	1922153287	DEERFIELD MED GRP	1979 W HILLSBORO BLVD # 1	DEERFIELD BCH	FL	33442
200131842	1487610044	CAREW DO MUDASIRU A	12600 PEMBROKE RD # 204	MIRAMAR	FL	33027
200196360	1871571158	MCLEAN MD RICHARD A	4101 NW 4TH ST # 404	PLANTATION	FL	33317
200737321	1326101841	DENDALL JR DO ROBERT T	1000 W MORENO ST	PENSACOLA	FL	32501
200737321	1093859746	PENNINGTON MD KAREN A	1000 W MORENO ST	PENSACOLA	FL	32501
200737321	1720371594	FULLER DO ANNA E	245 W AIRPORT BLVD	PENSACOLA	FL	32505
200737321	1669735577	SIMPSON III MD MICHAEL J	245 W AIRPORT BLVD	PENSACOLA	FL	32505
201281272	1659321636	SANCHEZ MD WILLIAM E	601 N FLAMINGO RD # 105	PEMBROKE PNES	FL	33028
201419272	1073552360	NEWMARK MD STUART J	PO BOX 844911	LOS ANGELES	CA	90084
201419272	1851603724	KUIZON DO IRENE S	PO BOX 844911	LOS ANGELES	CA	90084
201419272	1033261086	RODELL MD SUSAN PATRICK	801 MEADOWS RD # 114	BOCA RATON	FL	33486
201419272	1376865923	HERNANDEZ-RODR MD YOEL A	13079 NW 23RD ST	PEMBROKE PNES	FL	33028
201419272	1013198118	CORTES MD DENNIS A	12600 PEMBROKE RD # 206	MIRAMAR	FL	33027
201419272	1821002825	BILASANO MD VIVIAN B	200 E HALLANDALE BEACH	HALLANDALE BCH	FL	33009
201419272	1972505410	HOSEIN DO FIRAZ R	1 W SAMPLE RD # 201	POMPANO BEACH	FL	33064
201419272	1124094610	STURMAN MD WARREN M	2951 NW 49TH AVE # 103	LAUD LAKES	FL	33313
201419272	1801116231	ANEJA MD PALLAVI	PO BOX 844911	LOS ANGELES	CA	90084
201419272	1558357780	ISSA MD MOISES A	2488 N UNIVERSITY DR	PEMBROKE PNES	FL	33024
201419272	1558357780	ISSA MD MOISES A	2488 N UNIVERSITY DR	PEMBROKE PNES	FL	33024
201419272	1104985290	AMBATI MD SHRAVAN S	PO BOX 919008	ORLANDO	FL	32891
201419272	1013004886	LOPEZ CASTILLO MD JOSE J	PO BOX 844911	LOS ANGELES	CA	90084
201419272	1346416799	PARIKH MD NAVAL G	PO BOX 844911	LOS ANGELES	CA	90084
201419272	1649233925	LI DO SOLING	# 203	SUNRISE	FL	33351
201419272	1922305440	MARKOVIC MD SLAVISA	PO BOX 844911	LOS ANGELES	CA	90084
201419272	1083858476	SIRAM MD GAYATRI	401 NW 42ND AVE	PLANTATION	FL	33317
201419272	1205879202	GIBSON MD XUNDA A	2400 W SAMPLE RD # 4	POMPANO BEACH	FL	33073
201855850	1154301828	MORA MD SALVADOR E	9900 STIRLING RD # 102	COOPER CITY	FL	33024
202159399	1265694095	RODRIGUEZ MD NATALIA	5901 COLONIAL DR # 301	MARGATE	FL	33063
202252101	1528282456	SALMON MD ADRIAN A	PO BOX 741627	ATLANTA	GA	30374
202252101	1083766877	HERSCOVICI MD PABLO	PO BOX 741627	ATLANTA	GA	30374
202384218	1326136417	CHAVEZ DO LAURA M	# 800	PLANTATION	FL	33324
202544988	1568564482	MOREHOUSE MD WINIFRED V	600 JULIAN LN # 630	ARDEN	NC	28704
202579590	1326012303	AYALA MD RUBEN J	14283 SW 42ND ST	MIAMI	FL	33175
203022045	1912991498	MICHEL-KNOWLES DO CYNTHIA	333 NW 70TH AVE # 201	PLANTATION	FL	33317
203207949	1720053044	SOFF MD MATTHEW J	201 NW 82ND AVE # 202	PLANTATION	FL	33324
203207949	1619930641	ADLER MD JAY B	# 210	PLANTATION	FL	33322
203207949	1417925801	HAHN MD STEVEN E	# 210	PLANTATION	FL	33322
203207949	1962441329	TOWBIN MD BRADLEY A	# 106	BOYNTON BEACH	FL	33437
203207949	1659344893	FEISS MD JOEL S	201 NW 82ND AVE # 202	PLANTATION	FL	33324
203207949	1801063961	DOUKIDES MD THEODORE P	951 NW 13TH ST # 2E	BOCA RATON	FL	33486
203259932	1609939065	KESHVARI-RASTI MD HAMID R	20950 NE 27TH CT # 305	MIAMI	FL	33180
203300876	1316056237	REMENSON MD ELLA I	5350 W ATLANTIC AVE # 106	DELRAY BEACH	FL	33484
204435929	1447387436	KAMRA MD AMIT K	6766 W SUNRISE BLVD # 100	PLANTATION	FL	33313
204766555	1700942034	GIRON MD ANGELA M	3661 S MIAMI AVE # 702	MIAMI	FL	33133
204864532	1992715809	NELSON-CASIMIR MD ARETHA	PO BOX 844911	LOS ANGELES	CA	90084
204864532	1770567638	CAMPBELL MD WILLIAM R	PO BOX 635332	CINCINNATI	OH	45263
204864532	1730167115	KASHIF MD ANWER	PO BOX 635332	CINCINNATI	OH	45263
204864532	1346389541	KHAN MD HABIB U	PO BOX 635332	CINCINNATI	OH	45263
204864532	1477538023	RODRIGUEZ JR MD JORGE C	PO BOX 635332	CINCINNATI	OH	45263
204864532	1467662171	RODRIGUEZ MD NURIA	10817 S JOG RD # 230	BOYNTON BEACH	FL	33437
204864532	1275518607	MARTINEZ MD ARISTIDES A	5258 LINTON BLVD # 301	DELRAY BEACH	FL	33484
204864532	1043209125	BAIG MD MOHAMMED S	4100 S HOSPITAL DR # 300	PLANTATION	FL	33317
204864532	1891797536	SHAFFER MD ROBERT I	4302 ALTON RD # 300	MIAMI BEACH	FL	33140
204864532	1174525083	AREOPAGITA MD JESSE N	PO BOX 844911	LOS ANGELES	CA	90084
204864532	1427032473	JUAN MD PEDRO E	PO BOX 635332	CINCINNATI	OH	45263
204864532	1831185727	ESCOVAR MD YAVIR M	12741 MIRAMAR PKWY # 104	MIRAMAR	FL	33027
204864532	1295935120	MOLINA MD FRANCISCO J	PO BOX 635332	CINCINNATI	OH	45263
204864532	1093877631	JODESTY MD YVES M	1040 NW 10TH AVE	FT LAUDERDALE	FL	33311
204864532	1508873183	FL HSP MED SVC INC	PO BOX 635332	CINCINNATI	OH	45263
204864532	1346336260	RAMOS MD YURI J	19500 W OAKMONT DR	HIALEAH	FL	33015
205155995	1952454316	RODRIGUEZ MD ANGEL J	2950 CLEVELAND CLINIC	WESTON	FL	33331
205155995	1811929615	HIRIART MD JAVIER A	15955 SW 96TH ST # 200	MIAMI	FL	33196
205181378	1568427078	PENA MD WILLIAM R	2488 N UNIVERSITY DR	PEMBROKE PNES	FL	33024
205181378	1205821352	FERNANDEZ-BLAY MD ROBERTO	2488 N UNIVERSITY DR	PEMBROKE PNES	FL	33024
205235780	1598789679	LAUDERDALE CRITICAL CARE	6278 N FEDERAL HWY # 374	FT LAUDERDALE	FL	33308
205300661	1245255991	MARINO MD JAMES J	13840 US HIGHWAY 1	SEBASTIAN	FL	32958
205339344	1104129634	KENNEY DO PATRICK J	# 100	OAKLAND PARK	FL	33334
205733575		PEREZ-VAZQUEZ MD RAUL	PO BOX 100198	ATLANTA	GA	30384
205904436	1174577506	VILLARROEL MD JUAN	# 148	LAUD LAKES	FL	33313
205904436	1154375384	MAZZOLA MD SHARON A	5317 W ATLANTIC AVE # 104	DELRAY BEACH	FL	33484
205934203	1154341535	HARAKE MD ALI A	1960 NE 47TH ST # 100	FT LAUDERDALE	FL	33308
208114362	1104931914	NGUYEN MD HUGH V	2255 CRESCENT DR	MOUNT DORA	FL	32757
222768204	1366602203	MANDYAM MD VASUDEV C	PO BOX 3890	BOSTON	MA	02241
237313346	1104088053	DOWDY MD TERESA A	# SHS100	TAMPA	FL	33620
260087190	1235145061	BAIN MD MCKINLEY T	# 1120	MARIETTA	GA	30064
260268625	1528117314	LEUNG MD GILBERT W	888 NE 126TH ST # 101	NORTH MIAMI	FL	33161
260711768		WARMAN MD SHELDON T	4750 N FEDERAL HWY # 201	FT LAUDERDALE	FL	33308
260749112	1811957749	MARQUES DO RICHARD	233 S FEDERAL HWY # 103	BOCA RATON	FL	33432

260857111	1689651770	EDUPUGANTI MD RAVINDRA	PO BOX 742322	ATLANTA	GA	30374
261161658	1194933556	FABREGAS CHERE MD HECTOR	12301 TAFT ST # 100	HOLLYWOOD	FL	33026
261337493	1043448046	SIZEMORE-RUIZ DO TIFFANY	1409 SE 1ST AVE	FT LAUDERDALE	FL	33316
261337493		BERG MD AMANDA L	350 NW 84TH AVE # 200-B	PLANTATION	FL	33324
261506411	1285627885	BANSAL MD RAJENDRA K	875 MILITARY TRL # 200	JUPITER	FL	33458
262909414	1528010899	POLING MD PATRICIA	606 BALD EAGLE DR # 302	MARCO ISLAND	FL	34145
263333438	1619991148	FERNANDEZ-BRAY JR MD ALBE	9715 W BROWARD BLVD # 315	PLANTATION	FL	33324
263527267	1871512970	SHAKTAWAT MD JANMEJAY	PO BOX 2080	LADY LAKE	FL	32158
263611501	1528018512	SLAVIN MD HERBERT R	# 210	LAUDERHILL	FL	33319
263867908	1184622698	MYERS MD Yael D	21550 BISCAYNE BLVD # 133	AVENTURA	FL	33180
263867908	1154308450	FURMAN DO NEIL F	21550 BISCAYNE BLVD # 133	AVENTURA	FL	33180
263867908	1780752584	CUBAS MD FELIPE L	6870 DYKES RD # 133	SW RANCHES	FL	33331
264024083		MOYA HECHAVARR MD JAYNIER	703 N FLAMINGO RD	PEMBROKE PINES	FL	33028
264190328	1194755645	MOSS-MELLMAN MD CHERYL M	690 MEADOWS RD	BOCA RATON	FL	33486
264193954	1619946597	LIBMAN MD MICHELE F	1050 SE MONTEREY RD # 201	STUART	FL	34994
264242352	1184684656	THOMAS MD MINI	5440 N UNIVERSITY DR	LAUDERHILL	FL	33351
264360646		SANCHEZ MD YURI	9600 NE 2ND AVE	MIAMI SHORES	FL	33138
264796051	1831284355	RICHARDS MD ARLEEN E	499 NW 70TH AVE # 220	PLANTATION	FL	33317
270186002	1902895360	BOHRER MD MINDY S	1601 CLINT MOORE RD # 180	BOCA RATON	FL	33487
270520049	1548462740	GARCIA MD SERGIO	9950 SW 107TH AVE # 101	MIAMI	FL	33176
270539587	1235317876	SATJIA MD SAMEER	350 NW 84TH AVE # 110	PLANTATION	FL	33324
271309142	1558315291	DABAGE-FORZOLI MD NEMER	2950 CLEVELAND CLINIC	WESTON	FL	33331
271679269	1407937600	MORGAN MD TRESCIANA A	4917 COCONUT CREEK PKWY # F	POMPANO BEACH	FL	33063
271751214	1457336323	GLASER MD CHARLES I	# 312	TAMARAC	FL	33321
272193356	1093810780	PFAFF MD GLENN A	PO BOX 96375	OKLAHOMA CITY	OK	73143
272314189	1467421735	ABRAHAM MD JAMES C	# 110	TAMPA	FL	33602
272485819	1508964065	ZABIH MD ISMAIL M	1702 OHIO AVE	LYNN HAVEN	FL	32444
272489561	1528188034	KARTHIKEYAN MD JEYAVARNA	4725 N FEDERAL HWY	FT LAUDERDALE	FL	33308
272777455	1619132586	HANABERGH MD NICOLAS A	20900 BISCAYNE BLVD	MIAMI	FL	33180
272946199	1548411457	WONG DO SIMON C	9750 NW 33RD ST # 210	CORAL SPRINGS	FL	33065
273818647	1447434469	SHAH MD SAMIR S	3950 AUSTELL RD	AUSTELL	GA	30106
273818647		HUGHES MD JODY M	PO BOX 742322	ATLANTA	GA	30374
273818647	1891767067	VOLLRATH MD EDWARD L	3950 AUSTELL RD	AUSTELL	GA	30106
273818647	1841401940	HIRANI MD AMYN	3950 AUSTELL RD	AUSTELL	GA	30106
273818647	1932171170	COHEN MD STEVEN L	PO BOX 742322	ATLANTA	GA	30374
273818647	1215922299	HARDEE MD MICHAEL S	3950 AUSTELL RD	AUSTELL	GA	30106
273818647	1619966116	FRANCO MD JUAN C	PO BOX 742322	ATLANTA	GA	30374
274241126	1376799064	ALI DO TABREEZ S	3540 W SAHARA AVE # 330	LAS VEGAS	NV	89102
274602380	1104814615	MELMAN MD DANIEL A	7777 GLADES RD # 100	BOCA RATON	FL	33434
275300631	1194740225	ALARIO MD FRANK C	721 COLORADO AVE	STUART	FL	34994
320115158	1679560007	HARRACKSINGH MD LEA S	PO BOX 12112	BELFAST	ME	04915
320349690	1518187590	LOPEZ MD GUILLERMO R	PO BOX 164600	MIAMI	FL	33116
331075317	1154520104	BATLLE MD MANUEL A	4725 N FEDERAL HWY	FT LAUDERDALE	FL	33308
341791882	1417063769	BARANAUSKAS MD MICHAEL V	9485 MENTOR AVE # 210	MENTOR	OH	44060
341891563	1124024625	O'BRIEN MD KEITH O	20900 BISCAYNE BLVD	MIAMI	FL	33180
352302044	1306824966	COLUMBIE MD ARSENIO	160 NW 170TH ST	N MIAMI BEACH	FL	33169
352305118	1316967912	SHIKARA MD MAZIN M	21110 BISCAYNE BLVD # 203	MIAMI	FL	33180
352309466	1174517429	DRISCOLL MD KAREN E	2151 ALT A-1 # A # 400	JUPITER	FL	33477
352399731	1700863172	RIOS MD JOSE A	4302 ALTON RD # 300	MIAMI BEACH	FL	33140
364507190	1609879618	MORRIS MD DAVID P	700 N HIATUS RD # 105	PEMBROKE PNES	FL	33026
364507190	1871603290	AMIR MD ROTEM	3702 WASHINGTON ST # 303	HOLLYWOOD	FL	33021
364507190	1306884796	LEVINE MD TARA E	1979 W HILLSBORO BLVD # 1	DEERFIELD BCH	FL	33442
364507190	1700824232	POLINSKY MD CRAIG D	1979 W HILLSBORO BLVD # 1	DEERFIELD BEACH	FL	33442
371579699	1124252333	COGENT HEALTHCARE JACKSO	PO BOX 740582	LOS ANGELES	CA	90074
381437919	1023051265	ASSQUAD MD FARID	18738 SW 47TH ST	MIRAMAR	FL	33029
400000477	1568443448	SIMEK MD PETER P	100 NW 82ND AVE # 206	PLANTATION	FL	33324
411236756	1891089744	KAZIE MD NELSON O	1700 S 23RD ST	FORT PIERCE	FL	34950
412250823	1265517619	MCMANUS MD WILLIAM J	PO BOX 9033	STUART	FL	34995
412250823	1760438527	PATEL MD CHANDRAKANT N	PO BOX 100927	ATLANTA	GA	30384
421411630	1083880066	MALHOTRA MD SHIVALI	3000 CORAL HILLS DR	POMPANO BEACH	FL	33065
431279497	1295848158	SOLOMON MD VALERIE T	1600 N STATE ROAD 7 # 200	LAUDERHILL	FL	33313
431956357	1184610040	GOLDMAN MD JASON M	3001 CORAL HILLS DR # 340	CORAL SPRINGS	FL	33065
450890405	1730174632	BATAYNEH MD HASSAN N	PO BOX 741812	ATLANTA	GA	30374
451154796	1154713626	HARRIS DO ANDREW	PO BOX 27366	SALT LAKE CTY	UT	84127
452676189	1114999695	JAFARBAY MD ASHKAN	8251 W BROWARD BLVD # 103	PLANTATION	FL	33324
452676189	1659579795	BORISIAK MD TATYANA S	PO BOX 551000	FT LAUDERDALE	FL	33355
452676189	1760680466	PEREIRA MD MARIO B	2901 CORAL HILLS DR # 360	CORAL SPRINGS	FL	33065
452988446	1255325171	REDDY MD KUCHAKULLA N	4840 S US HIGHWAY 41	DUNNELLON	FL	34432
453191208	1033107115	DOLIN MD LINDA S	7777 GLADES RD # 100	BOCA RATON	FL	33434
453462809	1427073329	PENATE MD ISRAEL E	9750 NW 33RD ST # 212	CORAL SPRINGS	FL	33065
453462809	1386618577	POLSKY DO FREDERICK C	10051 5TH N ST # 200	ST PETERSBURG	FL	33702
453516470	1689718694	ISSAR MD JEETENDRA K	3810 S FLORIDA AVE # A	LAKE LAND	FL	33813
453735462	1679525836	CAVANAUGH MD MICHAEL J	# 210	DEERFIELD BCH	FL	33441
453824323	1114241619	BETANCOR MD JORGE	3107 STIRLING RD # 103	FT LAUDERDALE	FL	33312
454493108	1750643383	AHING DO AYANNA M	20900 BISCAYNE BLVD	MIAMI	FL	33180
454493108	1932410511	LYUBYNKA MD NATALYA	20900 BISCAYNE BLVD	MIAMI	FL	33180
454772000		PEREZ MD ULISES A	8201 W BROWARD BLVD	PLANTATION	FL	33324
454772000	1174800148	MARTINEZ MD DARIO	8201 W BROWARD BLVD	PLANTATION	FL	33324
454772000		SIDDIQUI MD RABIA	8201 W BROWARD BLVD	PLANTATION	FL	33324
454772045	1811282411	GAWRI MBBS KUNAL	2801 N STATE RD # 7	POMPANO BEACH	FL	33063

455126667	1104866235	CRESPO MD RAFAEL	1400 NW 12TH AVE	MIAMI	FL	33136
455388987	1548515968	M ANGELA MADDEN LLC	1130 BAYVIEW DR	FT LAUDERDALE	FL	33304
455393332		ALEXIS MD WILLIAM R	603 N FLAMINGO RD # 255	PEMBROKE PNES	FL	33028
455415700	1467598235	MILEJCZYK MD MARIUSZ M	PO BOX 193	LIBERTYVILLE	IL	60048
455544298	1174670863	BRICENO MD RAFAEL S	PO BOX 816759	HOLLYWOOD	FL	33081
460756869	1194933556	FABREGAS CHERE MD HECTOR	12301 TAFT ST # 100	HOLLYWOOD	FL	33026
460836406	1811182918	LAMONTAGNE MD WYSLAINE	4212 NORTHLAKE BLVD	PALM BCH GDNS	FL	33410
461532974	1194925560	BOCTOR MD GEORGE G	4701 N FEDERAL HWY # A12	FT LAUDERDALE	FL	33308
462120888		JIMENEZ MD FERNANDO	351 NW 42ND AVE # 408	MIAMI	FL	33126
462840647	1407050024	DELUCA MD JOHN	# 2	FT LAUDERDALE	FL	33308
462913563	1245426279	ARENA MD JOSEPH J	PO BOX 15573	BELFAST	ME	04915
463024222	1659512366	WASSEF DO MOUNIR M	# 8-E	WELLINGTON	FL	33414
463447030	1053306969	KANNER DO STEVEN L	2051 45TH ST # 303	WEST PALM BCH	FL	33407
463450890	1164402764	GREENSTEIN MD MARC H	400 N HIATUS RD # 206	PEMBROKE PNES	FL	33026
465331912	1437368552	GUEVARA MD RODOLFO	PO BOX 844911	LOS ANGELES	CA	90084
465511096	1104820745	MUSOFF MD ROY C	14530 S MILITARY TRL	DELRAY BEACH	FL	33484
465668304	1639132632	SHULRUFF MD LARRY H	4020 SHERIDAN ST # B	HOLLYWOOD	FL	33021
471992186	1033111687	EVANS MD DO DAVID A	13005 SOUTHERN BLVD # 121	LOXAHATCHEE	FL	33470
472063165		CARDIOVASCULAR CONSULTAN	1150 N 35TH AVE # 240	HOLLYWOOD	FL	33021
472607894	1164810354	BANDFISH INPAT SVC LLC	PO BOX 38058	PHILADELPHIA	PA	19101
472825802	1396135646	CARD INTERPRETATIONS LLC	5 TAMPA GENERAL CIR # 850	TAMPA	FL	33606
510445844	1639190036	PRINE MD JAMES S	# 101	CORAL SPRINGS	FL	33065
520591607	1255309001	NARCISSE MD NATHALIE J	4725 N FEDERAL HWY # 676	FT LAUDERDALE	FL	33308
522376644	1639179807	DE FERIA MD ARMANDO A	600 N HIATUS RD # 203	PEMBROKE PNES	FL	33026
540505979	1114999695	JAFARBAY MD ASHKAN	8201 W BROWARD BLVD	PLANTATION	FL	33324
540544705	1689975310	DAVID DO JACQUELINE M	8201 W BROWARD BLVD	PLANTATION	FL	33324
541973284	1811041106	MAZHARI MD RAMIN	8105 RITCHIE HWY	PASADENA	MD	21122
542129332	1194711010	SORTINO MD JOHN M	113 SE MIZNER BLVD # 10	BOCA RATON	FL	33432
542129332	1821087156	HANABERGH MD ENRIQUE S	21110 BISCAYNE BLVD # 206	AVENTURA	FL	33180
542129332	1558589101	VIDAURRE MD JOSE ANGEL	5333 N DIXIE HWY # 209	OAKLAND PARK	FL	33334
550836075	1427061712	CHEDIAK MD NIDIA L	# 205	DEERFIELD BCH	FL	33442
560543246	1932161742	TAHTAWI MD JORJETA D	50 HOSPITAL DR # 2B	HENDERSONVILLE	NC	28792
560543246	1740268135	CAMPBELL MD SAUSAN T	50 HOSPITAL DR # 2B	HENDERSONVILLE	NC	28792
561714318	1689878134	ROJAS BALCAZAR MD JUAN M	PO BOX 741627	ATLANTA	GA	30374
562084959	1871507749	WILHELM MD JENNIFER W	1881 PISGAH DR # A	HENDERSONVILLE	NC	28791
562084959	1952567166	DOUGLASS DO CARA S	709 N JUSTICE ST # A	HENDERSONVILLE	NC	28791
562304427	1538106992	BROWARD CNTY VA CBOC	PO BOX 140793	ORLANDO	FL	32814
571183413	1902991367	ALI MD AKKIL	7710 NW 71ST CT # 304	TAMARAC	FL	33321
581646537	1477512663	COOPER MD WILLIAM L	119 W HILL ST	THOMASVILLE	GA	31792
582024355	1740345214	JONES MD MARVIN P	1375 E KING AVE # B	KINGSLAND	GA	31548
590624424	1003810763	GOTTLIEB MD SETH	4302 ALTON RD # 450	MIAMI BEACH	FL	33140
590714812	1487654430	BALL MD GEORGE ALLEN	1569 MATTHEW DR	FORT MYERS	FL	33907
590791028	1710990585	MASTROLE MD RICHARD K	# 101	FT LAUDERDALE	FL	33308
590791028	1174546980	ZEKSER MD DAVID	1100 E BROWARD BLVD	FT LAUDERDALE	FL	33301
590791028	1083621106	NIGEN MD ALAN M	4725 N FEDERAL HWY	FT LAUDERDALE	FL	33308
590791028	1205872009	DOLCHIN MD MICHAEL J	4725 N FEDERAL HWY	FT LAUDERDALE	FL	33308
590791028	1942219845	ROBINSON MD JANET R	4701 N FEDERAL HWY # A27	FT LAUDERDALE	FL	33308
590791028	1154334985	MEIGS MD ROBERT S	# 101	FT LAUDERDALE	FL	33308
590791028	1336465574	DUNHILL MD DAVID P	1309 S FEDERAL HWY	FT LAUDERDALE	FL	33316
590791028	1801034442	HERNANDEZ MD MARIO A	# 101	FT LAUDERDALE	FL	33308
590791028	1497769517	SHOOK MD JOHN H	5601 N DIXIE HWY # 412	OAKLAND PARK	FL	33334
590791028	1619284940	COHEN DO DENISE H	1124 BAYVIEW DR	FT LAUDERDALE	FL	33304
590791028		LINDEN MD STEVEN F	PO BOX 70700	FT LAUDERDALE	FL	33307
590791028	1578584801	FINLON MD FRANK T	1309 S FEDERAL HWY # 401	FT LAUDERDALE	FL	33316
590791028	1568404663	LIU MD AUDREY	# 200	POMPANO BEACH	FL	33062
590791028	1023218328	GARCIA MD LILLIAM M	# 101	FT LAUDERDALE	FL	33308
590791028	1033156724	DEJARNETTE MD ALAN S	PO BOX 70700	FT LAUDERDALE	FL	33307
590791028	1194748400	KUYKENDALL MD GERALD L	1309 S FEDERAL HWY	FT LAUDERDALE	FL	33316
590791028	1548273295	BUHAIN MD RONALD T	# 101	FT LAUDERDALE	FL	33308
590791028	1750496998	ACOSTA MD ZONIA D	4004 N OCEAN BLVD	FT LAUDERDALE	FL	33308
590791028	1831204353	LIMPERIS MD JOHN M	1124 BAYVIEW DR	FT LAUDERDALE	FL	33304
590791028	1639282601	ALAMO-ECHEMENDIA MD ALDO	1309 S FEDERAL HWY	FT LAUDERDALE	FL	33316
590791028	1164537379	GREENBERG MD MICHAEL S	4917 COCONUT CREEK PKWY # F	POMPANO BEACH	FL	33063
590791028	1568475200	LE MD PHI H	# 101	FT LAUDERDALE	FL	33308
590791028	1407937600	MORGAN MD TRESCIANA A	4917 COCONUT CREEK PKWY # F	POMPANO BEACH	FL	33063
590791028	1306045364	CAMARGO MD REINALDO A	# 101	FT LAUDERDALE	FL	33308
590791028	1306045364	CAMARGO SALCED MD REINALD	# 101	FT LAUDERDALE	FL	33308
591037604	1245252469	REEDER MD ROBERT L	1400 S ANDREWS AVE	FT LAUDERDALE	FL	33316
591199726	1588725006	MARK MD TIMOTHY W	1552 PALM BEACH LAKES	WEST PALM BCH	FL	33401
591264406	1295725307	FIELDS MD STEVEN M	7100 W 20TH AVE # 311	HIALEAH	FL	33016
591466745	1447218870	GARCIA MD BERNARD	4800 N FEDERAL HWY # 200	FT LAUDERDALE	FL	33308
591614118	1821043522	DAVID DO NORA A	13813 METRO PKWY	FORT MYERS	FL	33912
591618910	1184615874	CASE MD CHERYL L	8726 NW 26TH ST # 5	DORAL	FL	33172
591618910	1184615874	CASE-DIAZ MD CHERYL L	8726 NW 26TH ST # 5	DORAL	FL	33172
591632544	1073503843	RYAN III DO WALTER M	11880 SW 40TH ST # 304	MIAMI	FL	33175
591741303	1154516029	SAUER CHOE DO NADIA M	PO BOX 100936	ATLANTA	GA	30384
591917016	1588690440	GHAH MD AKASH N	1300 MEDICAL DR	TALLAHASSEE	FL	32308
591925156	1538263884	GLICK MD RICHARD S	6405 N FEDERAL HWY # 105	FT LAUDERDALE	FL	33308
592015355	1336157494	SHIMAN MD ALEXANDER D	# 203	TAMARAC	FL	33321
592134872	1912989088	BARBARITE MD ROBERT V	7541 N STATE ROAD 7	PARKLAND	FL	33073

592200569	1467583542	DRAESEL SR MD JEFFREY G	1108 KANE CONCOURSE # 300	BAY HARBOR IS	FL	33154
592287763	1699707760	LINZER DO STEVEN R	11011 SHERIDAN ST # 105	HOLLYWOOD	FL	33026
592366641	1033281191	HAFFIZULLA MD JASON M	7875 W COMMERCIAL BLVD	TAMARAC	FL	33351
592366641	1184796260	PARIKH MD NIGAM H	7875 W COMMERCIAL BLVD	TAMARAC	FL	33351
592432146	1295791994	GUPTA MD MOHAN L	8396 W OAKLAND PARK BLVD	SUNRISE	FL	33351
592458277	1861400848	PARDELL DO HERBERT	3990 SHERIDAN ST # 101	HOLLYWOOD	FL	33021
592485899	1902895360	BOHRER MD MINDY S	1601 CLINT MOORE RD # 180	BOCA RATON	FL	33487
592540514	1093810780	PAFF MD GLENN A	PO BOX 140193	ORLANDO	FL	32814
592579805	1811923899	ROSA-CUNHA MD ISABELLA R	1611 NW 12TH AVE	MIAMI	FL	33136
592579805	1295719912	FEDERMAN MD MICHAEL J	PO BOX 281037	ATLANTA	GA	30384
592579805	1053570358	AUNG MD WIN M	PO BOX 281037	ATLANTA	GA	30384
592579805	1225008584	ABBAS MD SYEDA U	PO BOX 281037	ATLANTA	GA	30384
592579805	1588756399	GOLDBERG MD SHARON	1400 NW 12TH AVE	MIAMI	FL	33136
592579805	1336340918	SIMKINS-COHEN MD JACQUES	PO BOX 281037	ATLANTA	GA	30384
592579805	1942490206	REYES MD JUAN A	PO BOX 281037	ATLANTA	GA	30384
592579805	1275689341	ABBO MD LILIAN M	PO BOX 281037	ATLANTA	GA	30384
592579805	1861422917	MANJARREZ MD EFREN C	1475 NW 12TH AVE	MIAMI	FL	33136
592579927	1407048325	FINE MD LAUREN M	PO BOX 281037	ATLANTA	GA	30384
592730175	1952499139	CARDENAS MD NANCY F	# 103	TAMARAC	FL	33321
592744806	1770563348	WILBUR MD RICHARD J	1117 E HALLANDALE BEACH	HALLANDLE BCH	FL	33009
592744806	1265479315	TING MD CHIAPONE D	1117 E HALLANDALE BEACH	HALLANDLE BCH	FL	33009
592803929	1902007669	BENEZRA MD CLIFFORD J	6909 SW 38TH ST	MIRAMAR	FL	33023
593074052	1275847071	AL-ANDARY MD HAZEM F	1839 CENTRAL AVE # 3	ST PETERSBURG	FL	33713
593275434	1376594960	BOCA VA CBOC	PO BOX 140813	ORLANDO	FL	32814
593275434	1790734176	WST PALM BCH VAMC	PO BOX 140813	ORLANDO	FL	32814
593411454	1194827097	VILLACASTIN MD ALEX T	PO BOX 919357	ORLANDO	FL	32891
593440564		PROF HLTHCARE OF PINELLA	1839 CENTRAL AVE	ST PETERSBURG	FL	33713
593484054	1669481792	JURADO MD MARIA A	# 214	BOCA RATON	FL	33428
593555797	1437122090	CRUM MD JAMES F	PO BOX 102224	ATLANTA	GA	30368
593677604	1063468221	HASKINS MD KERRY H	PO BOX 1070	CHARLOTTE	NC	28201
593718647	1932172731	MASTERS MD BRIAN S	PO BOX 102224	ATLANTA	GA	30368
593774997	1124008891	HAMADE MD SALIM N	900 CARILON PKWY # 112	ST PETERSBURG	FL	33716
596012065	1871768861	ALEXANDER MD SHERENE P	3000 CORAL HILLS DR	CORAL SPRINGS	FL	33065
596012065	1336104439	RODRIGUEZ MD ARMAND J	PO BOX 862851	ORLANDO	FL	32886
596012065	1891899407	BOGDANOVIC-STA MD MILICA	PO BOX 862851	ORLANDO	FL	32886
596012065	1285664235	HODARNAU MD DIANA C	PO BOX 862851	ORLANDO	FL	32886
596012065	1427161066	WILLIAMS MD ALEXANDRA D	PO BOX 862851	ORLANDO	FL	32886
596014973	1154360485	SIEV MD ETHAN D	1150 N 35TH AVE # 240	HOLLYWOOD	FL	33021
596014973	1336229376	LAZAR MD SCOTT G	1117 E HALLANDALE BEACH	HALLANDLE BCH	FL	33009
630798719	1639258254	WALKER MD SAMUEL P	101 HOSPITAL DR	LUVERNE	AL	36049
650003177	1497915334	HAGAR MD KRISTEN L	PO BOX 538009	ATLANTA	GA	30353
650003177	1124093331	GAVRILESCU MD GABRIEL	2950 CLEVELAND CLINIC	WESTON	FL	33331
650003177	1497012512	RAILSBACK DO JACLYN W	2950 CLEVELAND CLINIC	WESTON	FL	33331
650003177	1346203155	SIDER MD DARBY	2950 CLEVELAND CLINIC	WESTON	FL	33331
650003177	1346438348	THAN MD LARA C	2950 CLEVELAND CLINIC	WESTON	FL	33331
650003177	1508892944	DUBON MD PABLO J	3100 WESTON RD	WESTON	FL	33331
650003177	1386607794	AVALLONE JR MD STEPHEN V	2950 CLEVELAND CLINIC	WESTON	FL	33331
650003177	1952545316	RODRIGUEZ MD ANGEL J	2950 CLEVELAND CLINIC	WESTON	FL	33331
650003177	1386608743	STEPHENSON MD JANICE M	2950 CLEVELAND CLINIC	WESTON	FL	33331
650003177	1366767345	LOPEZ MD LORELEY	PO BOX 538009	ATLANTA	GA	30353
650003177	1457681165	PEREZ MD ROLANDO	2950 CLEVELAND CLINIC	WESTON	FL	33331
650003177	1639313091	FERNANDEZ DO ARIEL	PO BOX 538009	ATLANTA	GA	30353
650003177	1093912172	REYES FERNANDE MD BERNARD	PO BOX 538009	ATLANTA	GA	30353
650003177	1710914106	HURTADO MD CARMEN M	2950 CLEVELAND CLINIC	WESTON	FL	33331
650003177	1740458447	RAHMAN MD NADEEM	PO BOX 538009	ATLANTA	GA	30353
650003177	1376873612	RABBAT MD JENNIFER	2950 CLEVELAND CLINIC	WESTON	FL	33331
650003177	1083644033	CLEVELAND CLINIC FL	PO BOX 403275	ATLANTA	GA	30384
650003177	1689613259	PILOTO MD ROBERT A	2950 CLEVELAND CLINIC	WESTON	FL	33331
650003177	1861685919	CELESTIN MD CARMEL A	2950 CLEVELAND CLINIC	WESTON	FL	33331
650003177	1922218841	GASCON MD JOSE A	2950 CLEVELAND CLINIC	WESTON	FL	33331
650003177	1366755472	PIOTRKOWSKI MD JARED S	PO BOX 538009	ATLANTA	GA	30353
650003177	1003879933	PRAVIA MD CRISTINA I	2950 CLEVELAND CLINIC	WESTON	FL	33331
650003177	1689985517	ROSS MD FREDERICK S	PO BOX 538009	ATLANTA	GA	30353
650029298		MURPHY MD SUSAN A	1155 35TH LN # 201	VERO BEACH	FL	32960
650029298	1548269178	TYULMENKOV MD VALENTYN V	4725 N FEDERAL HWY # 676	FT LAUDERDALE	FL	33308
650055808	1104814615	MELMAN MD DANIEL A	4545 N FEDERAL HWY	FT LAUDERDALE	FL	33308
650056302	1134107915	PRESTE MD PAUL G	# 1A	FT LAUDERDALE	FL	33308
650063092	1871505735	SCOTT D SMOLLER	180 SW 84TH AVE # C	PLANTATION	FL	33324
650068271	1154435634	AUGUSTIN MD DUCARMEL	100 N STATE ROAD 7 # 204	MARGATE	FL	33063
650080497	1962513234	CHOKSHI MD RAJIV R	4701 N FEDERAL HWY # A21	FT LAUDERDALE	FL	33308
650081751	1184700940	PEVNER MD BARRY C	601 N FLAMINGO RD # 303	PEMBROKE PNES	FL	33028
650088313	1407879752	STALLER MD SHELDON	8750 NW 36TH ST # 300	DORAL	FL	33178
650104538	1588628671	HERRERA MD CHARLES O	# 105	TAMARAC	FL	33321
650126046	1114084274	GALLY MD JEFFREY P	# 102	COCONUT CREEK	FL	33066
650176179	1972599199	MARKS DO MITCHELL L	3345 BURNS RD # 101	PALM BCH GDNS	FL	33410
650199979	1508868340	SQUIRE MD PIPER L	1065 NE 125TH ST # 409	NORTH MIAMI	FL	33161
650200172	1083779128	HAQ MD SALEEM A	4845 COCONUT CREEK PKY	POMPANO BEACH	FL	33066
650208889	1225075559	GRAY MD PATRICK A	20215 NW 2ND AVE # 1	MIAMI	FL	33169
650262189	1396799383	ONDRUSEK MD JAROSLAV F	PO BOX 919302	ORLANDO	FL	32891
650270114	1750702189	PINEIRO PUEBLA MD YANELY	PO BOX 402567	MIAMI BEACH	FL	33140

650270114	1558348813	MORRISON MD MICHELE A	1601 N PALM AVE # 101	PEMBROKE PNES	FL	33026
650270114	1700863172	RIOS MD JOSE A	4302 ALTON RD # 300	MIAMI BEACH	FL	33140
650271144	1225041882	SCHERER MD BARBARA A	2001 E COMMERCIAL BLVD	FT LAUDERDALE	FL	33308
650272519	1588797070	RIVERA-HIDALGO MD ZORAIDA	2647 HOLLYWOOD BLVD	HOLLYWOOD	FL	33020
650277912	1871558742	GILBERT MD KEVIN J	3109 45TH ST	WEST PALM BCH	FL	33407
650303370	1669471090	GRAFF MD ALAN	3061 E COMMERCIAL BLVD	FT LAUDERDALE	FL	33308
650303370	1659589851	ALAN GRAFF MD PA	3061 E COMMERCIAL BLVD	FT LAUDERDALE	FL	33308
650303370	1598026569	CALLE MEDINA MD JORGE J	3061 E COMMERCIAL BLVD	FT LAUDERDALE	FL	33308
650303676	1245399963	MC KENZIE MD WILFRED C	1625 SE 3RD AVE # 400	FT LAUDERDALE	FL	33316
650303676	1851450530	MCKENZIE MD RONA M	1625 SE 3RD AVE # 400	FT LAUDERDALE	FL	33316
650320256	1255311858	QUINTELA MD PABLO A	11011 SHERIDAN ST # 302	HOLLYWOOD	FL	33026
650325236	1841213055	QURESHI MD ZAHID H	2201 NE 52ND ST # 206	LIGHTHOUSE PT	FL	33064
650338195	1386651800	SPERDUTO MD JOSEPH M	250 DIXIE BLVD # 203	DELRAY BEACH	FL	33444
650374059	1124094610	STURMAN MD WARREN M	2951 NW 49TH AVE # 103	LAUD LAKES	FL	33313
650382658	1205898848	KHAN MD HUSMAN K	1226 SW 3RD AVE	FT LAUDERDALE	FL	33315
650452430	1316951700	HYLTON MD JOHN B	12323 SW 55TH ST # 1003	COOPER CITY	FL	33330
650525731	1942326418	KASWAN MD DANIEL D	20814 W DIXIE HWY	AVENTURA	FL	33180
650538839		MARTIN MD ANNA	3848 FAU BLVD # 210	BOCA RATON	FL	33431
650538839	1679554596	MONTALVAN MD JORGE I	3848 FAU BLVD # 210	BOCA RATON	FL	33431
650538839	1184700775	HEVERT MD DAVID B	3848 FAU BLVD # 210	BOCA RATON	FL	33431
650556041	1346254117	SHERMAN MD MICHAEL S	# C	PALM CITY	FL	34990
650556041	1386899557	MORLEY MD CHRISTOPHER S	PO BOX 417	STUART	FL	34995
650556041	1144249913	EDELMAN DO DANIEL S	PO BOX 417	STUART	FL	34995
650556041	1356359525	ZEBLISKY DO PETER S	# 104	PORT ST LUCIE	FL	34986
650556041	1861464596	DESHPANDE DO KRISHNARAJ G	PO BOX 417	STUART	FL	34995
650561267	1326144825	PLAXE DO JANICE S	3848 FAU BLVD # 210	BOCA RATON	FL	33431
650567120	1063571909	VILASUSO MD ALEJANDRO J	1400 NW 12TH AVE # 1	MIAMI	FL	33136
650577956	1982633764	GAY MD ALIX	2600 VAN BUREN ST	HOLLYWOOD	FL	33020
650580501	1598062630	BASTIEN-MONTPE MD NATHALI	# 3	BOYNTON BEACH	FL	33437
650580501	1891937884	SCHWARTZ MD PETER H	5700 LAKE WORTH RD # 204	GREENACRES	FL	33463
650580501	1013964840	HERON MD JAMES CHARLES	5401 S CONGRESS AVE # 218	LAKE WORTH	FL	33462
650586633	1912921693	HAMILTON MAXINE E PA	PO BOX 292757	FT LAUDERDALE	FL	33329
650587395	1154360485	SIEV MD ETHAN D	PO BOX 198335	ATLANTA	GA	30384
650592897	1497789804	REED MD GREGORY S	7480 FAIRWAY DR # 102	MIAMI LAKES	FL	33014
650604701	1861467557	KHAN MD SABIHA	201 NW 82ND AVE # 201	PLANTATION	FL	33324
650614531	1295841773	LUGO-ARREDELL MD LUIS H	1840 W 49TH ST # 510	HIALEAH	FL	33012
650675559	1376556696	WEINER MD DOUGLAS E	# 108	CORAL SPRINGS	FL	33065
650675559	1588676662	LIEBER MD CHARLES E	# 108	CORAL SPRINGS	FL	33065
650675559	1033121116	STREIT MD BARRY	# 108	CORAL SPRINGS	FL	33065
650730095	1013242932	DAMERON DO DANA D	PO BOX 15385	BELFAST	ME	04915
650736246	1205869526	MC GUIRE MD DANIEL E	PO BOX 740177	BOYNTON BEACH	FL	33474
650736246	1962441329	TOWBIN MD BRADLEY A	1325 S CONGRESS AVE # 211	BOYNTON BEACH	FL	33426
650736246	1033142377	ALALU MD JAIME J	1325 S CONGRESS AVE # 211	BOYNTON BEACH	FL	33426
650736246	1437165172	BROMER DO MATTHEW Q	PO BOX 740177	BOYNTON BEACH	FL	33474
650753936	1265435077	FARIA MD ROHAN F	75 REMITTANCE DR # 6660	CHICAGO	IL	60675
650758756	1902847908	POLNER MD BRIAN S	601 N FLAMINGO RD # 105	PEMBROKE PNES	FL	33028
650795660	1982607370	MENCIA MD ANDRES J	1608 E COMMERCIAL BLVD	OAKLAND PARK	FL	33334
650800127	1811901036	HAMILTON MD MAXINE E	1330 SE 4TH AVE # B	FT LAUDERDALE	FL	33316
650806025	1083606768	ROSENTHAL MD DANIEL J	7501 WILES RD # 104	CORAL SPRINGS	FL	33067
650809978	1598791782	ALFARRA MD FAWAZ	2901 CORAL HILLS DR # 320	CORAL SPRINGS	FL	33065
650863557	1144205907	ARMENAKIS MD GUS	# 306	TAMARAC	FL	33321
650872897	1245284090	ACEVEDO MD ROLANDO	10796 PINES BLVD # 106	PEMBROKE PNES	FL	33026
650907603	1306952403	TORRES MD JOSE M	2213 N UNIVERSITY DR # B	PEMBROKE PNES	FL	33024
650924220	1689772535	TOLEDANO MD VICTOR J	3465 GALT OCEAN DR # 101	FT LAUDERDALE	FL	33308
650924220	1780782664	SCALIA MD CARLO A	3465 GALT OCEAN DR # 101	FT LAUDERDALE	FL	33308
650929848	1811999766	AKSELUD MD MARK M	# 309	TAMARAC	FL	33321
650933425	1225032105	BRAVER MD BETH R	3700 WASHINGTON ST # 500	HOLLYWOOD	FL	33021
650945301	1336231562	BLANCO MD ANTONIO E	30334 OLD DIXIE HWY	HOMESTEAD	FL	33033
650945681	1992738660	GHOSH MD SHEETA	301 NW 84TH AVE # 201	PLANTATION	FL	33324
650955210	1558366377	FERNANDEZ MD ARMANDO A	# 100	SUNRISE	FL	33351
650958084	1124094610	STURMAN MD WARREN M	2951 NW 49TH AVE # 103	LAUD LAKES	FL	33313
650959188	1215994132	LOGRONO SR MD ARTURO R	17894 NW 2ND ST	PEMBROKE PNES	FL	33029
650962467	1043260391	LARACUENTE MD RONALD	9325 GLADES RD # 204	BOCA RATON	FL	33434
650966608	1154462059	HSU MD ALEX K	2964 N STATE ROAD 7 # 210	MARGATE	FL	33063
650966608	1457493157	LOY MD JUAN P	2964 N STATE ROAD 7 # 210	MARGATE	FL	33063
650996053	1588682678	LAMPERT MD MITCHELL L	11195 S JOG RD # 3	BOYNTON BEACH	FL	33437
650998797	1013198118	CORTES MD DENNIS A	12600 PEMBROKE RD # 206	MIRAMAR	FL	33027
650998797	1013198118	CORTES MD DENNIS A	12600 PEMBROKE RD # 206	MIRAMAR	FL	33027
651025557	1154411577	BACH MD LINDA F	660 NE 95TH ST # 1	MIAMI SHORES	FL	33138
651027248	1457318636	ULLOA MD LUIS S	601 UNIVERSITY BLVD # 202	JUPITER	FL	33458
651040979	1285627885	BANSAL MD RAJENDRA K	875 MILITARY TRL # 200	JUPITER	FL	33458
651040979	1598758104	BARNVILLE MD BRUCE A	875 MILITARY TRL # 200208	JUPITER	FL	33458
651046861	1033171517	TAMAYO MD VICTOR I	301 NE 167TH ST	MIAMI	FL	33162
651048917	1184796260	PAARIKH MD NIGAM H	7875 W COMMERCIAL BLVD	TAMARAC	FL	33351
651061541	1144298571	LEVINE MD SARA S	1601 CLINT MOORE RD # 115	BOCA RATON	FL	33487
651069899	1508823402	EHRlich MD LAURENCE	# 205	BOYNTON BEACH	FL	33437
651071299	1205838166	PROKOS MD CRAIG P	136 JUPITER LAKES BLVD	JUPITER	FL	33458
651158341	1518956887	SIMKINS MD JODI S	7100 W CAMINO REAL # 207	BOCA RATON	FL	33433
651186444	1457336943	FOX DO RICHARD L	PO BOX 15069	BELFAST	ME	04915
651206886	1699047472	PATEL DO ARPIT V	13660 JOG RD # 5B	DELRAY BEACH	FL	33446

680602856	1619938719	VENKATASAMY MD DURAIRAJ	9633 W BROWARD BLVD # 5	PLANTATION	FL	33324
710961353	1801841192	GARIB-SANKAR MD ANITA	3319 STATE ROAD 7 # 113	WELLINGTON	FL	33449
742100586	1336182401	YESNER MD ALAN J	3848 FAU BLVD # 305	BOCA RATON	FL	33431
743244177	1821142126	WOLFE MD KRISTAL	4725 N FEDERAL HWY # 5	FT LAUDERDALE	FL	33308
743244177		SIDDIQUI DO MOHSIN A	8201 W BROWARD BLVD	PLANTATION	FL	33324
800238471	1932410511	LYUBYNKA MD NATALYA	20900 BISCAYNE BLVD	MIAMI	FL	33180
800592441	1174625784	MIRO MD ZENOBI	# 205	PEMBROKE PNES	FL	33024
800955638	1366481483	KELLER DO KIMBERLY A	# 208	DAYTONA BEACH	FL	32117
810606410	1225211584	RADULESCU MD DRAGOS A	777 E 25TH ST # 518	HIALEAH	FL	33013
840584583	1548413024	FRANKLYN MD CAMILLO P	7201 N UNIVERSITY DR	TAMARAC	FL	33321
860819006	1033151873	GEORGE DO RAVI	4725 N FEDERAL HWY # 676	FT LAUDERDALE	FL	33308
860819006	1255309001	NARCISSE MD NATHALIE J	4725 N FEDERAL HWY # 676	FT LAUDERDALE	FL	33308
860819006	1184711046	ANDERSON MD SARAH A	PO BOX 915092	ORLANDO	FL	32891
860819006	1508295536	AMER PHYS INC	PO BOX 742272	LOS ANGELES	CA	90074
860819006	1487986014	ROOPCHAND DO BIBI S	4725 N FEDERAL HWY # 676	FT LAUDERDALE	FL	33308
860819006	1548485618	TAMIM MD MOHAMMED	4725 N FEDERAL HWY # 676	FT LAUDERDALE	FL	33308
861112292	1861402505	NGUYEN MD SONNY V	# 20	BOYNTON BEACH	FL	33437
943371075	1770504508	CARBON MD FRANCISCO J	7201 N UNIVERSITY DR	TAMARAC	FL	33321
954112121	1821078841	DAVIDSON MD MYRON G	2500 NE 15TH AVE	WILTON MANORS	FL	33305
954112121	1275504284	BARTCZAK MD JENNIFER C	2500 NE 15TH AVE	WILTON MANORS	FL	33305
030336304	1265453906	MILNE MD JAMES R	5333 N DIXIE HWY # 204	OAKLAND PARK	FL	33334
043148394	1477590511	PRATT PED ASC INC	800 WASHINGTON ST	BOSTON	MA	02111
051863785	1730165853	GEEVARGHESE MD MATHULLA	3000 CORAL HILLS DR	CORAL SPRINGS	FL	33065
161774386	1073711768	TUCKER MD JAMELAH D	1117 E HALLANDALE BEACH	HALLANDALE BCH	FL	33009
200447761	1922186360	SILVERBERG MD IRIS P	2900 S COMMERCE PKWY	WESTON	FL	33331
200447761	1659422400	MONTE-FERNANDEZ MD ROSA R	2900 S COMMERCE PKWY	WESTON	FL	33331
200492277	1588650055	GEORGE-WRAY MD CHRISTINE	993 N UNIVERSITY DR	CORAL SPRINGS	FL	33071
200492277	1689660151	ODUSANYA MD ABIMBOLA A	PO BOX 935178	ATLANTA	GA	31193
200492296	1225024169	ROWE-KING MD PATRICIA A	1501 NW 49TH ST # 140	FT LAUDERDALE	FL	33309
200492296		GARRETT MD KENDIS	PO BOX 935178	ATLANTA	GA	31193
200492296	1285950667	CORNELY DO JUDITH	PO BOX 935178	ATLANTA	GA	31193
200690634	1598730103	ZUBA MD STANLEY M	91550 OVERSEAS HWY # 209	TAVERNIER	FL	33070
201415382	1366424822	SHULMAN DO SUSAN L	9801 GLADES RD	BOCA RATON	FL	33434
201415382	1235287731	CADIZ DO ALAN A	9750 NW 33RD ST # 101	CORAL SPRINGS	FL	33065
201415382	1518949155	DI LIDDO MD ALINA F	9750 NW 33RD ST # 101	CORAL SPRINGS	FL	33065
201415382	1841272325	WATERS MD SUSAN W	9750 NW 33RD ST # 101	CORAL SPRINGS	FL	33065
201415382	1164405338	MILLER MD LORI M	9750 NW 33RD ST	CORAL SPRINGS	FL	33065
201415382	1962484477	MUSSARY MD JORDAN	9801 GLADES RD	BOCA RATON	FL	33434
201415382	1982686275	MARTELL MD ANTHONY	9750 NW 33RD ST # 101	CORAL SPRINGS	FL	33065
202186468	1295712727	MARAGH MD JASSETT A	1117 E HALLANDALE BEACH	HALLANDALE BCH	FL	33009
204642093	1700859147	INGRAM MD DEBORAH E	4100 S HOSPITAL DR # 302	PLANTATION	FL	33317
205623371	1306935630	CHAMBERLAIN MD BARBARA A	9868 S STATE ROAD 7 # 305	BOYNTON BEACH	FL	33472
205623371	1538302021	MC EWAN MD PETRA K	9120A WILES RD	CORAL SPRINGS	FL	33067
205623371	1821186230	KONOWITZ-SIRKI MD JULIE A	9868 S STATE ROAD 7 # 305	BOYNTON BEACH	FL	33472
205733575	1235203571	OCAMPO MD NORINA B	# 108	BOCA RATON	FL	33428
208063957	1194804633	COHEN MD MATTHEW S	272 W PARK AVE	LONG BEACH	NY	11561
208119401	1629064753	RAMOS MD OTTO M	3100 SW 62ND AVE	MIAMI	FL	33155
208119401	1568458834	LAUFER MD PABLO M	3200 SW 60TH CT # 206	MIAMI	FL	33155
221487330	1225137516	ALVA MD MARIA D	2801 N STATE ROAD 7	MARGATE	FL	33063
223624559	1407029127	ROSA-DE JESUS MD CLARINES	8900 N KENDALL DR	MIAMI	FL	33176
231365353	1750541116	KUMAR MD BOBBY	1501 NW 49TH ST # 140	FT LAUDERDALE	FL	33309
237313346	1689835357	DERASARI MD KALYANI M	# SHS100	TAMPA	FL	33620
260490979	1689779472	WAJID MD ARIF	4400 W SAMPLE RD # 122	COCONUT CREEK	FL	33073
260847575	1639187859	WALKER MD KRISTEN V	3573 SW CORPORATE PKWY	PALM CITY	FL	34990
261258151	1881874931	ALVAREZ MD SANDRA R	19801 HAMPTON DR # C-1-2	BOCA RATON	FL	33434
262753150	1477764207	COSSIO MD SISSI E	# 101	CORAL SPRINGS	FL	33065
263089589	1639201361	COLON MD LINDA	9750 NW 33RD ST # 216	CORAL SPRINGS	FL	33065
263549264	1184613440	VAZQUEZ MD ANTONIO	400 N HIATUS RD # 105	PEMBROKE PNES	FL	33026
263549264	1275518227	NAPOLES MD ANA M	7800 SW 87TH AVE # C-350	MIAMI	FL	33173
263549264	1831188390	FURIA MD ALLEN F	7800 SW 87TH AVE # C-350	MIAMI	FL	33173
263549264	1669675625	GUINAZU MD DIANA E	5310 NW 33RD AVE # 216	FT LAUDERDALE	FL	33309
263549264	1649269903	GOLDBERG MD PAUL J	7800 SW 87TH AVE # C-350	MIAMI	FL	33173
263549264	1467573287	LAMBKIN-ALEXAN MD BELLEIT	7800 SW 87TH AVE # C-350	MIAMI	FL	33173
263549264	1003805094	BURNS MD PHILLIP E	208 N UNIVERSITY DR	PEMBROKE PNES	FL	33024
263549264		FEATHER DO JASON E	12957 PALMS WEST DR # 101	LOXAHATCHEE	FL	33470
264181577	1417238007	GARCIA-PEREZ DO CAECILIA	12983 SOUTHERN BLVD # 100	LOXAHATCHEE	FL	33470
264408606	1184688673	ROSEN MD ROBERT A	4929 VOLUNTEER RD	DAVIE	FL	33330
265939096	1942274667	O'FLYNN MD KATHERINE M	6971 W SUNRISE BLVD # 106	PLANTATION	FL	33313
270322420	1831280452	STONE MD JOSIE L	# 203	BOCA RATON	FL	33428
270322420	1205927043	ANASTASIO MD PATRICIA A	# 203	BOCA RATON	FL	33428
270322420	1972684967	CARRILLO MD CELINA M	# 203	BOCA RATON	FL	33428
270949204	1326202151	HERSHMAN MD STUART H	6000 N FEDERAL HWY	FT LAUDERDALE	FL	33308
271259479	1851339881	VILLAMAN-BENCO MD YVELICE	17900 NW 5TH ST # 103	PEMBROKE PNES	FL	33029
273483901	1134193402	AJOKU MD ADETOKUNBOH T	8320 W SUNRISE BLVD # 200	PLANTATION	FL	33322
311068213	1700874823	FREIMARK MD MICHAEL J	6766 W SUNRISE BLVD # 101	PLANTATION	FL	33313
363391284	1932279031	GINSBURG MD BETH L	801 S MILWAUKEE AVE	LIBERTYVILLE	IL	60048
364608815	1407937493	SHEINKER MD MELISSA L	7100 W CAMINO REAL # 122	BOCA RATON	FL	33433
364608815	1174604060	COHEN MD LEON R	7100 W CAMINO REAL	BOCA RATON	FL	33433
454425907	1942553144	KATZ PED	1050 SE MONTEREY RD # 301	STUART	FL	34994
454425907	1770894438	MONDESIR MD MONIQUE	# 105	PORT ST LUCIE	FL	34986

454738666	1487630596	FONT MD ANN MARIE MARIE	2801 N STATE ROAD 7	MARGATE	FL	33063
454738697	1912161076	CHINNNAIRUSAN MD MUTHAMILA	PO BOX 37866	PHILADELPHIA	PA	19101
455591655	1275627895	ELISME MD JUNIE F	PO BOX 223136	PITTSBURGH	PA	15251
461982355	1952411381	GO MD JEANNE U	200 KNUHT RD # 106	BOYNTON BEACH	FL	33436
463756071	1508872318	KAWEBLUM MD YOSEF A	6877 SW 18TH ST # H-147	BOCA RATON	FL	33433
463756071	1851388466	LETERMAN MD JONI G	2900 N MILITARY TRL # 175	BOCA RATON	FL	33431
463756071	1588063176	PED SPEC OF AMER	PO BOX 865095	ORLANDO	FL	32886
463887953		CONNOR MD JEANMARIE B	# 2032	JUPITER	FL	33458
463887953	1487730552	GOODWIN MD JENNIFER C	8200 S JOG RD # 101	BOYNTON BEACH	FL	33472
464404305	1043256472	VIERA SANTOS MD CARLOS F	6801 LAKE WORTH RD BLDG NORTH # 324	GREENACRES	FL	33467
471818328	1407820582	DAY MD WARREN G	# 105	CORAL SPRINGS	FL	33065
474867191	1912161076	CHINNNAIRUSAN MD MUTHAMILA	401 NW 42ND AVE	PLANTATION	FL	33317
474867191	1801174453	CHAVEZ MD ESMIL P	401 NW 42ND AVE	PLANTATION	FL	33317
521182593	1235272949	VILLAMIZAR MD IVAN E	2801 N STATE ROAD 7	MARGATE	FL	33063
542129332	1477616142	DRUMMOND MD DONALD T	2151 45TH ST # 107	WEST PALM BCH	FL	33407
542129332	1720074446	KELLER MD LINDA C	8750 SW 144TH ST # 100	PALMETTO BAY	FL	33176
542129332	1851680912	SQUIRES MD DANIELLE K	PO BOX 432040	MIAMI	FL	33243
542129332	1982693545	SUAREZ-TROCCOL MD MIRELLA	PO BOX 432040	MIAMI	FL	33243
542129332	1720077308	LLOSA MD GUILLERMO J	# A-211	MIAMI	FL	33176
542129332	1053313510	AQUA MD AMY Z	# 402	WELLINGTON	FL	33414
542129332	1659305589	LLANSO MD RAFAEL E	# 3230	CORAL GABLES	FL	33146
542129332	1760477913	MONTIEL MD CRISTINA R	PO BOX 432040	MIAMI	FL	33243
542129332	1437224516	GLASER-ECHARTE MD VIRGINI	20750 W DIXIE HWY	AVENTURA	FL	33180
542129332	1760432355	FERNANDEZ-ORTI MD LAURA I	9715 NE 2ND AVE	MIAMI SHORES	FL	33138
542129332	1295831220	PINERA-LLANO MD AYLEEN A	8750 SW 144TH ST # 100	PALMETTO BAY	FL	33176
542129332	1528093838	EDELSTEIN MD JAIME	# 3230	CORAL GABLES	FL	33146
542129332	1043244981	ERDMANN MD ERNESTO E	PO BOX 432040	MIAMI	FL	33243
542129332	1033189055	BRUCK MD MICHAEL L	# 402	WELLINGTON	FL	33414
542129332	1942559398	SACA MD GABRIELA M	PO BOX 432040	MIAMI	FL	33243
542129332	1396779229	SALINERO MD EFREN D	# 3230	CORAL GABLES	FL	33146
542129332	1184658015	TOLEDO-VALIDO MD MARTHA	PO BOX 432040	MIAMI	FL	33243
542129332	1629056536	EDELSTEIN MD LEE W	5820 S JOG RD	LAKE WORTH	FL	33467
542129332	1265420814	CUBAS MD IVETTE D	PO BOX 432040	MIAMI	FL	33243
542129332	1881682953	ABELLA-BLANCO MD MIMI	PO BOX 432040	MIAMI	FL	33243
542129332	1962484477	MUSSARY MD JORDAN	9801 GLADES RD	BOCA RATON	FL	33434
542129332	1518982594	MILLON MD JUAN CARLOS C	PO BOX 43-2040	MIAMI	FL	33243
542129332	1982686275	MARTELL MD ANTHONY	9750 NW 33RD ST # 101	CORAL SPRINGS	FL	33065
562499068	1215926415	FANG-PATRICK MD HUA E	1951 SW 172ND AVE # 410	MIRAMAR	FL	33029
581450232		RICKETTS MD JOERDAN W	1600 S ANDREWS AVE	FT LAUDERDALE	FL	33316
590624458	1033172218	MCCONNELL MD CATHERINE A	PO BOX 100379	ATLANTA	GA	30384
590624458	1346434859	SAUNDERS MD JOHN M	PO BOX 935178	ATLANTA	GA	31193
590634433	1265585806	NEMOURS CHILDRENS CLINIC	PO BOX 409992	ATLANTA	GA	30384
590638499	1386931491	OGLESBY MD MALIKA S	15507 NW 67TH AVE # 15	MIAMI LAKES	FL	33014
590638499	1295870590	MARTINEZ MD NESTOR D	1643 NW 136TH AVE # 100	SUNRISE	FL	33323
590638499	1518970110	HERNANDEZ MD TERESA T	PO BOX 70700	FT LAUDERDALE	FL	33307
590791028	1508879123	GILL MD HOWARD S	PO BOX 70700	FT LAUDERDALE	FL	33307
590791028	1255344875	NEUSTATER MD LAURA H	# 202	FT LAUDERDALE	FL	33308
590791028	1477668440	MIKHAIL MD HODA A	2100 NE 36TH ST # 101	LIGHTHOUSE PT	FL	33064
590791028	1477549848	WRIGHT MD JOHN E	1402 NE 26TH ST	WILTON MANORS	FL	33305
590791028	1518970110	HERNANDEZ MD TERESA T	# 202	FT LAUDERDALE	FL	33308
591198552	1821085671	RANDEL MD SIDNEY N	9120 WILES RD # A	CORAL SPRINGS	FL	33067
591198552	1932196797	OHRING MD MARSHALL D	3950 N 46TH AVE	HOLLYWOOD	FL	33021
591198552	1285869347	PAPADIMITRIOU DO VASILIKI	19615 S STATE ROAD 7 # 32	BOCA RATON	FL	33498
591198552	1831103605	BORGE MD RONALD J	PO BOX 223136	PITTSBURGH	PA	15251
591198552	1922337211	DE LOS SANTOS MD ROOSEVEL	18425 PINES BLVD	PEMBROKE PNES	FL	33029
591198552	1831522655	DIARBAKRLI MD MHD H	# 105	PORT ST LUCIE	FL	34986
591198552	1407823289	EVANS MD ARLEEN D	PO BOX 223136	PITTSBURGH	PA	15251
591198552	1275522690	SONENBLUM MD MICHAEL E	# 105	PORT ST LUCIE	FL	34986
591198552	1780613430	AYUSO MD LIZA	4500 SHERIDAN ST	HOLLYWOOD	FL	33021
591198552	1831368307	CARRION MD AMANDA E	15507 NW 67TH AVE	MIAMI LAKES	FL	33014
591198552	1568450120	ARAMBULO-RABIN MD ESTELA	4500 SHERIDAN ST	HOLLYWOOD	FL	33021
591198552	1427045293	EVANS MD LILLIAN M	4500 SHERIDAN ST	HOLLYWOOD	FL	33021
591198552	1033106885	RESTLER MD STEVEN J	9120A WILES RD	CORAL SPRINGS	FL	33067
591198552	1184739666	SCHERZ MD ARNOLD W	PO BOX 223136	PITTSBURGH	PA	15251
591198552	1336346485	GALLEGO MD SAMUEL B	PO BOX 223136	PITTSBURGH	PA	15251
591198552	1932198777	FLIEGENSPAN MD JEFFREY B	6181 N FEDERAL HWY	FT LAUDERDALE	FL	33308
591198552	1083822621	PED ASC	PO BOX 223136	PITTSBURGH	PA	15251
591198552	1578552303	SANTOS MD TERESA D	9611 W BROWARD BLVD	PLANTATION	FL	33324
591198552	1295013258	YOYAKE DO NITHA A	PO BOX 223136	PITTSBURGH	PA	15251
591198552	1902099468	OGILVIE-WILLIA MD JERMINA	PO BOX 223136	PITTSBURGH	PA	15251
591198552	1114185535	FERDER MD NADIA	PO BOX 223136	PITTSBURGH	PA	15251
591198552	1598752354	ACEVEDO MD RAY M	4500 SHERIDAN ST	HOLLYWOOD	FL	33021
591198552	1750370946	MARCUS MD DAVID	PO BOX 223136	PITTSBURGH	PA	15251
591198552	1912995572	LAURENTE MD JESUS D	1610 NE MIAMI GARDENS DR	MIAMI	FL	33179
591198552	1538158944	GINSBURG DO ALANA M	4500 SHERIDAN ST	HOLLYWOOD	FL	33021
591198552	1750370557	PEREDES MD GUILLERMO G	1835 N CORPORATE LAKES	WESTON	FL	33326
591198552	1407871528	QUINTANA MD JUAN C	5927 SW 70TH ST # 439031	SOUTH MIAMI	FL	33243
591198552	1952390411	KONSKER MD JENNIFER E	4075 S STATE ROAD 7 # H1	LAKE WORTH	FL	33449
591198552	1063561801	LEIMAN MD LORI J	1835 N CORPORATE LAKES	WESTON	FL	33326
591198552	1841395167	WONG MD ALAN	9120A WILES RD	CORAL SPRINGS	FL	33067

591198552	1003805383	CADIZ MD ANGEL R	4570 LYONS RD # 110	COCONUT CREEK	FL	33073
591198552	1407181456	DIEGUEZ MD ENRIQUE B	PO BOX 223136	PITTSBURGH	PA	15251
591198552	1093801995	GRIGORIU MD PAULA	PO BOX 223136	PITTSBURGH	PA	15251
591198552	1154379550	MAXWELL DO TAMIKA M	4400 N STATE ROAD 7	LAUD LAKES	FL	33319
591198552	1033108352	CHAN MD MOHAMED Z	1017 N STATE ROAD 7	ROYAL PLM BCH	FL	33411
591198552	1588604565	LETSKY MD JEANNE K	# 760	BOYNTON BEACH	FL	33437
591198552	1467441295	LOFTON MD ANTOINE JOSEPH	4400 N STATE ROAD 7	LAUD LAKES	FL	33319
591198552	1376532846	BULLARD MD RONALD D	1835 N CORPORATE LAKES	WESTON	FL	33326
591198552	1639373368	FRONTERA MD LAURA V	18425 PINES BLVD	PEMBROKE PNES	FL	33029
591198552	1205891165	CHEN-HYNES MD T H S	19615 S STATE ROAD 7 # 32	BOCA RATON	FL	33498
591198552	1134118797	SIMONS MD LISA A	1017 STATE ST	WEST PALM BCH	FL	33407
591198552	1972765048	SANCHEZ VARELA MD ANA M	PO BOX 223136	PITTSBURGH	PA	15251
591198552	1235128059	CUTLER MD ADAM R	19615 S STATE ROAD 7 # 32	BOCA RATON	FL	33498
591198552	1154339653	NWANKWO MD ODINAKACHI O	PO BOX 223136	PITTSBURGH	PA	15251
591198552	1508976663	SIEGEL MD STEVEN	4500 SHERIDAN ST	HOLLYWOOD	FL	33021
591198552	1265494678	RODRIGUEZ MD JAMES	1017 N STATE ROAD 7	ROYAL PLM BCH	FL	33411
591198552	1740357284	SMITH-BARRON MD KARIMU M	PO BOX 223136	PITTSBURGH	PA	15251
591198552	1578652954	LIRMAN MD DARIO D	PO BOX 223136	PITTSBURGH	PA	15251
591198552	1215924097	ALEXANDER DO BARBARA S	4500 SHERIDAN ST	HOLLYWOOD	FL	33021
591198552	1144215310	ALMANZAR MD MARIA M	PO BOX 223136	PITTSBURGH	PA	15251
591198552	1144215310	ALMANZAR-ARCUR MD MARIA M	PO BOX 223136	PITTSBURGH	PA	15251
591198552	1447248018	URENA MD CHRISTINA M	6181 N FEDERAL HWY	FT LAUDERDALE	FL	33308
591198552	1891784617	KRIGER MD ALBERTO I	400 N HIATUS RD # 105	PEMBROKE PNES	FL	33026
591198552	1134118979	DE LA SOTA MD ILEANA	# 800	PLANTATION	FL	33324
591198552	1578551131	TELLECHEA MD CARLOS A	15507 NW 67TH AVE # 15	MIAMI LAKES	FL	33014
591198552	1396941803	MURILLO PEREZ MD AMARILYS	15507 NW 67TH AVE # 15	MIAMI LAKES	FL	33014
591198552	1538302021	MC EWAN MD PETRA K	9120A WILES RD	CORAL SPRINGS	FL	33067
591198552	1760471569	KHAN MD SOFIA S	1835 N CORPORATE LAKES	WESTON	FL	33326
591198552	1053308817	VIRDEE MD SATRANJAN S	4570 LYONS RD # 110	COCONUT CREEK	FL	33073
591198552		KIANG DO EILEEN	PO BOX 223136	PITTSBURGH	PA	15251
591198552	1033143441	STRONG MD MICHAEL D	4500 SHERIDAN ST	HOLLYWOOD	FL	33021
591198552	1013950104	MURCIANO MD JACK	4279 NW 88TH AVE	SUNRISE	FL	33351
591198552	1144238098	MOSQUERA MD DIANA I	9120 WILES RD # A	CORAL SPRINGS	FL	33067
591198552	1063788255	WANG DO ANGELA	PO BOX 223136	PITTSBURGH	PA	15251
591198552	1013999531	BEVERIDGE JR MD GEORGE S	4400 N STATE ROAD 7	LAUD LAKES	FL	33319
591198552	1124280854	BARSKY DO SAMUEL G	PO BOX 223136	PITTSBURGH	PA	15251
591198552	1629366331	VALDEZ-BERTOLI MD MARITZA	6181 N FEDERAL HWY	FT LAUDERDALE	FL	33308
591198552	1497954879	CHANG MD PHILIP C	PO BOX 223136	PITTSBURGH	PA	15251
591198552	1790774511	ROLEWICZ MD MARK S	9611 W BROWARD BLVD	PLANTATION	FL	33324
591198552	1174512990	GARTER MD LAWRENCE I	# 800	PLANTATION	FL	33324
591198552	1306835194	REISS MD ANDREW W	19615 STATE ROAD 7 # 32	BOCA RATON	FL	33498
591198552	1538108758	PETERS DO BRUCE B	PO BOX 223136	PITTSBURGH	PA	15251
591198552	1689661423	COTLER MD ALAN N	9120 WILES RD # A	CORAL SPRINGS	FL	33067
591198552	1770579104	DECHOVITZ MD ARTHUR B	PO BOX 223136	PITTSBURGH	PA	15251
591198552	1063400158	FAUBLAS MD JOSIANE M	4400 N STATE ROAD 7	LAUD LAKES	FL	33319
591198552	1821044736	SELIGSOHN MD JACOB S	PO BOX 223136	PITTSBURGH	PA	15251
591198552	1699783183	PANDYA MD DHRUTI H	PO BOX 223136	PITTSBURGH	PA	15251
591198552	1447570189	CRUZ-RIVERA MD DARYANA	6181 N FEDERAL HWY	FT LAUDERDALE	FL	33308
591198552	1952390775	JAKOS MD PEDRO P	10301 HAGEN RANCH RD	BOYNTON BEACH	FL	33437
591198552	1467764613	DUBROVSKIY DO RITCHELLE M	9611 W BROWARD BLVD	PLANTATION	FL	33324
591198552	1447299300	BERKSHIRE DO TIFFANY L	401 NW 42ND AVE	PLANTATION	FL	33317
591198552	1093704769	WONG MD ANN-MARIE D	1801 NE 123RD ST # 414N	NORTH MIAMI	FL	33181
591198552	1215255484	ARGUELLO DO ROCIO E	1835 N CORPORATE LAKES	WESTON	FL	33326
591198552	1922290402	KEANE MD MICHELLE A	400 N HIATUS RD # 105	PEMBROKE PNES	FL	33026
591198552	1194118422	ABAO MD ANNE MARIE B	1610 NE MIAMI GARDENS DR	MIAMI	FL	33179
591198552	1114230984	MOROLDO MD MARTA B	1850 SW FOUNTAINVIEW BLVD	PORT ST LUCIE	FL	34986
591198552	1306835962	ALAMO MD LOURDES A	4279 NW 88TH AVE	SUNRISE	FL	33351
591198552	1902105778	ARBEITMAN MD LORI	9120A WILES RD	CORAL SPRINGS	FL	33067
591198552	1902977663	FAILLACE MD ROGERIO S	PO BOX 223136	PITTSBURGH	PA	15251
591198552	1982699732	CANTOR HOCKMAN MD JAN C	1600 S ANDREWS AVE	FT LAUDERDALE	FL	33316
591198552	1225263957	HARNISTH MD MARIA S	4570 LYONS RD # 110	COCONUT CREEK	FL	33073
591198552	1457592479	WILLIAMS MD DIANNE P	400 N HIATUS RD # 105	PEMBROKE PNES	FL	33026
591198552	1356508428	BROOKSHIRE DO LAURA T	# 800	PLANTATION	FL	33324
591198552	1013183805	HARATZ MD MOISES L	1801 NE 123RD ST # 414	NORTH MIAMI	FL	33181
591198552	1568788610	KOWALSKI MD JANET L	9611 W BROWARD BLVD	PLANTATION	FL	33324
591198552	1750557294	SALERNO DO ELIZABETH H	4500 SHERIDAN ST	HOLLYWOOD	FL	33021
591198552	1053309617	BLAVO MD ALICE F	5955 PONCE DE LEON BLVD	CORAL GABLES	FL	33146
591198552	1487643219	VILLAR DO ANN M	18425 PINES BLVD	PEMBROKE PNES	FL	33029
591198552	1245573633	MARINESCU MD ANDREEA S	PO BOX 223136	PITTSBURGH	PA	15251
591198552	1003912684	ALEYS MD MARIA R	1835 N CORPORATE LAKES	WESTON	FL	33326
591198552	1306072707	KALOMIRIS MD SOPHIA	18425 PINES BLVD	PEMBROKE PNES	FL	33029
591198552	1225027022	SANCHEZ MD ENA I	1835 N CORPORATE LAKES	WESTON	FL	33326
591198552	1346504941	ORTA COBO MD MANUEL A	9611 W BROWARD BLVD	PLANTATION	FL	33324
591220419	1316940265	KUHN MD KAREN L	7001 SW 87TH AVE	MIAMI	FL	33173
591220419	1194728345	SIMOVITCH MD HARVEY	7001 SW 87TH AVE	MIAMI	FL	33173
591234984	1770655581	PENSON MD MATTHEW G	5810 CORAL RIDGE DR # 110	CORAL SPRINGS	FL	33076
591234984	1811069693	LEON MD MARCO A	5810 CORAL RIDGE DR # 110	CORAL SPRINGS	FL	33076
591234984	1902978737	PEARSON MD LAURENCE D	8430 W BROWARD BLVD # 300	PLANTATION	FL	33324
591234984	1912061649	SIROTA MD LISA J	7489 N UNIVERSITY DR	TAMARAC	FL	33321
591234984	1902999709	STAVITSKY MD MARK D	8430 W BROWARD BLVD # 300	PLANTATION	FL	33324

591234984	1376615179	BETANCOURT MD OSCAR	8430 W BROWARD BLVD # 300	PLANTATION	FL	33324
591234984	1235201005	LOUIS MD ALAN M	5810 CORAL RIDGE DR # 110	CORAL SPRINGS	FL	33076
591234984	1548333149	DEULOFEUT MD HAROLD E	8430 W BROWARD BLVD # 300	PLANTATION	FL	33324
591234984	1255403044	VALDES MD YOLANDA M	8430 W BROWARD BLVD # 300	PLANTATION	FL	33324
591235617	1730100025	ARGUELLO MD ALEYDA	901 E 10TH AVE BAY 39	HIALEAH	FL	33010
591267786	1417958430	BIDEAU MD LYNDA A	3365 BURNS RD # 100	PALM BEACH GARDENS	FL	33410
591267786	1790786622	PINEIRO MD LUIS F	3365 BURNS RD # 100	PALM BCH GDNS	FL	33410
591267786	1982724001	ROMERO MD HAZEL L	3365 BURNS RD # 100	PALM BCH GDNS	FL	33410
591267786	1043222409	STICKLE MD SHIRLEY H	3365 BURNS RD # 100	PALM BCH GDNS	FL	33410
591267786	1194726059	NIEWIADOMSKI MD ALEXANDRI	3365 BURNS RD # 100	PALM BCH GDNS	FL	33410
591267786	1033121439	NUNLEY MD GAY A	3365 BURNS RD # 100	PALM BCH GDNS	FL	33410
591268843	1588666861	CHIANG MD NANCY	12251 TAFT ST	PEMBROKE PNES	FL	33026
591268843	1710979943	CYRLAK MD RACHEL	4651 SHERIDAN ST # 270	HOLLYWOOD	FL	33021
591268843	1013909290	GONZALEZ MD ENRIQUE T	12251 TAFT ST	PEMBROKE PNES	FL	33026
591268843	1942292123	LEVINE MD HENRY I	12251 TAFT ST # 201	PEMBROKE PNES	FL	33026
591268843	1134121585	SAMUELS DO MITCHELL J	12251 TAFT ST	PEMBROKE PNES	FL	33026
591268843	1023000254	MAGNUS MD JACINTA C	4651 SHERIDAN ST # 270	HOLLYWOOD	FL	33021
591268843	1134111313	MORRISON MD THEODORE	12251 TAFT ST	PEMBROKE PNES	FL	33026
591268843	1306848759	BUDOWSKY MD KENNETH J	# 270	HOLLYWOOD	FL	33021
591268843	1003174269	AREOPAGITA MD MELANIE A	4651 SHERIDAN ST # 270	HOLLYWOOD	FL	33021
591417397	1144257577	PILLAI MD HEMA R	5458 TOWN CENTER RD # 101	BOCA RATON	FL	33486
591448429	1023006210	PACETTI MD STEPHEN J	PO BOX 848339	BOSTON	MA	02284
591448429	1336140037	ROMEAR MD RONALD A	5205 VILLAGE BLVD	WEST PALM BCH	FL	33407
591448429	1487655189	BEATTIE MD JAMES H	PO BOX 848339	BOSTON	MA	02284
591448429	1629079322	RODRIGUEZ MD LYDA R	PO BOX 848339	BOSTON	MA	02284
591448429	1598766057	HANLON MD ADA CAMEJO C	PO BOX 848339	BOSTON	MA	02284
591542670	1972614337	BARCZYKOWSKA MD BARBARA	5955 PONCE DE LEON BLVD	CORAL GABLES	FL	33146
591632544	1982667705	MIRMELLI MD PHILIP C	400 W 41ST ST # 504	MIAMI BEACH	FL	33140
591741277	1740357284	SMITH-BARRON MD KARIMU M	4620 N STATE ROAD 7 # 316	LAUD LAKES	FL	33319
591747704	1063523439	MARTINEZ ANGEL MD ROCIO	5333 N DIXIE HWY # 106	OAKLAND PARK	FL	33334
591747704	1093728040	TASLIMI MD KAMAL S	5333 N DIXIE HWY # 106	OAKLAND PARK	FL	33334
591747704	1205849270	MIRZA MD TASNEEM	5333 N DIXIE HWY # 106	OAKLAND PARK	FL	33334
592013191	1063475713	ISKOWITZ MD STEVEN B	2825 N STATE ROAD 7 # 302	MARGATE	FL	33063
592013191	1912961855	GARCIA DE VIER MD JOCELYN	PO BOX 277279	ATLANTA	GA	30384
592013191	1639114267	UY MD ROWENA G	PO BOX 277279	ATLANTA	GA	30384
592013191	1952475592	SHAH MD LAUIT K	PO BOX 277279	ATLANTA	GA	30384
592013191	1457314486	MOSCOSO MD PEDRO A	PO BOX 277279	ATLANTA	GA	30384
592013191	1730138785	TANFULLA MD LUCIANO	PO BOX 277279	ATLANTA	GA	30384
592013191	1003910340	AGUIRRE MD MAXIMO R	PO BOX 277279	ATLANTA	GA	30384
592013191	1477515112	BRENKER MD HOWARD J	PO BOX 277279	ATLANTA	GA	30384
592013191	1457315368	FLORES MD LESLIE A	4101 NW 4TH ST # 400	PLANTATION	FL	33317
592013191	1326119801	WHETSTINE MD LILY J	PO BOX 277279	ATLANTA	GA	30384
592013191	1063622090	ROTH MD TODD S	PO BOX 277279	ATLANTA	GA	30384
592013191	1164518734	SINGH MD BRIJMOHAN	PO BOX 277279	ATLANTA	GA	30384
592024536	1376509638	RUB MD JOSE M	21110 BISCAYNE BLVD # 308	AVENTURA	FL	33180
592024536	1306802186	RUB MD BENY	21110 BISCAYNE BLVD # 308	AVENTURA	FL	33180
592107731	1518922319	MARRON-FERNAND MD ROSA A	# 1001	WELLINGTON	FL	33414
592230555	1174582639	BOLUMEN MD EDUARDO F	5955 PONCE DE LEON BLVD	CORAL GABLES	FL	33146
592307827	1619934353	DELEO MD JAMES	4570 LYONS RD # 110	COCONUT CREEK	FL	33073
592347217	1497743579	SEQUEIRA MD PEDRO J	401 NW 42ND AVE	PLANTATION	FL	33317
592347217	1053397299	BERRIOS MD PABLO A	3000 CORAL HILLS DR	CORAL SPRINGS	FL	33065
592347217	1821144973	DUDELZAK MD ALLA	2801 N STATE ROAD 7	MARGATE	FL	33063
592347217	1295771665	ESPINOSA-FERNA DO IVETTE	9555 SW 162ND AVE	MIAMI	FL	33196
592419625	1851365977	LEON MD JOSE M	5640 W ATLANTIC BLVD	MARGATE	FL	33063
592419625	1487628574	HARRISON MD DAVID B	4570 LYONS RD # 110	COCONUT CREEK	FL	33073
592419625	1407820582	DAY MD WARREN G	8150 ROYAL PALM BLVD	CORAL SPRINGS	FL	33065
592458329	1629065461	WATANE MD ARCHANA A	801 W OAK ST # 101	KISSIMMEE	FL	34741
592519998	1699812560	STRAW MD DOROTHY V	4100 S HOSPITAL DR # 110	PLANTATION	FL	33317
592579927	1710113089	TORRES MD NICOLE S	PO BOX 100379	ATLANTA	GA	30384
592579927		GIL MD KARLA S	12251 TAFT ST # 2	PEMBROKE PNES	FL	33026
592598153	1790885390	HAYWOOD MD ARLENE E	6971 W SUNRISE BLVD # 105	PLANTATION	FL	33313
592673156	1457382178	WEXLER MD JERRY R	9250 GLADES RD # 209	BOCA RATON	FL	33434
592673156	1326056789	BOCA RATON PED	951 NW 13TH ST # D	BOCA RATON	FL	33486
592724116	1215938519	WAYNE MD CHERYL E	# 102	WEST PALM BCH	FL	33417
592724116	1295737849	FOX-LEVINE MD SHANNON J	12955 PALMS WEST DR # 100	LOXAHATCHEE	FL	33470
592724116	1194726430	PEARSON MD NICOLE A	12955 PALMS WEST DR # 100	LOXAHATCHEE	FL	33470
592724116	1356389068	STOUT MD STACEY J	8200 S JOG RD # 101	BOYNTON BEACH	FL	33472
592724116	1962675769	SKERVIN MD DIONNE M	12955 PALMS WEST DR # 100	LOXAHATCHEE	FL	33470
592930733	1326161217	CHAIZE DO ROBIN L	1117 E HALLANDALE BEACH	HALLANDALE BCH	FL	33009
593001031	1598875627	GERRITY MD DIANNE T	6000 TURKEY LAKE RD # 209	ORLANDO	FL	32819
593219191		CATO MD CHELISE S	# 105	PORT ST LUCIE	FL	34986
593405327	1093817876	PED HEALTHCARE ALLIANCE	4033 TAMPA RD # 101	OLDSMAR	FL	34677
593502843	1003885765	THAQI MD PAULA M	780 SW 24TH ST	FT LAUDERDALE	FL	33315
593502843	1518983642	BPHL NEWBORN SCREENING	1217 N PEARL ST	JACKSONVILLE	FL	32202
593672891	1093706095	MADDEN MD MITCHELL W	725 RODEL CV	LAKE MARY	FL	32746
593672891	1194716175	FIELD MD AILEEN J	725 RODEL CV	LAKE MARY	FL	32746
593672891	1457342453	BOUGOULIAS MD KIMBERLY H	725 RODEL CV	LAKE MARY	FL	32746
593672891	1376533786	HAYNE MD THOMAS W	# 135	ORLANDO	FL	32828
596012065	1205890118	GUPTA-DOSHI MD SUDHA M	PO BOX 862851	ORLANDO	FL	32886
596012065	1952354151	TUCKER MD NEIL T	1417 SE 1ST AVE # 700	FT LAUDERDALE	FL	33316

596012065	1225093347	BERMAN MD NOLAN S	PO BOX 862851	ORLANDO	FL	32886
596012065	1144217514	KAUFMAN MD ILENE S	PO BOX 862851	ORLANDO	FL	32886
596012065	1497710503	RELKIN MD AMY K	789 S FEDERAL HWY # 102	FT LAUDERDALE	FL	33316
596012065	1669425260	JHATAKIA MD MEENA A	200 NW 7TH AVE # 2	FT LAUDERDALE	FL	33311
596014973	1639469463	FAZEKAS MD MATTHEW L	PO BOX 538500	ATLANTA	GA	30353
650033792	1629181326	RODRIGUEZ MD DAGOBERTO J	2825 N STATE RD # 305	MARGATE	FL	33063
650059171	1588743447	MORRISON MD MICHAEL A	220 SW 84TH AVE # 206	PLANTATION	FL	33324
650059171	1588742274	MIZRACHY MD MICHAEL S	220 SW 84TH AVE # 206	PLANTATION	FL	33324
650059171	1598816373	SALLAND MD ALICIA B	220 SW 84TH AVE # 206	PLANTATION	FL	33324
650118788	1639128234	FUSTER MD CARLOS F	11760 SW 40TH ST # 550	MIAMI	FL	33175
650122664	1063519452	SALAZAR MD JACQUELINE	16241 BISCAYNE BLVD	MIAMI	FL	33162
650142838	1396826285	LUCHTAN MD ALBERTO A	5458 TOWN CENTER RD # 20	BOCA RATON	FL	33486
650142838	1518036094	LEVY MD BARRY N	5458 TOWN CENTER RD # 20	BOCA RATON	FL	33486
650142838	1619963428	ARMADA DO AMY E	5458 TOWN CENTER RD # 20	BOCA RATON	FL	33486
650142838	1255656203	IDREES-ASAD MD NOUREEN S	5458 TOWN CENTER RD # 20	BOCA RATON	FL	33486
650142838	1720148067	GARDNER MD BARBARA S	5458 TOWN CENTER RD # 20	BOCA RATON	FL	33486
650168996	1093872939	SETH MD NEELAM	# 201	CORAL SPRINGS	FL	33065
650214457	1922043769	FLOREZ MD MONICA V	# 402	WELLINGTON	FL	33414
650298763	1528093838	EDELSTEIN MD JAIME	# 3230	CORAL GABLES	FL	33146
650318791	1700885688	DHARMAPPA MD KABBINAMANE	106 NW 100TH AVE	PLANTATION	FL	33324
650318791	1063411965	SAHASRANAMAN MD PALGHAT M	106 NW 100TH AVE	PLANTATION	FL	33324
650382548	1447437058	GONZALEZ MD ROBERT T	601 N FLAMINGO RD # 204	PEMBROKE PNES	FL	33028
650429506	1417911447	MOTZKIN-KAVA MD BETH A	5800 COLONIAL DR # 205	MARGATE	FL	33063
650466371	1255471009	CHERESNICK MD JOEL D	700 RIVERSIDE DR	CORAL SPRINGS	FL	33071
650466371	1447554886	FLORES LANDA MD YANETSI	700 RIVERSIDE DR	CORAL SPRINGS	FL	33071
650466371	1316087075	LIANG MD JENNIFER Y	700 RIVERSIDE DR	CORAL SPRINGS	FL	33071
650466371	1932372927	RUDINSKY MD MICHELLE J	700 RIVERSIDE DR	CORAL SPRINGS	FL	33071
650475145	1720069362	JOSEPH MD RUFUS	1600 N STATE ROAD 7 # 300	LAUDERHILL	FL	33313
650538046	1093936668	CAMPBELL-MOGG MD SHIRLEY	PO BOX 101346	ATLANTA	GA	30392
650556041	1588682033	LAGUERRE MD BEAUVAIS	3496 NW FEDERAL HWY # A	JENSEN BEACH	FL	34957
650556041	1124003207	BOWLING MD DOUGLAS W	3496 NW FEDERAL HWY # A	JENSEN BEACH	FL	34957
650556041	1811905052	WILLERT MD CRAIG S	3496 NW FEDERAL HWY # A	JENSEN BEACH	FL	34957
650556041	1750366878	BUSHEY DO YVETTE C	3496 NW FEDERAL HWY # A	JENSEN BEACH	FL	34957
650581847	1538273941	MAGALETTI MD FRANCINE B	2964 N STATE RD 7 # 340	MARGATE	FL	33063
650581847	1912012394	LEVINSON MD NADIA R	2964 N STATE RD 7 # 340	MARGATE	FL	33063
650581847	1376658757	ZONDORAK-PEREZ MD MARY EL	2964 N STATE RD 7 # 340	MARGATE	FL	33063
650585441	1255345443	PASCHAL MD ROZALYN L	16800 NW 2ND AVE # 203	N MIAMI BEACH	FL	33169
650591359	1144293135	BRILLANTE MD JACINTHA A	# 107	PEMBROKE PNES	FL	33024
650643268	1285719492	NUNEZ MD JORGE R	1806 N FLAMINGO RD # 101	PEMBROKE PNES	FL	33028
650643268	1740366301	SANCHEZ-ALMA MD BEN-EMIR	1806 N FLAMINGO RD # 150	PEMBROKE PNES	FL	33028
650651301	1871826073	TENORIO MD MELINDA C	5955 PONCE DE LEON BLVD	CORAL GABLES	FL	33146
650656959	1598751091	JOHNSON MD BARRON W	1600 S ANDREWS AVE	FT LAUDERDALE	FL	33316
650732227	1477650695	MARDY MD GISELE V	9299 SW 152ND ST # 207	PALMETTO BAY	FL	33157
650732227	1477650695	MARDY MD GISELE V	9299 SW 152ND ST # 207	PALMETTO BAY	FL	33157
650784684	1154414258	BARBOSA SR MD CARLOS O	301 NW 84TH AVE # 203	PLANTATION	FL	33324
650793072	1235203571	OCAMPO MD NORINA B	# 108	BOCA RATON	FL	33428
650810436	1316024383	ANJUM MD SHAHIDA	2801 N STATE ROAD 7	MARGATE	FL	33063
650818111	1588720924	REID JR MD ROBERT	PO BOX 440602	MIAMI	FL	33144
650829983	1386740629	AWONUSONU MD FEYISOLA O	5955 PONCE DE LEON BLVD	CORAL GABLES	FL	33146
650829983	1285728238	RAUT MD MRUNALINI	5955 PONCE DE LEON BLVD	CORAL GABLES	FL	33146
650829983	1871693788	REDDY MD PENNA M	5955 PONCE DE LEON BLVD	CORAL GABLES	FL	33146
650829983	1003075177	RAVI MD RENU R	5955 PONCE DE LEON BLVD	CORAL GABLES	FL	33146
650829983	1366408379	CRITICAL CARE NEWBORN SV	5955 PONCE DE LEON BLVD	CORAL GABLES	FL	33146
650829983	1710119771	OBIKWU MD NELSON A	5955 PONCE DE LEON BLVD	CORAL GABLES	FL	33146
650829983		KMS CRITICAL CARE NEWBOR	5955 PONCE DE LEON BLVD	CORAL GABLES	FL	33146
650829983	1669694006	ORGANERO MD ROBERTO	5955 PONCE DE LEON BLVD	CORAL GABLES	FL	33146
650829983	1346504941	ORTA COBO MD MANUEL A	9611 W BROWARD BLVD	PLANTATION	FL	33324
650830606	1255436390	GUTIERREZ MD ROLAND F	1025 MILITARY TRL # 109	JUPITER	FL	33458
650830606	1952388001	ABREU MD PAUL	PO BOX 848833	BOSTON	MA	02284
650830606	1255597795	DAILEY MD MACKENZIE R	5458 TOWN CENTER RD # 101	BOCA RATON	FL	33486
650851053	1861434508	LORD-STRULOVIC MD KIMBERL	PO BOX 37866	PHILADELPHIA	PA	19101
650853601	1821023334	COLAIZZO MD PHILIP	# 110	JUPITER	FL	33458
650875037	1033180443	AMORETTI MD ALEJANDRO F	2900 N MILITARY TRL # 175	BOCA RATON	FL	33431
650901240	1851508857	WIERS-SHAMIR MD KRISTINA	4500 SHERIDAN ST	HOLLYWOOD	FL	33021
650910307	1184631079	HALLE MD MICHAEL A	# 107	SUNRISE	FL	33323
650918339	1013906577	BYNUM MD MELANIE A	PO BOX 5187	CLEARWATER	FL	33764
650942365	1558310045	VALDES MD ERNESTO	8900 N KENDALL DR	MIAMI	FL	33176
650963602	1992863740	SAN JORGE MD MARIA C	2560 RCA BLVD # 113	PALM BCH GDNS	FL	33410
650964360	1720138878	DIXON MD DONALD F	7261 SHERIDAN ST	HOLLYWOOD	FL	33024
650971402	1053428383	MITJANS MD SANDRA Y	700 E 25TH ST	HALEAH	FL	33013
650972112	1497810949	SERRAT MD JORGE L	650 NW 180TH TER # 101	PEMBROKE PNES	FL	33029
650974315	1851464077	PEDROSO MD MANUEL	117 S 17TH AVE	HOLLYWOOD	FL	33020
650994894	1700890811	RIVERA-OCASIO MD MARIBEL	17150 ROYAL PALM BLVD # 3	WESTON	FL	33326
651026739	1679538854	BARRUECO-CASAR MD MARIA D	PO BOX 862851	ORLANDO	FL	32886
651026739	1508821620	HERNANDEZ-PUGA MD ANA M	PO BOX 862851	ORLANDO	FL	32886
651033233	1619054103	AKERMAN MD MARCOS M	# 504	HALLANDLE BCH	FL	33009
651036248	1225119886	SALINAS-SANCHE MD VALERIA	5084 BISCAYNE BLVD # 105	MIAMI	FL	33137
651075205	1407080195	RUNCO-THERRIEN MD JENNIFE	9050 PINES BLVD # 200	PEMBROKE PNES	FL	33024
651085505	1013914555	WIRTH MD JOSEPH Y	10179 W SUNRISE BLVD	PLANTATION	FL	33322
710943344	1972696177	CLEMENTE MD MARIA I	# 205	WESTON	FL	33326

800907556	1447315171	WILDCATT MD LISA A	11260 SULLIVAN ST	RIVERVIEW	FL	33578
861152310	1275571374	RIZO MD MARIA L	437 SW BETHANY DR	PORT ST LUCIE	FL	34986
900069970	1710083811	RAHMAN MD STEVEN E	3319 S STATE ROAD 7 # 109	LAKE WORTH	FL	33449
900307107	1396704821	LOPEZ MD RUBEN J	1728 DUNLAWTON AVE # 1	PORT ORANGE	FL	32127

City of Fort Lauderdale
Specialist Providers
Paid & Incurred: February 1, 2015 - February 29, 2016

Indicate which of the following primary care providers are in your company's proposed network. Include the completed form in Tab III of your proposal. Also provide the form in Excel format with no encryption. **Do not change the sort order of the list.**

Tax ID	ational Provider	Provider Name	Provider Address	Address Line 2	City	State	Zip	In Network?
592710378	1760489553	LOUIE MD STEVEN J	5507 S CONGRESS AVE # 140		ATLANTIS	FL	33462	
650366039	1750311213	COX MD LINDA S	5333 N DIXIE HWY # 210		OAKLAND PARK	FL	33334	
650430484	1952364754	WAXENGHISER MD ZURIK	9681 W BROWARD BLVD		PLANTATION	FL	33324	
591632544	1740243542	LANDMAN MD ZEVY	350 NW 84TH AVE # 205		PLANTATION	FL	33324	
591632544	1073527479	MARK MD BARRY J	1960 NE 47TH ST # 101		FT LAUDERDALE	FL	33308	
591632544	1346204690	LANDMAN MD JAIME	1960 NE 47TH ST # 101		FT LAUDERDALE	FL	33308	
591632544	1215142435	SHAMIR MD KFIR	11880 SW 40TH ST # 304		MIAMI	FL	33175	
591632544	1992756548	LLANES JR MD SHARLENE J	1801 N UNIVERSITY DR		CORAL SPRINGS	FL	33071	
591774000	1497748123	ROBERSON MD CLIVE E	1411 N FLAGLER DR # 6100		WEST PALM BCH	FL	33401	
592207619	1255399226	JOHNSON II MD THOMAS L	1501 N US HIGHWAY 441		LADY LAKE	FL	32159	
592207619	1275538795	STEWART II MD GEORGE E	1501 N US HIGHWAY 441		LADY LAKE	FL	32159	
593123024	1114926474	CLEVELAND JR MD CRAWFORD	3298 SUMMIT BLVD # 40		PENSACOLA	FL	32503	
596014973	1801060843	SIGUA MD JEROME A	PO BOX 538500		ATLANTA	GA	30353	
650003177	1144396334	DIMOV MD VESSELIN V	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331	
650003177	1235199969	EIDELMAN MD FRANKLIN J	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331	
650430484	1669435483	SHOOKOFF MD CHARLENE S	9970 CENTRAL PARK N BLVD		BOCA RATON	FL	33428	
650430484	1376547190	MILLER MD MAUREEN E	2021 E COMMERCIAL BLVD		FT LAUDERDALE	FL	33308	
650430484	1548258510	RAMIREZ MD NINA C	600 N HIATUS RD # 102		PEMBROKE PNES	FL	33026	
650430484	1205158169	EISENFELD MD MICHELLE L	600 N HIATUS RD # 102		PEMBROKE PNES	FL	33026	
650430484	1851389985	GERSHMAN MD NEIL H	# 302	2021 E COMMERCIAL BLVD	FT LAUDERDALE	FL	33308	
650430484	1386811222	KHAN MD YASMEEN R	660 GLADES RD # 130		BOCA RATON	FL	33431	
650699469	1588632533	FATTEH MD SHAHNAZ A	817 S UNIVERSITY DR # 106		PLANTATION	FL	33324	
650806753	1962570309	HERNANDEZ-TRUJ MD VIVIAN	3100 SW 62ND AVE		MIAMI	FL	33155	
202249239	1356397020	MITRANI MD RAUL D	PO BOX 281037		ATLANTA	GA	30384	
263320373	1669572400	COHEN MD MITCHELL B	2213 N UNIVERSITY DR # A		PEMBROKE PNES	FL	33024	
582339159	1316944473	ZILO MD PHILIP M	4725 N FEDERAL HWY # 502		FT LAUDERDALE	FL	33308	
590791028	1487855649	ANAND MD RISHI G	4725 N FEDERAL HWY # 401		FT LAUDERDALE	FL	33308	
650003177	1497715387	PINSKI MD SERGIO L	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331	
650003177	1497742225	BAEZ-ESCUDERO MD JOSE L	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331	
650003177	1598725558	HELGUERA MD MARCELO E	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331	
900864693	1346454915	ZIDE MD KENNETH M	20900 BISCAYNE BLVD		MIAMI	FL	33180	
043699291	1235160482	STH FL MULTISPECIALTY AS	400 W 41ST ST # 103		MIAMI BEACH	FL	33140	
043699291	1699815720	VICUNA MD RICARDO I	1600 S ANDREWS AVE		FT LAUDERDALE	FL	33316	
200337721	1255342333	JURKOVICH MD DAVID F	# 204	1779 N UNIVERSITY DR	HOLLYWOOD	FL	33024	
201173701	1184674699	BARQUET MD GLENN J	3661 S MIAMI AVE # 603		MIAMI	FL	33133	
201419272	1396795597	IP CONSULT OF FL INC	PO BOX 844911		LOS ANGELES	CA	90084	
202249239	1861448532	BERLIN MD HOWARD F	PO BOX 538500		ATLANTA	GA	30353	
202249239	1932140225	NITZBERG MD WILLIAM D	PO BOX 538500		ATLANTA	GA	30353	
202249239	1518910587	NORBERG MD DANIEL G	PO BOX 402461		ATLANTA	GA	30384	
203725333	1225036304	YOUSSEF MD SAMEH I	3925 W BOYNTON BEACH		BOYNTON BEACH	FL	33436	
204778148	1215119185	FERNANDEZ MD MAXIMO J	1700 NW 66TH AVE # 117		PLANTATION	FL	33313	
205733575	1376659813	SCHWARTZ MD ALAN M	PO BOX 100198		ATLANTA	GA	30384	
205733575	1942254164	BEHAIRY MD MOHAMED S	PO BOX 100198		ATLANTA	GA	30384	
205733575	1114911948	SIMKINS MD LANCE A	7421 N UNIVERSITY DR		TAMARAC	FL	33321	
205733575	1730173568	ORIHUELA MD LUIS A	# 101	7421 N UNIVERSITY DR	TAMARAC	FL	33321	
205733575	1740336908	AGGARWAL MD RAHUL	500 UNIVERSITY BLVD # 208		JUPITER	FL	33458	
205733575	1801061890	FREEDMAN MD JOSEPH	PO BOX 100198		ATLANTA	GA	30384	
260512326	1245257724	MANDELL MD KENNETH B	15300 JOG RD # 202		DELRAY BEACH	FL	33446	
260838032		RAINOW MD ALEX	7400 SW 87TH AVE # 100		MIAMI	FL	33173	
260838032	1265698203	HEARTWELL LLP	PO BOX 830248		MIAMI	FL	33283	
260838032	1407836836	MAYORGA-CORTES MD ALVARO	8900 N KENDALL DR		MIAMI	FL	33176	
260838032	1689615023	MERA MD FERNANDO	PO BOX 830248		MIAMI	FL	33283	
261337493	1881665461	PELLER MD OWEN G	# 104	4801 S UNIVERSITY DR	DAVIE	FL	33328	
261868696	1134156458	GOWDA MD UMESH L	635 EICHENFELD DR		BRANDON	FL	33511	
261869328	1003017112	SANCASSANI MD RHEA B	1611 NW 12TH AVE		MIAMI	FL	33136	
261869328	1093925539	MINHAS MD KHALID M	100 NW 170TH ST # 410		N MIAMI BEACH	FL	33169	
261869328		MALLON MD STEPHEN M	1611 NW 12TH AVE # C-402		MIAMI	FL	33136	
263320373	1093896722	STEINER MD DAVID E	3700 WASHINGTON ST # 500		HOLLYWOOD	FL	33021	
263320373	1275614992	BARRON MD HOWARD J	3700 WASHINGTON ST # 500		HOLLYWOOD	FL	33021	
263320373	1356422059	BARRON MD EARL B	3700 WASHINGTON ST # 500		HOLLYWOOD	FL	33021	
263549264	1831188390	FURIA MD ALLEN F	5310 NW 33RD AVE # 216		FT LAUDERDALE	FL	33309	
264268749	1194799502	DANIEL MD GEORGE K	# 210	2623 S SEACREST BLVD	BOYNTON BEACH	FL	33435	
264602883	1316186331	JORAPUR MD VINOD	13155 SW 134TH ST # 223		MIAMI	FL	33186	
270539587	1902967144	KENIGSBERG MD DAVID N	350 NW 84TH AVE # 110		PLANTATION	FL	33324	
270539587	1104815943	OSMAN MD AHMED F	350 NW 84TH AVE # 110		PLANTATION	FL	33324	
273026045	1851616783	URBANDT MD PABLO A	4101 NW 4TH ST # 104		PLANTATION	FL	33317	
273026045	1710902416	ZELNICK MD KENNETH H	4101 NW 4TH ST # 104		PLANTATION	FL	33317	
273818647	1346293164	REA MD ALFONSO E	PO BOX 742322		ATLANTA	GA	30374	
274951265	1376541334	WOODS MD ANDREA C	1099 5TH N AVE # 170		ST PETERSBURG	FL	33705	
274951265	1396730362	LAW MD TREVOR M	620 10TH N ST # 2-A		ST PETERSBURG	FL	33705	
300182751	1144322181	VAKHARIA MD VIJAY K	201 SW 84TH AVE		PLANTATION	FL	33324	
311211500	1730103961	OSMAN MD MOHAMED A	PO BOX 918566		ORLANDO	FL	32891	
331209218	1558534867	JOSEPH T HORGAN	603 N FLAMINGO RD # 358		PEMBROKE PNES	FL	33028	
363884882	1356369037	CHOW MD RAYMOND B	35 TOWER CT # F		GURNEE	IL	60031	
383958404	1013942903	CRANDALL IV MD CHAUNCEY W	600 UNIVERSITY BLVD # 200		JUPITER	FL	33458	
462967842	1659474641	MARUNOWSKA MD ARLETTA U	142 JOHN F KENNEDY DR		LAKE WORTH	FL	33462	
464258971	1194799387	SETH MD RAGHAV L	7050 NW 4TH ST # 101		PLANTATION	FL	33317	

471525907	1346288768	HUMAYUN MD AWAI S K	4420 SHERIDAN ST # C	HOLLYWOOD	FL	33021	
471770729	1518910587	NORBERG MD DANIEL G	1 SW 129TH AVE # 105	PEMBROKE PNES	FL	33027	
473074274	1669428082	BRAUN MD MICHAEL J	21097 NE 27TH CT # 110	AVENTURA	FL	33180	
473659619	1922047398	SPILLER DO DENNIS M	2905 N COMMERCE PKWY	MIRAMAR	FL	33025	
473660313	1659312684	LINZER MD DOV S	302 NW 179TH AVE # 102	PEMBROKE PNES	FL	33029	
473660763	1740221845	COHEN MD YALE M	2905 N COMMERCE PKWY	MIRAMAR	FL	33025	
473754761	1871530311	TALLET MD JULIO M	601 N FLAMINGO RD # 107	PEMBROKE PNES	FL	33028	
474385970	1760477277	SINHA MD BINDESHWARI L	1805 SE LAKE WEIR AVE	OCALA	FL	34471	
521103228	1508855339	GELLMAN MD JOEL	PO BOX 198336	ATLANTA	GA	30384	
542129332	1336296789	SPIVACK MD ERIC M	21110 BISCAYNE BLVD # 206	AVENTURA	FL	33180	
590624424	1184658866	TOLENTINO MD ALFONSO O	4300 ALTON RD	MIAMI BEACH	FL	33140	
590624458	1447213335	CORONEL-COUTO MD GLORIA M	PO BOX 100379	ATLANTA	GA	30384	
590637874	1124027230	DANCHENKO MD ADRIAN M	PO BOX 100198	ATLANTA	GA	30384	
590657322	1457340531	MILLINGTON MD PETER E	1000 W MORENO ST	PENSACOLA	FL	32501	
590791028	1447228101	MUNUSWAMY MD KARAN	4725 N FEDERAL HWY # 401	FT LAUDERDALE	FL	33308	
590791028	1699788414	DIGIORGI MD SALVATORE	PO BOX 198336	ATLANTA	GA	30384	
590791028	1588633614	RUSSO MD CHARLES D	4725 N FEDERAL HWY # 401	FT LAUDERDALE	FL	33308	
590791028	1144219973	NIEDERMAN MD ALAN L	4725 N FEDERAL HWY # 203	FT LAUDERDALE	FL	33308	
590791028	1609847276	KERSH MD ROBERT I	PO BOX 70700	FT LAUDERDALE	FL	33307	
590791028	1669461463	BLUM MD JEFF DAVID	4725 N FEDERAL HWY # 203	FT LAUDERDALE	FL	33308	
590791028	1316917891	SHULMAN MD JOEL S	PO BOX 70700	FT LAUDERDALE	FL	33307	
590791028	1275504847	SINGAL MD ROBERT S	PO BOX 70700	FT LAUDERDALE	FL	33307	
590791028	1639148745	PUROW MD JOSHUA M	4725 N FEDERAL HWY # 401	FT LAUDERDALE	FL	33308	
590791028	1518956341	RONDINO MD PAUL L	1 W SAMPLE RD # 204	POMPANO BEACH	FL	33064	
590791028	1740277201	FIELDS MD CONSTANCE D	# 304	9980 CENTRAL PARK N BLV	BOCA RATON	FL	33428
590791028	1023293537	LARNED MD JOSHUA M	1700 NW 66TH AVE # 117	PLANTATION	FL	33313	
590791028	1396758074	FLORES MD JORGE A	# 101	1900 E COMMERCIAL BLVD	FT LAUDERDALE	FL	33308
590791028	1972781904	LLANOS MD ALEXANDER	4725 N FEDERAL HWY # 401	FT LAUDERDALE	FL	33308	
590791028	1164490819	FONT MD VICENTE E	4725 N FEDERAL HWY # 401	FT LAUDERDALE	FL	33308	
590791028	1568585289	WEITZ MD DANIEL	4725 N FEDERAL HWY # 401	FT LAUDERDALE	FL	33308	
590791028	1801805734	ZACHAROUDIS MD ARISTIDES	PO BOX 198336	ATLANTA	GA	30384	
591218357	1972511509	ELECTROCARDIOGRAM ASC PC	PO BOX 198336	ATLANTA	GA	30384	
591218357		FLORES MD JORGE A	PO BOX 198336	ATLANTA	GA	30384	
591232309	1356341317	LADDU MD PRASHANTA A	PO BOX 144333	ORLANDO	FL	32814	
591233717	1730169384	BUHLER MD ALAN S	PO BOX 70700	FT LAUDERDALE	FL	33307	
591233717	1275504847	SINGAL MD ROBERT S	PO BOX 70700	FT LAUDERDALE	FL	33307	
591233717	1962472829	SAREH MD SAM N	PO BOX 70700	FT LAUDERDALE	FL	33307	
591358573	1134150584	BARATTA MD FRANK G	PO BOX 198336	ATLANTA	GA	30384	
591460239	1922041375	SIMS MD MARK A	PO BOX 8063	JUPITER	FL	33468	
591559931	1881657914	HIRSCH MD HENRY D	# 300-A	2500 E HALLANDALE BEACH	HALLANDALE BCH	FL	33009
591679057	1215012844	CUSNIR MD HENRY	3001 NW 49TH AVE # 100	LAUD LAKES	FL	33313	
591680273	1811970981	BURKE MD FLOYD W	PO BOX 13833	PHILADELPHIA	PA	19101	
591936615	1235102476	FERNANDES MD HILAIRE L	7050 NW 4TH ST # 101	PLANTATION	FL	33317	
591936615	1194799387	SETH MD RAGHAV L	1700 NW 66TH AVE # 117	PLANTATION	FL	33313	
591936615	1326011545	CHALEFF MD FREDERICK M	7050 NW 4TH ST # 101	PLANTATION	FL	33317	
591936615	1790758910	JANCKO MD JOEL M	401 NW 42ND AVE	PLANTATION	FL	33317	
592123944	1659531937	RIVERO MD ABEL	308 W HIGHLAND BLVD	INVERNESS	FL	34452	
592123944	1891996880	MIRYALA MD VINOD R	308 W HIGHLAND BLVD	INVERNESS	FL	34452	
592123944	1851625164	KODALI MD VISALI	308 W HIGHLAND BLVD	INVERNESS	FL	34452	
592180685	1528153236	MADAN MD ATUL	311 W OAK ST	KISSIMMEE	FL	34741	
592262342	1902808298	EL-SHALAKANY MD ASHRAF A	# 420	2855 N UNIVERSITY DR	CORAL SPRINGS	FL	33065
592262342	1508868803	SCALA MD LOUIS J	# 110	3208 CHIQUITA S BLVD	CAPE CORAL	FL	33914
592268228	1720044290	BLANKSTEIN MD RONALD L	PO BOX 827275	PHILADELPHIA	PA	19182	
592302851	1023007119	MENDIZABAL MD ROLANDO C	1400 NW 12TH AVE	MIAMI	FL	33136	
592307508	1063625754	HOLLYWOOD MEML HSP EKG	PO BOX 198337	ATLANTA	GA	30384	
592359582	1013044296	BAPTIST ELECTROCARDIOGRA	8353 SW 124TH ST # 208	MIAMI	FL	33156	
592446303	1770579427	ANCONA MD DAVID R	1700 NW 66TH AVE # 117	PLANTATION	FL	33313	
592479760	1174747810	COHN MD STEVEN J	# 204	7301 N UNIVERSITY DR	TAMARAC	FL	33321
592547841	1477553063	BAZZI MD ALI A	PO BOX 198339	ATLANTA	GA	30384	
592577628	1992782577	MARJIEH MD ZIAD M	2100 NEBRASKA AVE # 105	FORT PIERCE	FL	34950	
592579805	1295761583	ANDRADE-BUCKNO MD SHARON	PO BOX 281037	ATLANTA	GA	30384	
592579805	1861400442	WILLENS MD HOWARD J	PO BOX 281037	ATLANTA	GA	30384	
592579805		ORRINGER MD CARL E	PO BOX 281037	ATLANTA	GA	30384	
592579805	1538213970	MARTINEZ BERMU MD CLAUDIA	PO BOX 281037	ATLANTA	GA	30384	
592579805	1083650444	BILSKER MD MARTIN S	PO BOX 281037	ATLANTA	GA	30384	
592579805	1073549762	MYERBURG MD ROBERT J	1475 NW 12TH AVE	MIAMI	FL	33136	
592579805	1194754689	FERREIRA MD ALEXANDRE C	PO BOX 864740	ORLANDO	FL	32886	
592579805	1376550145	STANG MD ROBERT B	1475 NW 12TH AVE	MIAMI	FL	33136	
592579805	1053343483	LOWERY MD MAUREEN H	1475 NW 12TH AVE	MIAMI	FL	33136	
592579805	1669522173	VILES GONZALEZ MD JUAN F	PO BOX 281037	ATLANTA	GA	30384	
592598762	1922010008	BENDER MD KEVIN R	PO BOX 198334	ATLANTA	GA	30384	
592598762	1710090238	MAYTIN MD ORLANDO H	PO BOX 198338	ATLANTA	GA	30384	
592598762	1306885314	ENTENBERG MD MICHAEL	PO BOX 198337	ATLANTA	GA	30384	
592598762	1386682748	SOFFER MD ARIEL D	PO BOX 402461	ATLANTA	GA	30384	
592673264	1467593681	SHADANI MD ABDUL RAOOF	2215 NEBRASKA AVE # 1-B2	FORT PIERCE	FL	34950	
592698582	1982631750	KHAN MD ASLAM M	1700 NW 66TH AVE # 117	PLANTATION	FL	33313	
592723634		CARDIO NEUROLOGY ASC INC	PO BOX 402461	ATLANTA	GA	30384	
592741614	1538133442	RODRIGUEZ-PAZ MD GEORGE	# 112	7421 N UNIVERSITY DR	TAMARAC	FL	33321
592741614	1730153644	RODRIGUEZ-PAZ MD ENRIQUE	# 112	7421 N UNIVERSITY DR	TAMARAC	FL	33321
592874324	1013977941	CARDIO CONSULT	PO BOX 18605	PENSACOLA	FL	32523	
592874324	1588664809	STEWART MD MARTHA J	PO BOX 18605	PENSACOLA	FL	32523	
592874324	1093715419	SKOUFIS MD ELIAS G	PO BOX 18605	PENSACOLA	FL	32523	
592874324	1588754055	FAHDI MD IBRAHIM E	1717 N E ST # 331	PENSACOLA	FL	32501	
592874324	1619977121	JAALOUK MD SAFWAN N	1000 W MORENO ST	PENSACOLA	FL	32501	
592874324	1730189192	VIDEAU MD BRENT D	PO BOX 18605	PENSACOLA	FL	32523	
592874324	1346249059	EILEN MD STEVEN DENNIS D	PO BOX 18605	PENSACOLA	FL	32523	
592874324	1386644813	LANGHORNE III MD WILLIAM	PO BOX 18605	PENSACOLA	FL	32523	

592874324	1669472940	PICKENS MD WILLIAM S	1717 N E ST # 331	PENSACOLA	FL	32501	
592874324	1235130154	SPENCER MD ROBERT H	PO BOX 18605	PENSACOLA	FL	32523	
592874324	1134127962	LLOYD MD BENJAMIN F	PO BOX 18605	PENSACOLA	FL	32523	
592874324	1720088230	DUONG-WAGNER MD THANH H	1717 N E ST # 331	PENSACOLA	FL	32501	
592874324	1558361063	DOTY MD WILLIAM DANIEL	PO BOX 18605	PENSACOLA	FL	32523	
592874324	1720088024	ROGERS JR MD EDWIN W	PO BOX 18605	PENSACOLA	FL	32523	
593043869	1700821857	DEWHURST MD ROBERT M	635 EICHENFELD DR	BRANDON	FL	33511	
593259553	1801893441	LANZA MD SALVADOR N	725 RODEL CV	LAKE MARY	FL	32746	
593458145	1811965650	ARROYO MD LUIS H	PO BOX 100936	ATLANTA	GA	30384	
596002318	1164414900	FOUCAULD MD JEAN	3347 S STATE ROAD 7 # 203	LAKE WORTH	FL	33449	
596002318	1124211560	VENUGOPAL MD VINEET V	3347 S STATE ROAD 7 # 203	LAKE WORTH	FL	33449	
596012065	1225027055	DENNIS MD JEFFREY S	PO BOX 862851	ORLANDO	FL	32886	
596012065	1548221237	PERLOFF MD DAVID E	PO BOX 862851	ORLANDO	FL	32886	
596012065	1679537583	CHIZNER MD MICHAEL A	PO BOX 862851	ORLANDO	FL	32886	
596012065	1306801428	AUERON MD MARC M	# 203	1800 W HILLSBORO BLVD	DEERFIELD BCH	FL	33442
596012065	1316975550	EL-SAYED MD MOHAMED H	PO BOX 862851	ORLANDO	FL	32886	
596012065	1265480891	ATANASOSKI-MCC MD VIOLETA	1600 S ANDREWS AVE # 100	FT LAUDERDALE	FL	33316	
596012065	1669437760	ROZANSKI MD JOHN J	1600 S ANDREWS AVE # 1	FT LAUDERDALE	FL	33316	
596012065	1598733875	CIOCI MD LOUIS J	PO BOX 862851	ORLANDO	FL	32886	
596012065	1427013523	SHARMA MD ASHOK K	PO BOX 862851	ORLANDO	FL	32886	
596012065	1457309742	BLANCHARD MD ARNOUX	1600 S ANDREWS AVE # 1	FT LAUDERDALE	FL	33316	
596012065	1447294699	PARIS MD DAVID G	# 202	1500 E HILLSBORO BLVD	DEERFIELD BCH	FL	33441
596012065	1912996729	LANDAU MD ANDRE J	3536 N FEDERAL HWY # 200	FT LAUDERDALE	FL	33308	
596012065	1508855339	GELLMAN MD JOEL	PO BOX 862851	ORLANDO	FL	32886	
596014973	1932155264	GUZMAN MD JOSE A	PO BOX 538500	ATLANTA	GA	30353	
596014973	1861448532	BERLIN MD HOWARD F	PO BOX 402461	ATLANTA	GA	30384	
596014973	1740227453	MOSTOUFI MD EBRAHIM	PO BOX 538500	ATLANTA	GA	30353	
596014973	1518904382	SANZOBRINO MD BRENDA W	PO BOX 538500	ATLANTA	GA	30353	
596014973	1356422059	BARRON MD EARL B	1901 SW 172ND AVE	MIRAMAR	FL	33029	
596014973	1104863364	IBRAHIM MD BASSEL B	603 N FLAMINGO RD # 255	PEMBROKE PNES	FL	33028	
596014973	1285687251	BHADHA MD KASHMIRA P	PO BOX 538500	ATLANTA	GA	30353	
650003177	1164420998	WOLINSKY MD DAVID G	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177	1689638272	MUNIZ MD JOSE M	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177	1699883538	MILLER MD DARRYL	525 OKEECHOBEE BLVD	BLVD	WEST PALM BCH	FL	33401
650003177	1689877243	LOPEZ MD DAVID	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177	1659393791	ARECES MD MARIANELA	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177	1235190414	NOVARO MD GIAN M	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177	1598725954	BUSH MD HOWARD S	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177	1578522801	ASHER MD CRAIG R	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177	1316997562	ADAMICK MD RICHARD D	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650088313	1558384750	SUSSMAN MD HOWARD F	9959 PINES BLVD	PEMBROKE PNES	FL	33024	
650270114	1609853084	KRICHMAR MD PERRY	1601 N PALM AVE # 101	PEMBROKE PNES	FL	33026	
650320253	1043453475	KAVASMANECK MD CYRUS P	PO BOX 11737	BELFAST	ME	04915	
650320253	1578507992	PALMA MD TOBIA A	PO BOX 11737	BELFAST	ME	04915	
650351492		EKG ASC INC	PO BOX 198335	ATLANTA	GA	30384	
650374059	1336112564	SHEINBAUM MD WILLIAM M	# 204	7401 N UNIVERSITY DR	TAMARAC	FL	33321
650374059	1225001456	RICHTER MD STANLEY E	7201 N UNIVERSITY DR	TAMARAC	FL	33321	
650424593	1740277201	FIELDS MD CONSTANCE D	# 304	9980 CENTRAL PARK N BLV	BOCA RATON	FL	33428
650460466	1235138082	SIDKY MD ADEL M	323 SE 23RD AVE	BOYNTON BEACH	FL	33435	
650479464	1821094665	VERMA MD ANIL K	2580 S SEACREST BLVD # A	BOYNTON BEACH	FL	33435	
650482172	1982645040	ROTH MD STEPHEN L	3501 JOHNSON ST	HOLLYWOOD	FL	33021	
650511644		MARTEL MD JOSE A	6200 SUNSET DR # 401	SOUTH MIAMI	FL	33143	
650580501	1295735660	HARRING III MD CHARLES L	11195 S JOG RD # 6	BOYNTON BEACH	FL	33437	
650621619	1285623306	MIKI MD ROBERTO A	PO BOX 281037	ATLANTA	GA	30384	
650659955	1376659813	SCHWARTZ MD ALAN M	1700 NW 66TH AVE # 117	PLANTATION	FL	33313	
650672834	1710090238	MAYTIN MD ORLANDO H	# B106	4300 N UNIVERSITY DR	SUNRISE	FL	33351
650689455	1730163544	UPADHYAYA MD NARENDRA R	# 106	2301 N UNIVERSITY DR	PEMBROKE PNES	FL	33024
650691863	1285659995	JARAKI MD ABDUL-RAHMAN M	PO BOX 198333	ATLANTA	GA	30384	
650692297	1194852293	BAPTIST HSP ECHOCARDIOGR	8353 SW 124TH ST # 208	MIAMI	FL	33156	
650701827	1033170410	GAGE MD JOSEPH S	1945 SE PORT ST LUCIE	BLVD	PORT ST LUCIE	FL	34952
650701827	1174583975	MUFSON MD LARRY H	# 300	1001 SE MONTEREY COMM	STUART	FL	34996
650701827	1710943071	MC INTYRE MD STEPHEN E	# 300	1001 SE MONTEREY COMM	STUART	FL	34996
650701827	1780645150	BRADLEY III MD ARDEN J	# 300	1001 SE MONTEREY COMM	STUART	FL	34996
650749353	1770678179	NACCARATO MD EMANUEL M	2601 POINT EAST DR	AVENTURA	FL	33160	
650754228	1396760823	MACHADO SR MD HUMBERTO C	3663 S MIAMI AVE	MIAMI	FL	33133	
650758756	1982645040	ROTH MD STEPHEN L	3702 WASHINGTON ST # 303	HOLLYWOOD	FL	33021	
650758756	1346256526	SABBOTA DO MARK G	# 104	10650 W STATE ROAD 84	DAVIE	FL	33324
650758756	1740221845	COHEN MD YALE M	2905 N COMMERCE PKWY	MIRAMAR	FL	33025	
650758756	1659312684	LINZER MD DOV S	302 NW 179TH AVE # 102	PEMBROKE PNES	FL	33029	
650758756	1184630352	GOULD DO RANDY B	# 104	10650 W STATE ROAD 84	DAVIE	FL	33324
650758756	1437390382	ROSEN DO ERIC S	1901 SW 172ND AVE	MIRAMAR	FL	33029	
650758756	1871530311	TALLET MD JULIO M	601 N FLAMINGO RD # 107	PEMBROKE PNES	FL	33028	
650758756	1386682748	SOFFER MD ARIEL D	1979 W HILLSBORO BLVD # 1	DEERFIELD BCH	FL	33442	
650783243	1649442740	BERGER MD LAWRENCE A	21097 NE 27TH CT # 580	MIAMI	FL	33180	
650784628	1952311789	ALAYOUBI MD MUHAMMED H	5901 COLONIAL DR # 208	MARGATE	FL	33063	
650795660	1982631750	KHAN MD ASLAM M	# 207	4900 W OAKLAND PARK BL	LAUD LAKES	FL	33313
650821462	1730103961	OSMAN MD MOHAMED A	PO BOX 100198	ATLANTA	GA	30384	
650899241	1912922469	LECHTENSTEIN DO JARED M	8201 W BROWARD BLVD	PLANTATION	FL	33324	
650899241	1619084456	STEIMAN MD DAVID M	350 NW 84TH AVE # 211	PLANTATION	FL	33324	
650972857	1922082544	KORN MD DAVID J	2845 AVENTURA BLVD # 249	MIAMI	FL	33180	
650977368	1518975150	NRTHWST HSP EKG READERS	PO BOX 198338	ATLANTA	GA	30384	
651036209	1437141272	VEDERE MD AMARNATH R	3345 BURNS RD # 206	PALM BCH GDNS	FL	33410	
651036209	1932175247	HERNANDEZ MD ELIEZER	3347 S STATE ROAD 7 # 203	LAKE WORTH	FL	33449	
651040979	1437141272	VEDERE MD AMARNATH R	3347 S STATE ROAD 7 # 203	LAKE WORTH	FL	33449	
651051183	1639163207	SOLER MD JOSE R	PO BOX 198338	ATLANTA	GA	30384	
651051183	1114911948	SIMKINS MD LANCE A	1700 NW 66TH AVE # 117	PLANTATION	FL	33313	
651051183	1730173568	ORIHUELA MD LUIS A	1700 NW 66TH AVE # 117	PLANTATION	FL	33313	

651051183	1083608657	GARFIELD MD GARY J	PO BOX 198334		ATLANTA	GA	30384	
651062882	1245277011	WHITTINGHAM MD ROY L	1700 NW 66TH AVE # 117		PLANTATION	FL	33313	
651089494	1568415453	BOCA RATON EKG READERS	PO BOX 281944		ATLANTA	GA	30384	
651159772	1689629404	FMC CARDIO PANEL LLC	PO BOX 918566		ORLANDO	FL	32891	
651261576		HOSTIG MD CRAIG A	PO BOX 277353		ATLANTA	GA	30384	
651261576	1639163207	SOLER MD JOSE R	PO BOX 277353		ATLANTA	GA	30384	
651261576	1891956975	FUNK MD MICHAEL N	2801 N STATE ROAD 7		MARGATE	FL	33063	
651261576	1851385686	SABATES MD EDUARDO C	2964 N STATE ROAD 7 # 110		MARGATE	FL	33063	
752714377	1841245917	MOHANTY MD JYOTI B	3370 BURNS RD # 103		PALM BCH GDNS	FL	33410	
760273984	1508964115	DURAND MD JEAN-BERNARD	1515 HOLCOMBE BLVD # 207		HOUSTON	TX	77030	
800639566	1164484051	SCHUYLER MD GREGG T	1200 7TH N AVE		ST PETERSBURG	FL	33705	
810558637	1366456311	MAJID MD MAZHAR	9105 RANCH RD		PARKLAND	FL	33067	
880217735	1871564039	SHEIKH DO FAREED A	102 E LAKE MEAD PKWY		HENDERSON	NV	89015	
901022373	1679512644	TYTLER JR MD NEIL B	# E-214	7800 W OAKLAND PARK BL	SUNRISE	FL	33351	
112503350		BASS DC DAVID B	10251 W SAMPLE RD		POMPANO BEACH	FL	33065	
133148374	1740206572	MAMMANA DC THOMAS F	# 200	15151 S US HIGHWAY 441	SUMMERFIELD	FL	34491	
200672010	1639232432	BROOKS JR DC STEPHEN R	7565 W OAKLAND PARK BLVD		TAMARAC	FL	33319	
200935732	1194863100	KELLERMAN DC DOUGLAS P	410 NE 44TH ST		OAKLAND PARK	FL	33334	
202288954	1447441837	DOMBROWSKY DC NORBERT	472 SW FUGE RD		STUART	FL	34997	
205144946	1144259342	HACKETT DC ERNEST G	4600 MILITARY TRL # 108		JUPITER	FL	33458	
261938545	1447428586	MARIENTHAL DC JAY R	36 NE 2ND AVE		DEERFIELD BCH	FL	33441	
262343774		ASHKINAZY DC LAWRENCE B	10778 WILES RD		CORAL SPRINGS	FL	33076	
262926883	1174789432	NEVEL DC BRANDON T	103 S US HIGHWAY 1 # B-4		JUPITER	FL	33477	
263363928	1487792529	SHUMWAY DC AMY	# 211	2800 E COMMERCIAL BLVDC	FT LAUDERDALE	FL	33308	
273359542	1407186570	GREER DC GREGORY L	16383 NW 67TH AVE		HIALEAH	FL	33014	
421530318	1558368563	KINDLE DC LORI D	2740 E OAKLAND PARK BLVD		FT LAUDERDALE	FL	33306	
453711304	1316237753	HOAR DC SCOTT J	8313 NW 8TH TER		BOCA RATON	FL	33487	
454469050	1679858369	NEILEN DC JESS A	4711-A N DIXIE HWY		OAKLAND PARK	FL	33334	
460487006	1023102605	O'GORMAN DC KIMBERLY A	1730 E COMMERCIAL BLVD		OAKLAND PARK	FL	33334	
471946166	1487053245	OZNER DC JONATHAN A	8870 W OAKLAND PARK BLVD		SUNRISE	FL	33351	
590140349	1881754091	COHEN DC MICHAEL J	1848 N NOB HILL RD		PLANTATION	FL	33322	
591492593	1760435911	ROSENKRANZ DC BRUCE R	12333 NW 18TH ST # 1		PEMBROKE PNES	FL	33026	
592767119	1457377640	MANDELL DC ALAN H	20334 NW 2ND AVE	COORDINATED CHIROPRA	MIAMI	FL	33169	
593764031	1487849469	ROPER DC KEEGAN J	# 1	2740 E OAKLAND PARK BLV	FT LAUDERDALE	FL	33306	
650016914	1831118629	SEIDNER DC DAVID M	9800 W ATLANTIC BLVD	PMB 204	CORAL SPRINGS	FL	33071	
650051149	1598812026	MURANSKY DC DAVID S	20475 BISCAYNE BLVD # G-6		MIAMI	FL	33180	
650184676	1881726669	ROSEN DC EVAN A	7195 W OAKLAND PARK BLVD		LAUDERHILL	FL	33313	
650301850	1538111570	SURDIS JR DC MICHAEL	1551 N PALM AVE		PEMBROKE PNES	FL	33026	
650341218	1730103870	CARNIVALE DC RICHARD L	4140 NW 12TH ST		FORT LAUDERDALE	FL	33313	
650341218	1407853088	DOUGLAS DC MICHAEL L	4140 NW 12TH ST		FORT LAUDERDALE	FL	33313	
650377336	1851569610	WASSERMAN DC ANDREW S	10394 W SAMPLE RD		CORAL SPRINGS	FL	33065	
650387194	1558378745	GOLDSON JR DC FIDEL S	10796 PINES BLVD # 105		PEMBROKE PNES	FL	33026	
650558322	1518093665	BOBKER DC GLEN	1601 E BROWARD BLVD		FORT LAUDERDALE	FL	33301	
650565096	1104838333	AMUNATEGUI II DC JOSEPH A	# 7	1025 E HALLANDALE BEACH	HALLANDALE BCH	FL	33009	
650644105	1053418681	WATSON DC DONNA L	2034 E OAKLAND PARK BLVD		FT LAUDERDALE	FL	33306	
650766061	1952388316	GOLDSTEIN DC ELIAS	4691 S UNIVERSITY DR		DAVIE	FL	33328	
650858846	1821184953	HIRSCH DC JONATHAN MARC	394 E DANIA BEACH BLVD		DANIA	FL	33004	
650881221	1720055593	BRICKELL DC KEITH S	5975 N FEDERAL HWY # 121		FT LAUDERDALE	FL	33308	
650922607	1386702934	WEINSTEIN DC BRETT E	7195 W OAKLAND PARK BLVD		LAUDERHILL	FL	33313	
731709528	1801079272	BRUNS DC RICK E	1140 SE 3RD AVE		FT LAUDERDALE	FL	33316	
770714746	1336253848	FAY DC MICHAEL S	# 102	8870 W OAKLAND PARK BL	SUNRISE	FL	33351	
800036258	1225041015	COHEN DC MICHAEL I	# 104	2631 E OAKLAND PARK BLV	FT LAUDERDALE	FL	33306	
810548059	1225006166	SPOONHOUR JR DC DENNIS A	2237 N COMMERCE PKWY # 2		WESTON	FL	33326	
900005573	1730291345	RUSH DC BRIAN C	10830 PINES BLVD		PEMBROKE PNES	FL	33026	
900143379	1285741744	HENRY DC RICHARD A	4492 N UNIVERSITY DR		LAUDERHILL	FL	33351	
010709257	1245322049	SKIDMORE JR MD ROBERT A	3700 NW 83RD ST		GAINESVILLE	FL	32606	
200026791	1336137694	COLORADO MD KATHLEEN M	507 OAKFIELD DR		BRANDON	FL	33511	
200491241	1811998982	CHARLIE MD NELSON	PO BOX 848779		BOSTON	MA	02284	
200492277	1720055585	OBED DO JEROME R	500 SE 15TH ST # 108		FT LAUDERDALE	FL	33316	
200619383	1043262637	GRIFF MD CHARLES E	3400 FOREST HILL BLVD		WEST PALM BCH	FL	33406	
201255396	1588610232	GREEN MD ANDY R	# 270	1380 NE MIAMI GARDENS	MIAMI	FL	33179	
203683035	1710085592	DORRIS JR MD HUGH D	# 200	1119 HENDERSONVILLE RD	ASHEVILLE	NC	28803	
203683035	1396926507	FOREST DERMATOLOGY	# 200	1119 HENDERSONVILLE RD	ASHEVILLE	NC	28803	
204640404	1417115304	BARNETT MD CHANNING R	9325 GLADES RD # 207		BOCA RATON	FL	33434	
205119197	1720043466	SHAPIRO MD STEVEN D	# 3015	11030 RCA CENTER DR	PALM BEACH GARDENS	FL	33410	
208455752	1912054446	GEORGE MD MANJU E	3355 BURNS RD # 204		PALM BCH GDNS	FL	33410	
208675628	1780831180	MOORE DO JULIAN O	# 800	1250 E HALLANDALE BEACH	HALLANDALE BCH	FL	33009	
208675628	1124046941	SPATZ MD STANLEY A	601 N FLAMINGO RD # 313		PEMBROKE PNES	FL	33028	
208675628	1013905280	SMITH MD RONALD D	3850 HOLLYWOOD BLVD # 301		HOLLYWOOD	FL	33021	
208675628	1700873734	FALABELLA MD ANNA F	3850 HOLLYWOOD BLVD # 301		HOLLYWOOD	FL	33021	
208675628	1154380020	STAPP DO LESLIE E	12600 PEMBROKE RD # 310		MIRAMAR	FL	33027	
208675628	1255611166	GEORGE DO NADINE	8251 W BROWARD BLVD # 102		PLANTATION	FL	33324	
236291113	1811973894	JACOBS MD MARY AMANDA	PO BOX 828729		PHILADELPHIA	PA	19182	
236291113	1295936458	PENDHARKAR MD NINAD C	200 SCENERY DR		STATE COLLEGE	PA	16801	
260023723	1336148535	RESNIK MD BARRY I	2630 NE 203RD ST # 105		MIAMI	FL	33180	
260717903	1720055585	OBED DO JEROME R	500 SE 15TH ST # 108		FT LAUDERDALE	FL	33316	
261218240	1902898083	BRADLEY MD VALENTINA R	6333 N FEDERAL HWY # 110		FT LAUDERDALE	FL	33308	
261465403	1386686020	FETT-DESMOND MD DEBRA D	14361 METROPOLIS AVE # 2		FORT MYERS	FL	33912	
261872452	1689746356	ALTMAN MD ANDREW R	137 NW 100TH AVE		PLANTATION	FL	33324	
262003898	1780880476	EWANOWSKI MD CHRISTOPHER	4651 VAN DYKE RD		LUTZ	FL	33558	
263849987	1285611582	ZELLMAN MD GLENN L	# 102	7301 N UNIVERSITY DR	TAMARAC	FL	33321	
263849987	1669449047	FOSTER II MD KENT W	# 102	7301 N UNIVERSITY DR	TAMARAC	FL	33321	
271114689		BROWN DO LISE D	950 GLADES RD FL 4		BOCA RATON	FL	33431	
271114689	1871887307	NESTOR MD ELIZABETH L	9897 HAGEN RANCH RD		BOYNTON BEACH	FL	33472	
271114689	1679565881	CONRAD MD NICOLE L	# 30	7050 W PALMETTO PARK R	BOCA RATON	FL	33433	
273291947	1821107061	COLTON MD ANDREA S	1760 N CONGRESS AVE # 200		7050 W PALMETTO PARK R	BOYNTON BEACH	FL	33426
273291947	1043406150	WEATHERALL MD ANGELA G	# 105	7284 W PALMETTO PARK R	BOCA RATON	FL	33433	

274293038	1285689232	CIOCCA MD GIOVANNA	7800 SW 87TH AVE # A-100	MIAMI	FL	33173	
383969389	1154347847	WAIBEL MD JILL S	7800 SW 87TH AVE # B200	MIAMI	FL	33173	
391351587	1104804038	WEED MD BRENT R	3935 N LIGHTNING DR	APPLETON	WI	54913	
391351587	1083657555	BERTLER MD DAVID E	1400 SCHEURING RD	DE PERE	WI	54115	
391351587	1134162019	KATZ MD KENNETH H	801 YORK ST	MANITOWOC	WI	54220	
391351587	1376599324	CIHLA MD MICHELLE L	1400 SCHEURING RD	DE PERE	WI	54115	
391351587	1932209129	XIA MD LYNN LING	801 YORK ST	MANITOWOC	WI	54220	
412113663	1063400646	BALSHI MD THOMAS C	4665 W ATLANTIC AVE # A	2605 W ATLANTIC AVE	DELRAY BEACH	FL	33445
412211468	1043328230	RICHARDSON JR MD WILLIE F	1120 BAYVIEW DR	FT LAUDERDALE	FL	33304	
454674459	1720254071	CAUTHEN MD ASHLEY B	7550 SW 61ST AVE # 1	OCALA	FL	34476	
455622044	1164614004	CASPER MD DAVID J	8620-A E COUNTY ROAD 466	THE VILLAGES	FL	32162	
462649783	1902810401	NIELSEN MD TIMOTHY A	24 SE 6TH ST	BOCA RATON	FL	33432	
463273070	1376779371	HUO MD RAN	4060 SHERIDAN ST # C	HOLLYWOOD	FL	33021	
464505866	1639254394	VANDERLEEST MD ROBERT	800 E BROWARD BLVD # 507	FT LAUDERDALE	FL	33301	
472532461	1114118163	ELIAS DO MATTHEW J	4610 N FEDERAL HWY	FT LAUDERDALE	FL	33308	
473030711	1396746731	KRUG MD WILLIAM V	9485 MENTOR AVE # 102	MENTOR	OH	44060	
510606040	1891869368	MC KAY MD ELIZABETH G	969 SE CENTRAL PKWY	STUART	FL	34994	
522015557	1245389717	CALLENDER MD VALERIE D	12200 ANNAPOLIS RD # 315	GLENN DALE	MD	20769	
542129332	1679745657	CHEN MD ANDREA F	4060 SHERIDAN ST # C	HOLLYWOOD	FL	33021	
542129332	1609918671	STRONG DO LAWRENCE A	3225 AVIATION AVE # 700	MIAMI	FL	33133	
542129332	1265429583	CLARK-LOESER MD LESLEY R	4060 SHERIDAN ST # C	HOLLYWOOD	FL	33021	
542129332	1881681112	MINARS MD TODD J	4060 SHERIDAN ST # C	HOLLYWOOD	FL	33021	
542129332	1194926964	BLYUMIN-KARASI MD MARIANN	4060 SHERIDAN ST # C	HOLLYWOOD	FL	33021	
561529074	1508183286	URBAN MD CHRISTOPHER R	78 LONG SHOALS RD	ARDEN	NC	28704	
582006753	1447219548	MITCHELL MD DANIEL F	119 W HILL ST	THOMASVILLE	GA	31792	
582030692	1447437322	BONACCORSI MD PAOLA	PO BOX 102398 68 ANNEX	ATLANTA	GA	30368	
582579820		LEAL-KHOURI MD SUSANA M	580 CRANDON BLVD # 101	KEY BISCAYNE	FL	33149	
591271292	1457332488	SCHILLINGER MD BRENT M	120 BUTLER ST # A	WEST PALM BCH	FL	33407	
591271292	1164403192	SARRO MD ROBERT A	120 BUTLER ST # A	WEST PALM BCH	FL	33407	
591271292	1548241573	BERLIN MD JOSHUA M	120 BUTLER ST # A	WEST PALM BCH	FL	33407	
591271292	1013962638	KRATHEN MD RICHARD A	120 BUTLER ST # A	WEST PALM BCH	FL	33407	
591445517	1457514424	FIEN MD SARI M	6550 N FEDERAL HWY # 320	FT LAUDERDALE	FL	33308	
591445517	1861588345	STEWART MD ROGER H	6550 N FEDERAL HWY # 320	FT LAUDERDALE	FL	33308	
591445517	1437243888	GALITZER MD BARRY I	6550 N FEDERAL HWY # 320	FT LAUDERDALE	FL	33308	
591498884	1760567101	SCHLAM MD EDWARD H	10044 NW 1ST CT	PLANTATION	FL	33324	
591531705	1609839182	DUBNER MD BARRY H	# 116	7800 W OAKLAND PARK BL SUNRISE	FL	33351	
591531705	1356392294	SALEEBY MD ELI R	3000 N UNIVERSITY DR # K	CORAL SPRINGS	FL	33065	
591531705	1861459497	SARKELL MD BARRY A	# 116	7800 W OAKLAND PARK BL SUNRISE	FL	33351	
591531705	1891758165	ENGELMAN MD MICHAEL W	# 116	7800 W OAKLAND PARK BL SUNRISE	FL	33351	
591531705	1144287889	REISINGER DO ELIZABETH A	# 116	7800 W OAKLAND PARK BL SUNRISE	FL	33351	
591531705	1245293778	GOLDSTEIN MD BARBARA A	# 116	7800 W OAKLAND PARK BL SUNRISE	FL	33351	
591531705	1538122064	LOWELL MD BROOKE A	3000 N UNIVERSITY DR # K	CORAL SPRINGS	FL	33065	
591680273	1134298011	BREZA JR MD THOMAS S	4341 BOUGAINVILLE DR	LAUD BY SEA	FL	33308	
591696770	1265429583	CLARK-LOESER MD LESLEY R	4060 SHERIDAN ST # C	HOLLYWOOD	FL	33021	
591824908	1114995057	SOBEL MD STUART A	4340 SHERIDAN ST # 101	HOLLYWOOD	FL	33021	
591824908	1508834458	SOFMAN MD MICHAEL S	4340 SHERIDAN ST # 101	HOLLYWOOD	FL	33021	
591847285	1811972391	KOVALESKI MD CHARLES R	1900 HARRISON AVE	PANAMA CITY	FL	32405	
592023765	1710987391	WALLACH MD PETER M	1480 N UNIVERSITY DR # A	CORAL SPRINGS	FL	33071	
592023765	1467444943	MEJIA MD RICARDO	PO BOX 862823	ORLANDO	FL	32886	
592023765	1710987300	FIEDLER MD JODI A	21020 STATE ROAD 7 # 120	BOCA RATON	FL	33428	
592188091	1699807271	STERLING MD GLENN B	1040 WESTON RD # 105	WESTON	FL	33326	
592266210	1659358521	LIPMAN MD MADELYN B	# 102	7301 N UNIVERSITY DR	TAMARAC	FL	33321
592361193	1467483891	SINGH MD SHAMSHER	1701 SE HILLMOOR DR # 3	PORT ST LUCIE	FL	34952	
592488419	1316946650	CONNELLY MD THOMAS J	465 SE RIVERSIDE DR	STUART	FL	34994	
592519537	1588674253	ZEOLI MD KATHRYN C	10067 PINES BLVD # A	PEMBROKE PNES	FL	33024	
592579820	1558357491	MINARS MD NORMAN	4060 SHERIDAN ST # C	HOLLYWOOD	FL	33021	
592579820	1174566483	HERSCHTHAL MD DAVID H	# 210	7280 W PALMETTO PARK R	BOCA RATON	FL	33433
592579820	1063476653	SCHACHNER MD LAWRENCE A	1295 NW 14TH ST # K	MIAMI	FL	33125	
592579820	1467705962	MITEVA MD MARIYA I	PO BOX 281840	ATLANTA	GA	30384	
592579820	1376704221	HERSCHTHAL MD JORDANA M	# 301	7421 N UNIVERSITY DR	TAMARAC	FL	33321
592579820	1861462806	DUARTE MD ANA M	12989 SOUTHERN BLVD	LOXAHATCHEE	FL	33470	
592579820	1801891429	RENDON MD MARTA I	1001 NW 13TH ST # 100	BOCA RATON	FL	33486	
592579820	1093710618	RABINOVITZ MD HAROLD S	201 NW 82ND AVE # 501	PLANTATION	FL	33324	
592579820	1124349501	TOSTI MD ANTONELLA	PO BOX 281840	ATLANTA	GA	30384	
592686764	1043328230	RICHARDSON JR MD WILLIE F	1120 BAYVIEW DR	FT LAUDERDALE	FL	33304	
592686764	1568570778	SMITH MD MURRAY D	800 E BROWARD BLVD # 507	FT LAUDERDALE	FL	33301	
592731319	1447200845	SNYDER MD ROBERT A	# 7	2625 EXECUTIVE PARK DR	WESTON	FL	33331
592731319	1437350709	SANTO DOMINGO MD DIANA	# 7	2625 EXECUTIVE PARK DR	WESTON	FL	33331
592731319	1811947435	LE MD QUANG T	2625 EXECUTIVE PARK DR	WESTON	FL	33331	
592731319	1063462463	LE MD PHI-VAN T	# 7	2625 EXECUTIVE PARK DR	WESTON	FL	33331
592896023	1225092331	MORENO MD RUBEN A	4260 N HIGHWAY 1	COCOA	FL	32927	
592967271	1346456365	LUCAS ANTHONY MD CHERE R	1001 NW 13TH ST # 100	BOCA RATON	FL	33486	
593216355	1003904285	ARTHUR MD ALLISON K	7335 W SAND LAKE RD # 200	ORLANDO	FL	32819	
593549147	1659336832	SCHIFF MD MARTIN A	PO BOX 862823	ORLANDO	FL	32886	
593549147	1366420978	KENDALL MD MARIA ELENA E	318 ALHAMBRA CIR	CORAL GABLES	FL	33134	
593549147	1326158866	LUSTIG DO CHAVA F	290 INDIAN TRCE	WESTON	FL	33326	
593549147	1295788198	LAZARUS MD MELISSA C	1080 KANE CONCOURSE	BAY HARBOR IS	FL	33154	
593549147	1821050949	VAITLA MD RAMA	7740 BOYNTON BEACH BLVD	BOYNTON BEACH	FL	33437	
593549147	1437410230	LEVERITT DO MARY E	49 ROYAL PALM PT # 100	VERO BEACH	FL	32960	
593549147	1396790317	CALO DO COLENE	49 ROYAL PALM PT # 100	VERO BEACH	FL	32960	
593549147	1962402545	TOPPER MD SHARI F	21020 STATE ROAD 7 # 120	BOCA RATON	FL	33428	
593549147	1427167261	GREEN DO JASON B	5353 N FEDERAL HWY # 400	FT LAUDERDALE	FL	33308	
593549147	1225092539	WOOLERY-LLOYD MD HEATHER	16100 NE 16TH AVE	N MIAMI BEACH	FL	33162	
593549147	1952410789	CHAPLIK DO IGOR	5353 N FEDERAL HWY # 400	FT LAUDERDALE	FL	33308	
593549147	1164565321	BILU MARTIN MD DONNA	20803 BISCAYNE BLVD # 305	MIAMI	FL	33180	
593549147	1932314960	ELIAS DO MERRICK D	# 201	2301 N UNIVERSITY DR	PEMBROKE PNES	FL	33024
593549147	1639137169	SULLIVAN MD TORY P	16100 NE 16TH AVE	N MIAMI BEACH	FL	33162	

593582647	1487617700	WHITMER MD MIRANDA J	114 NW 76TH DR		GAINESVILLE	FL	32607
593651253	1255390985	KAGEN MD MARK H	PO BOX 111389		NAPLES	FL	34108
593651253	1659513729	JAWITZ DO RYAN S	PO BOX 15852		BELFAST	ME	04915
621162462	1962644039	JONES MD EMILY H	930 MADISON AVE # 200		MEMPHIS	TN	38103
650003177	1447512827	ILKOVITCH MD DAN	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177	1376503946	LJOR MD TAMARA	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177	1245434588	AKHTAR DO ASFA S	7857 N UNIVERSITY DR		PARKLAND	FL	33067
650003177	1043207293	BULLARD MD SHERRIE L	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650008133	1114922747	SHARAF MD DAVID M	201 NW 82ND AVE # 501		PLANTATION	FL	33324
650008133	1356347587	ARENA MD JOSEPH A	# 100	2100 E HALLANDALE BEACH	HALLANDALE BCH	FL	33009
650008133	1235134818	GLICK DO BRAD P	2960 N STATE ROAD 7 # 101		MARGATE	FL	33063
650008133	1366447906	STUDNIK DO SHANI M	PO BOX 694730		MIAMI	FL	33269
650008133	1073519971	WILENTZ MD JOEL M	# 100	2100 E HALLANDALE BEACH	HALLANDALE BCH	FL	33009
650008133	1477558096	RUBENSTEIN MD RICHARD M	# 307	7421 N UNIVERSITY DR	TAMARAC	FL	33321
650008133	1932104502	GEWIRTZMAN MD GARRY B	1111 PARK CENTRE BLVD		MIAMI	FL	33169
650008133	1295815983	GMITTER MD TAMARA L	2900 N MILITARY TRL # 110		BOCA RATON	FL	33431
650008133	1588660757	GOTTLIEB DO JAY S	1951 SW 172ND AVE # 416		MIRAMAR	FL	33029
650008133	1831327790	ZARRAGA DO MATHEW B	# 201	2838 E OAKLAND PARK BLV	FT LAUDERDALE	FL	33306
650008133	1255376711	SCANLAN MD LARISSA Z	PO BOX 694730		MIAMI	FL	33269
650008133	1205003068	WONGKITTIRROCH DO KHONGRUK	# 201	2838 E OAKLAND PARK BLV	FT LAUDERDALE	FL	33306
650008133	1952616948	MICCIANTUONO DO SUZANNE R	201 NW 82ND AVE # 501		PLANTATION	FL	33324
650008133	1356644264	GUEVARA DO DENISE M	# 307	7421 N UNIVERSITY DR	TAMARAC	FL	33321
650008133	1902803760	GOLDMAN DO SANDY R	2960 N STATE ROAD 7 # 101		MARGATE	FL	33063
650008133	1801891429	RENDON MD MARTA I	1001 NW 13TH ST # 100		BOCA RATON	FL	33486
650008133	1093710618	RABINOVITZ MD HAROLD S	201 NW 82ND AVE # 501		PLANTATION	FL	33324
650008133	1215933452	GREENE MD RICHARD S	201 NW 82ND AVE # 501		PLANTATION	FL	33324
650008133	1346456365	LUCAS ANTHONY MD CHERE R	1001 NW 13TH ST # 100		BOCA RATON	FL	33486
650008133	1144225681	WILENTZ DO GREGG O	PO BOX 694730		MIAMI	FL	33269
650008133	1851599088	CARROLL DO MARIANNE T	5808 S JOG RD		LAKE WORTH	FL	33467
650008133	1083828180	HOLZER MD ATON M	603 N FLAMINGO RD # 350		PEMBROKE PNES	FL	33028
650008133	1013951755	KATZ MD BRIAN J	4308 ALTON RD # 510		MIAMI BEACH	FL	33140
650008133	1003811647	SHECTER DO ROBIN I	1111 PARK CENTRE BLVD		MIAMI	FL	33169
650008133	1144281395	DIGIULIO DO DARRON D	# 307	7421 N UNIVERSITY DR	TAMARAC	FL	33321
650008133	1578641387	WEISS MD STEFAN C	5333 N DIXIE HWY # 101		OAKLAND PARK	FL	33334
650034337	1962690388	VEGA MD JANELLE M	6705 SW 57TH AVE # 314		SOUTH MIAMI	FL	33143
650034337	1689885691	MARTIN MD LUCY K	4060 SHERIDAN ST # C		HOLLYWOOD	FL	33021
650203588	1811922149	BERNHARDT MD MARK S	1601 E BROWARD BLVD		FT LAUDERDALE	FL	33301
650374059	1982638961	FRANKEL MD STACY J	2951 NW 49TH AVE # 207		LAUD LAKES	FL	33313
650381443	1518076330	MEIRSON MD DAN H	# 100	1166 W NEWPORT CENTER	DEERFIELD BCH	FL	33442
650410709	1285876151	SHIMAN MD MICHAEL I	1828 PONCE DE LEON BLVD		CORAL GABLES	FL	33134
650456694	1386960847	WANG MD KRYSTLE G	9060 SW 73RD CT		MIAMI	FL	33156
650617311	1386649853	HILLMANN MD ELISE C	654 W INDIANTOWN RD # 103		JUPITER	FL	33469
650682570	1215979398	ZAIAC MD MARTIN N	4308 ALTON RD # 750		MIAMI BEACH	FL	33140
650682570	1386622397	SCHIFFMAN DO LAWRENCE A	3650 NW 82ND AVE # 306		DORAL	FL	33166
650682570	1114914934	FLORES MD FRANCISCO	14601 SW 29TH ST # 206		MIRAMAR	FL	33027
650842039	1699754481	FLANAGAN MD SHAWNA A	600 HERITAGE DR # 100		JUPITER	FL	33458
650842039	1972723294	ALOUPIS DO KRISTEN M	600 HERITAGE DR # 100		JUPITER	FL	33458
650844229	1043276124	SCHIFF MD THEODORE A	# 101	2031 PALM BEACH LAKES	WEST PALM BCH	FL	33409
650844229	1508088980	ALEXANDER DO DANICA L	121 S STATE ROAD 7		WELLINGTON	FL	33414
650844229	1679705677	SPOCK MD CHRISTOPHER R	600 VILLAGE SQUARE XING		PALM BCH GDNS	FL	33410
650844229	1194946293	MONTIE DO DWAYNE D	264 NW PEACOCK BLVD # 201		PORT ST LUCIE	FL	34986
650844229	1720119928	WELTMAN MD ROBERT E	590 MALABAR SE RD # 2		PALM BAY	FL	32907
650844229	1487834693	PLATZER MD JUSTIN DAMIEN	# 101	600 VILLAGE SQUARE XING	PALM BCH GDNS	FL	33410
650844229	1538394960	O'BRIEN MD ALISSA K	1096 W INDIANTOWN RD		JUPITER	FL	33458
650844229	1144303009	MINNI DO JOHN PAUL PAUL	440 SE OSCEOLA ST # A		STUART	FL	34994
650844229		LENZ DO LAURIE M	# 101	2031 PALM BEACH LAKES	WEST PALM BCH	FL	33409
650846826	1295029361	AHERN MD KRISTEN	5053 S CONGRESS AVE # 204		LAKE WORTH	FL	33461
650934257	1487614293	KUTTNER MD BARRY J	1000 N OLIVE AVE		WEST PALM BCH	FL	33401
650935292	1346230786	BRAHMADEWARI MD JUST V	PO BOX 226411		MIAMI	FL	33222
650938715	1871565648	HERNE MD KATHLEEN B	4800 N FEDERAL HWY # 100C		BOCA RATON	FL	33431
650949492	1003823253	ROCKLEY MD PAUL F	17101 NE 19TH AVE # 101		N MIAMI BEACH	FL	33162
650967531	1386862415	BADER MD ROBERT S	# 204	1500 E HILLSBORO BLVD	DEERFIELD BCH	FL	33441
651027652	1639288632	HECKER MD MELANIE S	3500 NE 5TH AVE		POMPANO BEACH	FL	33064
651027652	1235248238	HECKER MD DAVID J	# C	715 W BOYNTON BEACH BL	BOYNTON BEACH	FL	33426
651038757	1053308965	WEISS MD EDUARDO T	3850 HOLLYWOOD BLVD # 301		HOLLYWOOD	FL	33021
651038757	1033115209	WILENTZ MD ROBB E	20601 E DIXIE HWY # 300		AVENTURA	FL	33180
651039810	1265468417	GLAUN MD RUSSEL S	1590 NW 10TH AVE # 304		BOCA RATON	FL	33486
651065290		BABINSKI MD PETER L	# 103	800 E BROWARD BLVD	FORT LAUDERDALE	FL	33301
651065290		PETER L BABINSKI MD PA	# 103	800 E BROWARD BLVD	FORT LAUDERDALE	FL	33301
680647586	1326103763	ROUSSEAU MD PAMELA A	8035 W OAKLAND PARK BLVD		SUNRISE	FL	33351
830354464		TROWERS MD ANDREA B	1801 NE 123RD ST # 417		NORTH MIAMI	FL	33181
900504419	1164484812	BREZA SR MD THOMAS S	4341 BOUGAINVILLE DR		LAUD BY SEA	FL	33308
204857035	1407835184	MORGAN MD MICHAEL B	1920 DON WICKHAM DR # 330		CLERMONT	FL	34711
236291113	1902066582	CHANDLER MD WELLS M	100 N ACADEMY AVE		DANVILLE	PA	17822
591271292	1275518201	DE GUZMAN MD MARY JEAN	120 BUTLER ST # A		WEST PALM BCH	FL	33407
591680273	1952327017	VINCEK MD VLADIMIR	4037 NW 86TH TER # 4		GAINESVILLE	FL	32606
591680273	1205905486	CHURCH MD ANN A	PO BOX 13833		PHILADELPHIA	PA	19101
593549147	1003925173	GLANZ MD STEVEN M	PO BOX 862823		ORLANDO	FL	32886
593549147	1518169556	SAEED MD SADIA	1865 HARLAND PARK DR		WINTER PARK	FL	32789
650008133	1073518692	RIVLIN MD DANIEL	20601 E DIXIE HWY # S-300		AVENTURA	FL	33180
650008133	1871663088	BRETTSCHNEIDER MD FRANCES	20601 E DIXIE HWY # 300		AVENTURA	FL	33180
650846826	1972570323	NOWAK MD MICHAEL A	# B	4477 MEDICAL CENTER WA	WEST PALM BCH	FL	33407
030530441	1700963378	MILLER MD SHARON C	4600 MILITARY TRAIL # 218		JUPITER	FL	33458
200304468	1184732489	MELLMAN MD MICHAEL J	11135 S JOG RD # 5		BOYNTON BEACH	FL	33437
204111164	1225007545	DARMODY MD TODD M	6333 N FEDERAL HWY # 285		FT LAUDERDALE	FL	33308
204111164	1346400231	MIGUEL MD IHOSVANI	1400 S ANDREWS AVE		FT LAUDERDALE	FL	33316
205595934	1598786485	SOLAGES MD FLORENCE L	4745 VOLUNTEER RD # 301		SW RANCHES	FL	33330

205733575	1316190507	GIBSON MD SONIA M	# 150-A	9960 CENTRAL PARK N BLV BOCA RATON	FL	33428
205733575	1205058047	GUERRERO MD SOL V	# 150	9960 CENTRAL PARK N BLV BOCA RATON	FL	33428
260037493	1760480156	VIDALON MD CARLOS F	201 NW 82ND AVE # 504	PLANTATION	FL	33324
263389369	1649206525	MASUDI MD SUHAIL A	# 201	1447 MEDICAL PARK BLVD WELLINGTON	FL	33414
452525622	1194858746	CASTANEDA MD EMILIO E	11904 MIRAMAR PKWY	MIRAMAR	FL	33025
453824323		VILLAFRANCA III MD ARNALD	680 N UNIVERSITY DR	PEMBROKE PNES	FL	33024
464798974	1235317389	FRISCH MD ANNA M	12957 PALMS WEST DR # 204	LOXAHATCHEE	FL	33470
522372828	1538369962	KELIJMAN MD MIRTHA	670 GLADES RD # 310	BOCA RATON	FL	33431
590791028	1659487536	MANGANELLI MD MONIQUE L	4701 N FEDERAL HWY # A27	FT LAUDERDALE	FL	33308
590791028	1982729109	SHLAPACK MD MATTHEW A	4701 N FEDERAL HWY # A27	FT LAUDERDALE	FL	33308
590791028	1962412296	THOMPSON MD NOVELETTE E	4701 N FEDERAL HWY # A27	FT LAUDERDALE	FL	33308
590791028	1780799940	BIEDERMAN MD EDWARD B	4701 N FEDERAL HWY # A27	FT LAUDERDALE	FL	33308
591292612	1437173952	FERNANDEZ-BRAV SR MD ALBE	201 NW 82ND AVE # 307	PLANTATION	FL	33324
591681317	1811900665	JELLINGER MD PAUL S	1150 N 35TH AVE # 590	HOLLYWOOD	FL	33021
591681317	1932112661	LERMAN MD SAM	3107 STIRLING RD # 300	FT LAUDERDALE	FL	33312
591681317	1952403222	GONZALEZ MD ALBERTO	3107 STIRLING RD # 300	FT LAUDERDALE	FL	33312
591793639	1134157407	PITA JR MD JULIO C	6705 RED RD # 714	CORAL GABLES	FL	33143
591997902	1538301437	SMOLAR MD EDWARD N	# 1A	3075 E COMMERCIAL BLVD FT LAUDERDALE	FL	33308
592353380	1275551442	SHAPIRO MD ELTON T	21097 NE 27TH CT	MIAMI	FL	33180
592579805	1003123415	IACOBELLIS MD GIANLUCA	1450 NW 10TH AVE	MIAMI	FL	33136
592579805	1487817821	EL-MAOUCHE MD DIALA	PO BOX 281037	ATLANTA	GA	30384
592579805	1467417204	MIRANDA-PALMA MD BRESTA Y	1450 NW 10TH AVE	MIAMI	FL	33136
592579927	1598727683	SOSENKO MD JAY M	PO BOX 281037	ATLANTA	GA	30384
592815892	1619973807	GARCES MD JUAN M	351 NW 42ND AVE # 503	MIAMI	FL	33126
593238640	1376736181	GOSINE MD VITRA N	17901 NW 5TH ST # 103	PEMBROKE PNES	FL	33029
593322533	1265540827	JACOB MD SINDHU S	PO BOX 919214	ORLANDO	FL	32891
593606563	1689648057	BOURNE MD KIMBERLEY A	6150 METROWEST BLVD # 105	ORLANDO	FL	32835
596012065	1700025160	BAKALOV V MD VLADIMIR	PO BOX 862851	ORLANDO	FL	32886
596012065	1851375067	ISHAQ MD SHMAILA	PO BOX 862851	ORLANDO	FL	32886
596012065	1437114550	HARRELL MD RICHARD M	PO BOX 538500	ATLANTA	GA	30353
596012065	1366467078	WILLIAMS MD SANDRA F	2950 CLEVELAND CLINIC	BLVD WESTON	FL	33331
596014973	1679597645	GOLDING MD ALLAN C	PO BOX 538500	ATLANTA	GA	30353
650003177	1457314817	CABRAL MD JOSE M	2950 CLEVELAND CLINIC	BLVD WESTON	FL	33331
650003177	1558432997	VILLABONA MD CARMEN V	PO BOX 538009	ATLANTA	GA	30353
650003177	1023059730	MOHAN MD VINEETH	2950 CLEVELAND CLINIC	BLVD WESTON	FL	33331
650003177	1225156565	DE SANTIS MD PASCUAL	2950 CLEVELAND CLINIC	BLVD WESTON	FL	33331
650003177	1285836726	JOSE MD TESSEY C	2950 CLEVELAND CLINIC	BLVD WESTON	FL	33331
650056302	1538301437	SMOLAR MD EDWARD N	# 1A	3075 E COMMERCIAL BLVD FT LAUDERDALE	FL	33308
650139716	1942214572	PATEL MD SHITAL R	1041 S STATE ROAD 7 # 1	WELLINGTON	FL	33414
650139716	1982627907	KNUDSON MD KORT C	1515 N FLAGLER DR # 430	WEST PALM BCH	FL	33401
650139716	1023191525	REYNOLDS MD KATHRYN E	550 HERITAGE DR # 150	JUPITER	FL	33458
650234567	1407828320	POLLOCK MD JEFFREY M	201 NW 82ND AVE # 505	PLANTATION	FL	33324
650303665	1184625733	STH FL ENT ASC	8181 NW 154TH ST # 200	MIAMI LAKES	FL	33016
650379416	1013020072	ROSE MD VIVIAN P	# 300	1505 N UNIVERSITY DR CORAL SPRINGS	FL	33071
650461890	1710025226	NAHMIAS MD HARVAN	# 205	2929 N UNIVERSITY DR CORAL SPRINGS	FL	33065
650556041	1861545303	WADDADAR MD JAY J	2150 SE SALERNO RD # 200	STUART	FL	34997
650725749	1891738720	HENRIQUEZ MD FIDEL H	10796 PINES BLVD # 103	PEMBROKE PNES	FL	33026
650916776	1356305601	JAIN MD MUDIT	300 NW 70TH AVE # 105	PLANTATION	FL	33317
651029746	1952405086	NASSBERG MD SHELTON	4800 NE 20TH TER # 102	FT LAUDERDALE	FL	33308
743157201		SHAPSE MD WILLIAM A	5341 W ATLANTIC AVE # 302	DELRAY BEACH	FL	33484
010932846		WOLFORD JR MD JOHN L	PO BOX 3239	FLORENCE	SC	29502
030455210	1821092701	FAYNE MD STEVEN D	# 100	8890 W OAKLAND PARK BL SUNRISE	FL	33351
043832603	1306928924	RENE MD CATHIA M	5065 STATE ROAD 7 # 201	LAKE WORTH	FL	33449
134228951	1861485062	KESSEL MD EVELYN R	# 200	8380 RIVERWALK PARK BL FORT MYERS	FL	33919
202942010	1992794127	BENNETT MD CAREN J	# 101	3157 N UNIVERSITY DR PEMBROKE PINES	FL	33024
203207949	1982641866	ARAI MD RONEN	3001 CORAL HILLS DR # 250	CORAL SPRINGS	FL	33065
203207949	1821074618	SCHNEIDER MD JEFFREY H	3001 CORAL HILLS DR # 250	CORAL SPRINGS	FL	33065
203207949	1225001472	LUCKMAN MD GARY S	201 NW 82ND AVE # 202	PLANTATION	FL	33324
203207949	1548255953	PELLER MD CRAIG A	301 NW 84TH AVE # 202	PLANTATION	FL	33324
203207949	1356389019	BITMAN MD STEWART W	3001 CORAL HILLS DR # 250	CORAL SPRINGS	FL	33065
203207949	1164465688	DIAMOND MD KENNETH L	3001 CORAL HILLS DR # 250	CORAL SPRINGS	FL	33065
203207949	1922002781	ROSENTHAL MD KENNETH R	# 101	9970 CENTRAL PARK N BLV BOCA RATON	FL	33428
203207949	1104908797	FLAXMAN MD MITCHELL S	# 201	1002 S OLD DIXIE HWY JUPITER	FL	33458
203207949	1306928908	MAXSON MD CHESTER J	# 201	1002 S OLD DIXIE HWY JUPITER	FL	33458
203207949	1457337883	DEUTSCH MD EDWARD S	3001 CORAL HILLS DR # 250	CORAL SPRINGS	FL	33065
203207949	1447332010	TAUB MD SHELTON J	5431 N UNIVERSITY DR	CORAL SPRINGS	FL	33067
203207949	1508809039	ROSS MD BARRY S	3001 CORAL HILLS DR # 250	CORAL SPRINGS	FL	33065
203207949	1669440129	DABUL MD ELIAS E	140 SW 84TH AVE # C	PLANTATION	FL	33324
203207949	1003814922	ZWICK MD ANDREW H	# 101	9970 CENTRAL PARK N BLV BOCA RATON	FL	33428
203207949	1255303152	EISNER MD TODD D	5258 LINTON BLVD # 202	DELRAY BEACH	FL	33484
203207949	1215019849	STEIN MD BERNARD	# 201	1002 S OLD DIXIE HWY JUPITER	FL	33458
203207949	1033182605	LANES MD GERARDO S	140 SW 84TH AVE # C	PLANTATION	FL	33324
203207949	1366445736	SALAZAR MD YOMTOV Y	# 101	9970 CENTRAL PARK N BLV BOCA RATON	FL	33428
203207949	1598895260	GOLDSTEIN MD MARNEY	201 NW 82ND AVE # 202	PLANTATION	FL	33324
203207949	1932185881	FUCHS MD SCOTT M	3001 CORAL HILLS DR # 250	CORAL SPRINGS	FL	33065
203207949	1558332130	ZINGARO MD GUY V	3100 CORAL HILLS DR # 306	CORAL SPRINGS	FL	33065
203207949	1376517375	MEKJIAN DO MICHAEL B	140 SW 84TH AVE # C	PLANTATION	FL	33324
203207949	1609843150	SILVER MD DAVID R	3001 CORAL HILLS DR # 250	CORAL SPRINGS	FL	33065
203207949	1326067935	SACKS DO STEVEN R	# 205	1447 MEDICAL PARK BLVD WELLINGTON	FL	33414
203207949	1801869987	RAILEY MD DEAN J	5431 N UNIVERSITY DR	CORAL SPRINGS	FL	33067
203207949	1346212248	COHEN MD RODNEY S	5431 N UNIVERSITY DR	CORAL SPRINGS	FL	33067
203207949	1992781876	STERNTHAL MD MICHAEL B	3001 CORAL HILLS DR # 250	CORAL SPRINGS	FL	33065
203207949	1528006566	DAHMAN MD BACHAR	5431 N UNIVERSITY DR	CORAL SPRINGS	FL	33067
203400983	1003891029	CALLEJA MD GUSTAVO A	7500 SW 87TH AVE # 200	MIAMI	FL	33173
203400983	1487767133	GASTRO HEALTH LLC	PO BOX 848593	BOSTON	MA	02284
203400983	1598734055	GARCIA JR MD NELSON	# 802	9500 S DADELAND BLVD MIAMI	FL	33156
203400983	1134223670	HERNANDEZ MD MOISE E	8950 N KENDALL DR # 306-W	MIAMI	FL	33176

203400983	1124001334	ROMAN MD RICARDO J	16855 NE 2ND AVE # 202	N MIAMI BEACH	FL	33162	
203400983	1780636241	GELRUD MD DANIEL	PO BOX 848593	BOSTON	MA	02284	
236291113	1376572370	GASLIGHTWALA MD IRPHAN E	PO BOX 828729	PHILADELPHIA	PA	19182	
261580698	1003906322	SINGER MD LEIB H	PO BOX 810037	BOCA RATON	FL	33481	
261580698	1043309776	WATSON MD JOHN R	5301 N DIXIE HWY # 202	OAKLAND PARK	FL	33334	
261580698	1316932296	KOSCHES MD DANIEL S	5601 N DIXIE HWY # 322	OAKLAND PARK	FL	33334	
261580698	1780656371	BLOOM JR MD JOHN D	5301 N DIXIE HWY # 202	OAKLAND PARK	FL	33334	
261580698	1437113834	LOPEZ MD ARTURO L	4701 N FEDERAL HWY # A10	FT LAUDERDALE	FL	33308	
261580698	1932211224	BONNER MD GREGORY F	# 202	2021 E COMMERCIAL BLVD FT LAUDERDALE	FL	33308	
261580698	1063615151	HOTTE MD CHARLES-ERIC T	4701 N FEDERAL HWY # A10	2021 E COMMERCIAL BLVD FT LAUDERDALE	FL	33308	
261580698	1730291006	ZAKKO MD WISAM F	# 202	2021 E COMMERCIAL BLVD FT LAUDERDALE	FL	33308	
261580698	1265628424	CORAL RIDGE GASTRO ASC L	# 202	2021 E COMMERCIAL BLVD FT LAUDERDALE	FL	33308	
261580698	1386670677	BOTOMAN MD VLAICU ALIN	# 202	2021 E COMMERCIAL BLVD FT LAUDERDALE	FL	33308	
261580698	1649374950	BABAIAH MD MANUEL E	550 SW 3RD ST # 206	POMPANO BEACH	FL	33060	
261782202	1801829189	MOURA MD ROSSANA M	12311 TAFT ST # 1	PEMBROKE PNES	FL	33026	
264698302	1841252657	SINGH MD SATYA P	1625 SE 3RD AVE # 701	FT LAUDERDALE	FL	33316	
273477561	1669661633	GARELICK MD JEFFREY H	2001 N FLAGLER DR	WEST PALM BCH	FL	33407	
300509841	1003823972	KOSCHE MD KATHERINE A	12251 TAFT ST # 401	PEMBROKE PNES	FL	33026	
451152247	1912091794	GUPTA MBBS VIPIN K	# 207	1500 E HILLSBORO BLVD	DEERFIELD BCH	FL	33441
451154796	1104866169	BARKIN MD JAMIE S	1611 NW 12TH AVE	MIAMI	FL	33136	
464656157	1033108030	ABITBOL DO PROSPER	801 MEADOWS RD # 107	BOCA RATON	FL	33486	
590791028	1255332656	BRUST MD DONALD J	# 201	1900 E COMMERCIAL BLVD FT LAUDERDALE	FL	33308	
590791028	1063561173	AMAR MD PATRICK J	PO BOX 70700	FT LAUDERDALE	FL	33307	
591293161	1063685964	MARATCHI MD LEON S	4700 SHERIDAN ST # F	HOLLYWOOD	FL	33021	
591293161	1316948797	MIGICOVSKY MD BARRY L	4700 SHERIDAN ST # M	HOLLYWOOD	FL	33021	
591293161	1245472869	MISHIEV MD BAAZ	4700 SHERIDAN ST # F	HOLLYWOOD	FL	33021	
591293161	1124040654	STENGEL MD JOEL Z	11011 SHERIDAN ST # 109	HOLLYWOOD	FL	33026	
591293161	1598766099	LANOUE MD ALIX	4700 SHERIDAN ST # F	HOLLYWOOD	FL	33021	
591293161	1366443947	KANER MD JEFFREY B	11011 SHERIDAN ST # 109	HOLLYWOOD	FL	33026	
591902377	1013993567	LERER MD SOLOMON L	21110 BISCAYNE BLVD # 303	AVENTURA	FL	33180	
591934417	1518182153	HALLMAN MD JASON D	6400 W NEWBERRY RD # 302	GAINESVILLE	FL	32605	
591934417	1083790265	DIGESTIVE DISEASE ASC	6400 W NEWBERRY RD # 302	GAINESVILLE	FL	32605	
591934417	1063501039	CHINI MD PAYAM	6400 W NEWBERRY RD # 302	GAINESVILLE	FL	32605	
591941277	1215922034	KAPLAN MD STEVEN R	20900 BISCAYNE BLVD	MIAMI	FL	33180	
592110610	1871555664	GUPTA MD RAJENDRA P	3342 NE 34TH ST	FT LAUDERDALE	FL	33308	
592205648	1346201605	CHIRINOS MD RODOLFO A	7050 NW 4TH ST # 302	PLANTATION	FL	33317	
592579805		ABREU MD MARIA T	PO BOX 281037	ATLANTA	GA	30384	
592579805	1659303386	JEFFERS JR MD LENNOX J	1475 NW 12TH AVE	MIAMI	FL	33136	
592726440	1881652956	GUPTA MD SUBHASH C	601 E SAMPLE RD # 105	POMPANO BEACH	FL	33064	
593259553	1588716492	ILAGAN MD MARLON B	1817 N MILLS AVE	ORLANDO	FL	32803	
596012065	1811952914	LEWKOWITZ MD HOWARD D	PO BOX 862851	ORLANDO	FL	32886	
596012065	1396709267	SINGH MD HARI P	PO BOX 862851	ORLANDO	FL	32886	
596012065	1114075785	GUPTA MD MAYURI P	# 207	1500 E HILLSBORO BLVD	DEERFIELD BCH	FL	33441
621612525	1811044787	FINNEGAN MD KEVIN R	5653 FRIST BLVD # 530	HERMITAGE	TN	37076	
631187064	1679527485	MOGLOWSKY MD MARK D	# 101	4601 WHITESBURG SE DR	AL	35802	
650003177	1174586853	UKLEJA MD ANDREW	3100 WESTON RD	WESTON	FL	33331	
650003177	1144424607	SCHNEIDER MD ALISON J	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177	1689636524	ERIM DO TOLGA	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177	1568440782	PALEKAR MD NICOLE A	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177	1003818188	PIMENTEL MD RONNIE R	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177	1679535116	CASTRO-PAVIA MD FERNANDO	PO BOX 538009	ATLANTA	GA	30353	
650020109	1336138023	HERNANDEZ-TOLE MD LEONEL	1777 S ANDREWS AVE # 202	FT LAUDERDALE	FL	33316	
650085794	1407882483	ROSEN MD HAROLD HARVEY	1 W SAMPLE RD # 102	POMPANO BEACH	FL	33064	
650085794	1598020745	HAROLD H ROSEN	1 W SAMPLE RD # 102	POMPANO BEACH	FL	33064	
650271963	1588631998	SHARMA MD ARYAMA D	260 SW 84TH AVE # A	PLANTATION	FL	33324	
650302093	1134101090	BAYS DO MICHAEL W	4790 BARKLEY CIR	FORT MYERS	FL	33907	
650309016	1801800289	WEISSMAN MD DOUGLAS M	10167 NW 31ST ST # 201	CORAL SPRINGS	FL	33065	
650345161	1891775466	SELUB MD STEVEN E	# 313	2300 N COMMERCE PKWY	WESTON	FL	33326
650408347	1548241169	GONZALEZ MD JEFF O	2140 W 68TH ST # 300	HIALEAH	FL	33016	
650412369	1407862196	POPKIN MD CATHERINE D	601 N FLAMINGO RD # 309	PEMBROKE PNES	FL	33028	
650450662	1346363967	SHANKAR MD MURALI P	8200 W SUNRISE BLVD # D-6	PLANTATION	FL	33322	
650452375	1508892563	KATTA MD JOSEPH J	1900 NEBRASKA AVE # 5	FORT PIERCE	FL	34950	
650517352	1881679314	HELLMAN MD DAVID C	# 10	10151 ENTRPRS CTR BLVD	BOYNTON BEACH	FL	33437
650534853	1053344820	LEFKOF MD IRA R	1150 N 35TH AVE # 525	HOLLYWOOD	FL	33021	
650556041	1679780563	NGO MD BENJAMIN J	PO BOX 417	STUART	FL	34995	
650619209	1255386470	ISKANDARANI MD MARWAN M	65 NW 168TH ST	N MIAMI BEACH	FL	33169	
650726720	1033153952	GEDALLOVICH MD MILTON I	603 N FLAMINGO RD # 258	PEMBROKE PNES	FL	33028	
650963459	1306848965	DOORECK MD BRIAN S	# 101	1779 N UNIVERSITY DR	HOLLYWOOD	FL	33024
650963459	1417959073	YOTSEFF MD PETER S	# 101	1779 N UNIVERSITY DR	HOLLYWOOD	FL	33024
651005595	1356343859	STEINER MD JEFFREY A	2245 N UNIVERSITY DR	PEMBROKE PNES	FL	33024	
651067496	1306834171	BLOOM MD MICHAEL L	4302 ALTON RD # 850	MIAMI BEACH	FL	33140	
753113016	1255389375	KALAHASTHY MD KALPANA R	3355 BURNS RD # 306	PALM BCH GDNS	FL	33410	
900597868	1063561173	AMAR MD PATRICK J	PO BOX 70700	FT LAUDERDALE	FL	33307	
274351740	1891881694	SANDERS DO DIANE L	260 SW 84TH AVE # B	PLANTATION	FL	33324	
381437919	1023051265	ASSOUAD MD FARID	18738 SW 47TH ST	MIRAMAR	FL	33029	
452561778	1669452983	NGUYEN MD HOA N	1150 N 35TH AVE # 670	HOLLYWOOD	FL	33021	
542129332	1154301984	ALMEIDA MD ZOYLA A	# B13	4855 W HILLSBORO BLVD	COCONUT CREEK	FL	33073
542129332	1245225762	TANGIR MD JACOB	12741 MIRAMAR PKWY # 302	MIRAMAR	FL	33027	
542129332	1821075151	GATES MD E JASON JASON	6401 N FEDERAL HWY	FT LAUDERDALE	FL	33308	
592485899	1669479747	GRENDEYS JR MD EDWARD C	PO BOX 862152	ORLANDO	FL	32886	
592579846	1477508620	PEARSON JR MD JOSEPH M	PO BOX 405513	ATLANTA	GA	30384	
593214635	1942265517	BRUDIE DO LORNA A	PO BOX 531680	ATLANTA	GA	30353	
650978483	1326030966	CIRISANO JR MD FRANK D	401 LINTON BLVD # 300	DELRAY BEACH	FL	33444	
204787254	1386842136	SHARIATI MD AMIR	# 401B	10115 FOREST HILL BLVD	WELLINGTON	FL	33414
260609255	1013070960	ANS MD YVETTE P	3990 SHERIDAN ST # 214	HOLLYWOOD	FL	33021	
260609255	1942260781	CONLEN MD RICHARD A	660 GLADES RD # 240	BOCA RATON	FL	33431	
260609255	1154505725	BERNSTEIN MD SARA J	PO BOX 9100	BELFAST	ME	04915	

260609255	1275729857	TAMAYO MD ANA M	# 100	3157 N UNIVERSITY DR	HOLLYWOOD	FL	33024
421612460	1699754762	HAN MD HELENA O	12600 PEMBROKE RD # 308		MIRAMAR	FL	33027
452561360	1336147693	PESCATORE JR DO EARLE M	# 305	2021 E COMMERCIAL BLVD	FT LAUDERDALE	FL	33308
461450410	1700895802	GRABER MD BENJAMIN	# 202	1700 N UNIVERSITY DR	CORAL SPRINGS	FL	33071
542129332	1609979079	KRINSKY MD ANDREW H	# 203	7401 N UNIVERSITY DR	TAMARAC	FL	33321
542129332	1205824091	KUHN MD KERRY L	# 440	1725 N UNIVERSITY DR	CORAL SPRINGS	FL	33071
542129332	1912993601	KAUFMAN MD SAMUEL	6853 SW 18TH ST # 301		BOCA RATON	FL	33433
542129332	1396890596	GREENSPAN MD CARRIE E	7451 WILES RD # 106		CORAL SPRINGS	FL	33067
542129332	1568485969	JUNCOSA MD EMILIO J	1741 NW 123RD AVE		PEMBROKE PNES	FL	33026
542129332	1699754762	HAN MD HELENA O	12600 PEMBROKE RD # 308		MIRAMAR	FL	33027
542129332	1902987977	SONNENBLICK MD AMY L	# 102	600 S PINE ISLAND RD	PLANTATION	FL	33324
542129332	1023041688	ANGELIDES MD ALEXANDRIA M	1001 NW 13TH ST # 101A		BOCA RATON	FL	33486
591227717	1447251434	REILLY MD ROBERTA E	770 NORTHPOINT PKWY # 200		WEST PALM BCH	FL	33407
592383136	1144644634	PERESS MD MOSHE R	875 MEADOWS RD # 334		BOCA RATON	FL	33486
650003177	1912939422	FORK MD TAMILA A	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177	1598727034	DAVILA MD GUILLERMO H	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177	1508978032	TRABIN MD JAY R	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177		VENERONI MD FRANCOISE M	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
454999975	1447248109	PIZZOLATO MD JOSEPH F	4306 ALTON RD # 3		MIAMI BEACH	FL	33140
590791028	1619926110	SEGOTA MD ZDENKA E	4725 N FEDERAL HWY # 2		FT LAUDERDALE	FL	33308
590791028	1417199670	DAMMRICH MD DANIEL	4725 N FEDERAL HWY		FT LAUDERDALE	FL	33308
592336269	1194782268	LESLIE DO JONATHAN B	# 4172	20533 BISCAYNE BLVD	MIAMI	FL	33180
592530089	1962453928	KARIA MD KISHOR N	3109 STIRLING RD # 106		FT LAUDERDALE	FL	33312
592579805	1033310701	STEFANOVIC MD ALEXANDRA	1611 NW 12TH AVE # 2		MIAMI	FL	33136
592579805	1609853464	MERCHAN MD JAIME R	PO BOX 281037		ATLANTA	GA	30384
592579805	1528095775	BENEDETTO MD PASQUALE W	1475 NW 12TH AVE # 3		MIAMI	FL	33136
592579805	1114138534	CALFA MD CARMEN J	PO BOX 281037		ATLANTA	GA	30384
596012065	1578556098	BERMAN MD BARRY S	PO BOX 862851		ORLANDO	FL	32886
596012065	1699836924	ALAYON-LAGUER MD DIOGENES	201 E SAMPLE RD		POMPANO BEACH	FL	33064
596012065	1811941826	KAHN MD DAVID M	29694 N STATE RD 7 # 330		MARGATE	FL	33063
596012065	1053522862	ZAFAR MD SHAZIA	1581 LACOSTA E DR	7737 N UNIVERSITY DR	PEMBROKE PNES	FL	33027
596012065	1871518373	LESSEN MD DAVID S	5700 N FEDERAL HWY # 5		FT LAUDERDALE	FL	33308
596014973	1417159633	ALENCAR MD ALVARO J	PO BOX 538500		ATLANTA	GA	30353
596014973	1972796159	HUNIS MD BRIAN	PO BOX 538500		ATLANTA	GA	30353
596014973	1619185741	VULFOVICH MD MICHEL	PO BOX 538500		ATLANTA	GA	30353
650003177	1821058116	FU MD CHIEH-LIN LIN	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177	1487824124	CHAULAGAIN MD CHAKRA P	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650062119	1780676346	BARRERAS MD LUIS R	6405 N FEDERAL HWY # 300		FT LAUDERDALE	FL	33308
650577436	1922014547	MELO MD JOSE B	260 SW 84TH AVE # C		FORT LAUDERDALE	FL	33324
650577436	1679807242	AMIN MD HARSHAD V	260 SW 84TH AVE # C		FORT LAUDERDALE	FL	33324
650577436	1679561294	TACHE DO JASON E	260 SW 84TH AVE # C		FORT LAUDERDALE	FL	33324
650580501	1114972254	LIN MD PAUL J	5401 S CONGRESS AVE # 105		LAKE WORTH	FL	33462
650753936	1285881136	DELTORO MD ALEJANDRA M	75 REMITTANCE DR		CHICAGO	IL	60675
650753936	1548263353	SAWHNEY MD SUMIT S	# 110	7431 N UNIVERSITY DR	TAMARAC	FL	33321
650825133	1033192570	RUBIN MD MARK S	# 201A	9776 BONITA BEACH SE RD	BONITA SPGS	FL	34135
651150093	1730185299	WEISS MD STEVEN	PO BOX 281037		ATLANTA	GA	30384
800564919	1588865372	RKER MD JENNIFER L	5361 NW 33RD AVE		FT LAUDERDALE	FL	33309
592579938	1932150752	UMDC DIV OF IMMUNO MONIT	PO BOX 281046		ATLANTA	GA	30384
201589769	1720040041	REYES MD RICARDO R	1930 NE 47TH ST # 301		FT LAUDERDALE	FL	33308
202364772	1801095757	WECKER MD AMY B	5975 SUNSET DR # 103		SOUTH MIAMI	FL	33143
204766555	1447239496	GARCIA MD EFRAIN	3661 S MIAMI AVE # 702		MIAMI	FL	33133
263416768	1689657090	BUSH MD LARRY M	# 102	10115 FOREST HILL BLVD	WELLINGTON	FL	33414
270803905	1992902753	GUERRA MD CARLOS O	4725 N FEDERAL HWY		FT LAUDERDALE	FL	33308
273413563	1225034986	AKLILU MD YARED	4750 N FEDERAL HWY # 200		FT LAUDERDALE	FL	33308
352349931	1649265067	REME JR MD PATRICK	4101 S HOSPITAL DR # 9		PLANTATION	FL	33317
590791028	1053374017	GORENSEK MD MARGARET J	PO BOX 70700		FT LAUDERDALE	FL	33307
592579805	1649686692	CAMARGO GALVIS MD JOSE	PO BOX 281037		ATLANTA	GA	30384
592579805		SALLOUM MD ANTOINETTE R	PO BOX 281037		ATLANTA	GA	30384
592579805	1831127778	CASTRO MD JOSE G	1475 NW 12TH AVE		MIAMI	FL	33136
596012065	1962476556	DROLLER MD DAVID G	1600 S ANDREWS AVE		FT LAUDERDALE	FL	33316
596012065	1144292384	SUTHERLAND MD GLEN E	1600 S ANDREWS AVE 8TH S	TOWER	FORT LAUDERDALE	FL	33316
596012065	1891850921	FATTEH MD NAAZ	PO BOX 862851		ORLANDO	FL	32886
621801973	1932161668	MEMON MD KASHIF A	PO BOX 281415		ATLANTA	GA	30384
650003177	1174751424	ECHENIQUE MD IGNACIO A	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177	1366607368	TARCHINI MD GIORGIO E	3100 WESTON RD		FORT LAUDERDALE	FL	33331
650262189	1548215460	KOHAN MD MELVIN S	PO BOX 919302		ORLANDO	FL	32891
650262189	1558317594	KOMAIHA MD HAMED A	2901 CORAL HILLS DR # 220		CORAL SPRINGS	FL	33065
650262189	1700831088	GOPAL MD INDULEKHA N	PO BOX 919302		ORLANDO	FL	32891
650262189	1134101314	BUCHSTEIN MD SARA R	PO BOX 919302		ORLANDO	FL	32891
650262189	1063468049	VILLALBA MD JOSE C	2901 CORAL HILLS DR # 220		CORAL SPRINGS	FL	33065
650264851	1548283427	SIERACKI MD LYNETTE	# 203	4900 W OAKLAND PARK BL	LAUD LAKES	FL	33313
650525731	1649216953	BUSTAMANTE MD CARLOS J	20814 W DIXIE HWY		AVENTURA	FL	33180
650589189	1518066695	SEBASTIAN MD THOMAS J	# 212	7421 N UNIVERSITY DR	TAMARAC	FL	33321
650669523	1972534519	MATEO-CONTRERAS MD JOSE R	2901 CORAL HILLS DR # 220		CORAL SPRINGS	FL	33065
650916457	1174594527	PEREZ MD DANIEL	7353 NW 4TH ST		PLANTATION	FL	33317
650916457	1487625059	MESTRE MD ALBERTO	7353 NW 4TH ST		PLANTATION	FL	33317
900606005	1841296670	RENAE MD STEPHEN A	4750 N FEDERAL HWY # 200		FT LAUDERDALE	FL	33308
954112121	1679551212	DWYER DO JAMES T	6405 N FEDERAL HWY # 205		FT LAUDERDALE	FL	33308
203106105	1548259278	GONZALEZ-GARCI MD ADOLFO	500 SE 17TH ST # 100		FT LAUDERDALE	FL	33316
203106105	1891709630	GILLES MD JERRY M	500 SE 17TH ST # 100		FT LAUDERDALE	FL	33316
204065895	1467404764	ABRAMOVICI MD DOREL	4101 NW 4TH ST # 309		PLANTATION	FL	33317
237263971	1972508216	LOFGREN MD LAIF B	2507 DELANEY AVE		WILMINGTON	NC	28403
452561835	1740279272	LOWE MD THOMAS W	875 MEADOWS RD # 332		BOCA RATON	FL	33486
472661514	1689673725	COHEN MD GARY R	# 302	10115 FOREST HILL BLVD	WELLINGTON	FL	33414
542129332	1770502692	EDWARDS MD CHRISTINE F	9325 GLADES RD # 206		BOCA RATON	FL	33434
542129332	1043233646	MARTIN MD DIBE	PO BOX 43-2040		MIAMI	FL	33243
542129332	1043233646	MARTIN MD DIBE	PO BOX 432040		MIAMI	FL	33243

542129332	1568561611	PATEL MD VINU D	9325 GLADES RD # 202	BOCA RATON	FL	33434	
542129332	1114930898	HERNANDEZ-ROBL MD JOSE A	3225 AVIATION AVE # 700	MIAMI	FL	33133	
542129332	1245332972	LAFFINEUSE MD LAURA WALSH	9750 NW 33RD ST # 116	CORAL SPRINGS	FL	33065	
542129332	1336350446	FLICK MD AMY A	15735 PINES BLVD	PEMBROKE PNES	FL	33027	
650363303	1619177250	CARBONE-LAZARU MD JEANINE	PO BOX 817087	HOLLYWOOD	FL	33081	
650363303	1801866603	RODRIGUEZ MD JAIME J	PO BOX 817087	HOLLYWOOD	FL	33081	
650363303	1104840719	JACQUES MD ELVIRE	PO BOX 817087	HOLLYWOOD	FL	33081	
650363303		ROSA MD CESAR V	1613 NW 136TH AVE	SUNRISE	FL	33323	
650363303		BARADA MD CESAR	2235 N COMMERCE PKWY BLDG 5 # 2	WESTON	FL	33326	
650368302	1609899392	LAI MD ANTHONY R	6200 SUNSET DR # 301	MIAMI	FL	33143	
200737321	1235128646	BAPTIST PHYS ASC LLC	PO BOX 17668	PENSACOLA	FL	32522	
592013191	1598728982	COLINDRES MD JOSE A	PO BOX 277279	ATLANTA	GA	30384	
592013191	1639135015	LASPADA MD JOSEPH A	PO BOX 277279	ATLANTA	GA	30384	
592013191	1699836858	RODRIGUEZ MD ANDRES M	PO BOX 277279	ATLANTA	GA	30384	
592013191	1932152840	FIGUEROA-MARQU MD MARGA M	PO BOX 277279	ATLANTA	GA	30384	
592013191	1164488698	TRYZMEL MD JOHNY	PO BOX 277279	ATLANTA	GA	30384	
592013191	1548561186	FUENTES GUERRA MD JUAN M	PO BOX 277279	ATLANTA	GA	30384	
592347217	1184600900	SCHULMAN MD BRUCE I	PO BOX 17540	FT LAUDERDALE	FL	33318	
592347217	1164628624	SHERIDAN CHLDNR HEALTHCA	PO BOX 17540	FT LAUDERDALE	FL	33318	
592347217	1750367835	DAVILA MD GIANINA A	PO BOX 17540	FT LAUDERDALE	FL	33318	
592347217	1417933292	LAUFER MD SUSANA	# 760	10301 HAGEN RANCH RD	BOYNTON BEACH	FL	33437
592347217	1598741571	JOHNSTON MD VICKI L	PO BOX 17540	FT LAUDERDALE	FL	33318	
592347217	1295712909	PINA-RODRIGUES MD MARIA E	PO BOX 17540	FT LAUDERDALE	FL	33318	
592347217	1215228374	CALERO MD ALEXA S	PO BOX 17540	FT LAUDERDALE	FL	33318	
592347217	1609852458	SOLIZ MD FLAVIO AMED	PO BOX 17540	FT LAUDERDALE	FL	33318	
592347217	1124004932	VALENCIA MD PABLO A	PO BOX 17540	FT LAUDERDALE	FL	33318	
592579927	1689638934	WU MD SHU	PO BOX 281835	ATLANTA	GA	30384	
592579927	1205890548	TORRES MD MARITZA	PO BOX 281835	ATLANTA	GA	30384	
592579927	1861694887	LANGSHAW MD AMBER H	# 111	2300 N COMMERCE PKWY	WESTON	FL	33326
650829983	1003082280	PATEL MD JIGNESH B	5955 PONCE DE LEON BLVD	CORAL GABLES	FL	33146	
650829983	1386712727	HERRING DO MICHELLE K	5955 PONCE DE LEON BLVD	CORAL GABLES	FL	33146	
650829983	1699854067	ORTEGA MD MANUEL	5955 PONCE DE LEON BLVD	CORAL GABLES	FL	33146	
650829983	1720159320	TORRES MD LEONARDO D	5955 PONCE DE LEON BLVD	CORAL GABLES	FL	33146	
650829983	1366534067	HADERO MD AYELE	5955 PONCE DE LEON BLVD	CORAL GABLES	FL	33146	
650829983	1356535751	MISHRA MD KANCHAN	5955 PONCE DE LEON BLVD	CORAL GABLES	FL	33146	
650942365	1881645711	CAMPO MD MANUEL A	215 GRAND AVE	CORAL GABLES	FL	33133	
650942365	1982656799	DIAZ-MONROIG MD GISELA	215 GRAND AVE	CORAL GABLES	FL	33133	
203273724		BARRERO SR MD JORGE J	5700 N FEDERAL HWY # 6	FT LAUDERDALE	FL	33308	
208802048	1548298649	RODRIGUEZ MD JOANNA M	1150 N 35TH AVE # 465	HOLLYWOOD	FL	33021	
263320373	1720075658	VAN GELDER MD JAMES P	3700 WASHINGTON ST # 500	HOLLYWOOD	FL	33021	
271357783	1508839135	GOEL MD NAVEEN R	6766 W SUNRISE BLVD # 100	PLANTATION	FL	33313	
352188282	1922285998	EFTKHARI DO PARHAM	407 SE 9TH ST # 103	FT LAUDERDALE	FL	33316	
352188282	1043312853	ROSARIO MD REINALDO	407 SE 9TH ST # 103	FT LAUDERDALE	FL	33316	
454216983	1245285212	DRAGOVIC MD DUSAN M	# 206	5300 W HILLSBORO BLVD	COCONUT CREEK	FL	33073
591360522	1669467429	MILES MD ANNE M	1190 NW 95TH ST # 207	MIAMI	FL	33150	
591360522	1194710954	LEMONT MD MICHAEL T	1190 NW 95TH ST # 207	MIAMI	FL	33150	
591680273	1841230299	GUERRA MD GISELLE	PO BOX 281037	ATLANTA	GA	30384	
591994797	1811963069	CHONG MD HERNANDO P	7050 NW 4TH ST # 206	PLANTATION	FL	33317	
592035167	1902856438	QUINTERO MD JESUS F	# 2	2161 E COMMERCIAL BLVD	FT LAUDERDALE	FL	33308
592256876	1720009376	SANDLER MD RICHARD S	201 NW 70TH AVE # A	PLANTATION	FL	33317	
592579805	1669400198	DIEGO MD JORGE M	1611 NW 12TH AVE	MIAMI	FL	33136	
592579805	1992735039	LENZ MD OLIVER	PO BOX 281037	ATLANTA	GA	30384	
592579805	1740432269	PEDRAZA MD FERNANDO E	1611 NW 12TH AVE	MIAMI	FL	33136	
592579805		SALMAN MD LOAY H	1611 NW 12TH AVE	MIAMI	FL	33136	
592579805	1295763175	GREEN MD DOLLIE F	1611 NW 12TH AVE	MIAMI	FL	33136	
592579805	1568408532	KUPIN MD WARREN L	PO BOX 281037	ATLANTA	GA	30384	
592713805	1639132897	GLASSER DO CLIFF M	19559 NE 10TH AVE	MIAMI	FL	33179	
592741566	1053308338	ECHVERRI MD DIEGO R	2951 NW 49TH AVE # 101	LAUD LAKES	FL	33313	
592741566	1497943856	KALIRAO MD PARAMJIT S	2951 NW 49TH AVE # 301	LAUD LAKES	FL	33313	
592741566	1396732673	TOURGEMAN MD KENNETH J	2951 NW 49TH AVE # 301	LAUD LAKES	FL	33313	
631051045	1386730059	GURUPRAKASH MD GANJUR H	207 HAVEN DR	DOTHAN	AL	36301	
650003177	1235303595	PAIXAO MD RUTE C	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177	1740459510	HANTUS MD STEPHEN T	PO BOX 538009	ATLANTA	GA	30353	
650003177	1053413443	SANDY MD DIANNE T	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177	1649200197	BRAUN MD MAURO	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650063092	1558361543	SMOLLER MD SCOTT D	180 SW 84TH AVE # C	PLANTATION	FL	33324	
650074501	1265462873	JACOB MD RADU E	722 RIVERSIDE DR	CORAL SPRINGS	FL	33071	
650074501	1134153091	CARBONELL MD JUAN A	722 RIVERSIDE DR	CORAL SPRINGS	FL	33071	
650074501	1043244908	CHAUDHRY MD ASGHAR A	722 RIVERSIDE DR	CORAL SPRINGS	FL	33071	
650074501	1811929144	GADH MD RAJDEEP S	722 RIVERSIDE DR	CORAL SPRINGS	FL	33071	
650255930	1194820944	AJURIA MD JORGE L	2001 NE 48TH CT # 4	FT LAUDERDALE	FL	33308	
650255930	1487716346	WAHEED MD AHMED A	2001 NE 48TH CT # 4-5	FT LAUDERDALE	FL	33308	
650255930	1619073087	BEJAR MD CARLOS	2001 NE 48TH CT # 4	FT LAUDERDALE	FL	33308	
650255930	1578669925	VALLE MD GABRIEL A	2001 NE 48TH CT # 4	FT LAUDERDALE	FL	33308	
650255930	1992919526	TORRES LOPEZ MD ELIO A	2001 NE 48TH CT # 4-5	FT LAUDERDALE	FL	33308	
650255930	1427243310	BAEZ-BONILLA MD RAFAEL	2001 NE 48TH CT # 4-5	FT LAUDERDALE	FL	33308	
650635537	1386636660	CUELI MD ROBERT	315 SE 13TH ST	FT LAUDERDALE	FL	33316	
901021973	1497740112	GONZALEZ MD MANUEL D	2295 N UNIVERSITY DR	7800 W OAKLAND PARK BL	PEMBROKE PNES	FL	33024
133620100	1063477230	TEMAN MD ALLEN J	9750 NW 33RD ST # 207	CORAL SPRINGS	FL	33065	
161624377	1720058233	RIELO MD DIEGO A	601 N FLAMINGO RD # 400	PEMBROKE PNES	FL	33028	
200126732	1003891656	SANCHEZ MD JUAN C	3001 CORAL HILLS DR # 150	CORAL SPRINGS	FL	33065	
200370786	1215134168	DAMAS MD MARGARETTE	3100 CORAL HILLS DR # 308	POMPANO BEACH	FL	33065	
200912649	1518945617	ARMSTRONG MD ROBERT F	31 DOGWOOD RD	ASHEVILLE	NC	28806	
203454023	1780649541	CELDRAAN MD DELVIS A	# 105	543 NW LAKE WHITNEY PL	PORT ST LUCIE	FL	34986
232919472	1285833186	STAUBER MD ZIVA	PO BOX 150497	PO BOX 150497	HARTFORD	CT	06115
261337493	1619957669	RUSKIN MD HOWARD M	350 NW 84TH AVE # 109	PLANTATION	FL	33324	
263866827	1003897562	ALMSADDI MD MALAZ M	2525 S TELEGRAPH RD # 200	BLOOMFLD HLS	MI	48302	

270549829	1841240496	CALISE MD PAUL D	# 201	2021 E COMMERCIAL BLVD FT LAUDERDALE	FL	33308
270549829	1265406029	KISHNER MD RICHARD N	# 201	2021 E COMMERCIAL BLVD FT LAUDERDALE	FL	33308
271628716	1063630861	ROSS MD DAVID B	4330 W BROWARD BLVD # G	PLANTATION	FL	33317
272715194	1568695732	ALMEIDA EL-RAM DO MARGARI	600 N HIATUS RD # 203	PEMBROKE PNES	FL	33026
273451510	1174563688	COSTELL MD BRIAN ADAM	# 207	9970 CENTRAL PARK N BLV BOCA RATON	FL	33428
450890405	1730174632	BATAYNEH MD HASSAN N	PO BOX 741810	ATLANTA	GA	30374
450890405	1891131413	SUNRISE MED GRP I LLC	PO BOX 741810	ATLANTA	GA	30374
471871447	1629271390	SAADIA MD DANIELA A	PO BOX 14816	BELFAST	ME	04915
473930063	1992728448	CARBALLOSA MD RAUL E	# 207	9970 CENTRAL PARK N BLV BOCA RATON	FL	33428
510473471	1548357445	HODGE MD MICHAEL L	703 PARK AVE	FLORENCE	SC	29501
520486540	1578680914	CRUTCHFIELD MD KEVIN E	PO BOX 64144	BALTIMORE	MD	21264
542107535	1194793950	HERSKOWITZ MD BRAD J	9090 SW 87TH CT # 200	MIAMI	FL	33176
542107535	1891739488	SILVERS MD DAVID S	3401 PGA BLVD # 430	PALM BCH GDNS	FL	33410
542107535	1164584124	BRITTON MD HEATHER N	2825 N STATE ROAD 7 # 207	MARGATE	FL	33063
561029437	1699858845	COLLINS MD TIMOTHY ALAN A	932 MORRENE RD	DURHAM	NC	27705
581604285	1164460614	MC GAFFIGAN MD SANDY SHAW	3875 AUSTELL RD # 204	AUSTELL	GA	30106
581604285	1316940547	BASHUK MD ROBERT GLEN G	# 107	2520 WINDY HILL SE RD	GA	30067
581604285	1659341303	BEJANISHVILI MD SABA V	4460 AUSTELL RD	AUSTELL	GA	30106
590791028	1144493214	VALDES MD CAROLINA G	4725 N FEDERAL HWY # 504	FT LAUDERDALE	FL	33308
590791028	1801044128	CARRASQUILLO MD JENNIFER	4725 N FEDERAL HWY # 504	FT LAUDERDALE	FL	33308
590791028	1982667994	LOCATELLI MD EDUARDO R	4725 N FEDERAL HWY # 504	FT LAUDERDALE	FL	33308
591224054	1629019799	HAMMOND MD THOMAS C	1841 NE 45TH ST	FT LAUDERDALE	FL	33308
591224054	1841231818	HARRIS MD JONATHAN O	201 E SAMPLE RD	POMPANO BEACH	FL	33064
591224054	1366483307	SWERDLOFF MD MARC A	4725 N FEDERAL HWY	FT LAUDERDALE	FL	33308
591691799	1720308034	KENNIFF MD SEAN T	3661 S MIAMI AVE # 209	MIAMI	FL	33133
592417063	1609861624	GROSSMAN MD MELVIN M	4700 SHERIDAN ST # U	HOLLYWOOD	FL	33021
592579817		HEROS MD ROBERTO C	PO BOX 405510	ATLANTA	GA	30384
592579826	1417977554	LOPEZ-ALBEROLA MD ROBERTO	1150 NW 14TH ST # 410	MIAMI	FL	33136
592579826	1124260773	KOTTAPALLY MD MOHAN	1611 NW 12TH AVE # 8	MIAMI	FL	33136
592579826	1215149265	RAMOS MD ALBERTO R	PO BOX 405506	ATLANTA	GA	30384
592579826	1902826282	LOWE MD MERREDITH R	1611 NW 12TH AVE # 3	MIAMI	FL	33136
592579826	1952328395	SHEBERT MD ROBERT T	PO BOX 405506	ATLANTA	GA	30384
592579826	1982878815	VELEZ-RUIZ MD NAYMEE J	PO BOX 405506	ATLANTA	GA	30384
592579826	1285654335	SINGER MD CARLOS	PO BOX 405506	ATLANTA	GA	30384
592579826	1427110501	O'PHELAN MD KRISTINE H	1611 NW 12TH AVE	MIAMI	FL	33136
592579826	1952321069	ROMANO MD JOSE G	PO BOX 405506	ATLANTA	GA	30384
592715358	1710174362	HOICHE MD JUBRAN AZIZ	3800 JOHNSON ST # E	HOLLYWOOD	FL	33021
593238640		BASS MD EDWARD K	PO BOX 405506	ATLANTA	GA	30384
596012065	1497966394	LIN MD RIDWAN	PO BOX 862851	ORLANDO	FL	32886
596012065	1194728964	AGNER MD CELSO	PO BOX 862851	ORLANDO	FL	32886
596014973	1689985962	GALLARDO MD JOSHUAUE G	PO BOX 538500	ATLANTA	GA	30353
650003177	1134357957	LUGO-SANCHEZ MD RAMON G	2950 CLEVELAND CLINIC	BLVD WESTON	FL	33331
650003177	1548286446	RODRIGUEZ MD DORIS A	2950 CLEVELAND CLINIC	BLVD WESTON	FL	33331
650003177	1356354344	KHAN MD TARANNUM S	2950 CLEVELAND CLINIC	BLVD WESTON	FL	33331
650003177	1871797217	LU MD MEI	PO BOX 538009	ATLANTA	GA	30353
650003177	1346563855	GARCIA GRACIA MD CAMILO I	2950 CLEVELAND CLINIC	BLVD WESTON	FL	33331
650003177	1326202722	MALPE MD CHETAN R	2950 CLEVELAND CLINIC	BLVD WESTON	FL	33331
650003177	1609830371	GALVEZ-JIMENEZ MD NESTOR	2950 CLEVELAND CLINIC	BLVD WESTON	FL	33331
650003177	1497966394	LIN MD RIDWAN	PO BOX 862851	ORLANDO	FL	32886
650003177	1174583546	SALANGA MD VIRGILIO D	2950 CLEVELAND CLINIC	BLVD WESTON	FL	33331
650003177	1952532475	TSAI MD PO-HENG	2950 CLEVELAND CLINIC	BLVD WESTON	FL	33331
650107725	1780671263	KIDWAI MD SHAHAB U	2000 N FEDERAL HWY # 203	POMPANO BEACH	FL	33062
650284301	1104005925	BARTON MD BRUCE D	# 112	9980 CENTRAL PARK N BLV BOCA RATON	FL	33428
650580074	1972553535	LESSER MD MARTIN A	# 102	7225 N UNIVERSITY DR	FL	33321
650580501	1932358009	LABAULT-SANTIA MD JOSE R	140 JOHN F KENNEDY DR	LAKE WORTH	FL	33462
650631182	1447446794	HYSLOP MD ANN E	3200 SW 60TH CT # 302	MIAMI	FL	33155
650795660	1770538605	LOPEZ MD MARISA P	1625 SE 3RD AVE # 620	FT LAUDERDALE	FL	33316
650795660	1770538605	PREGO-LOPEZ MD MARISA	1625 SE 3RD AVE # 620	FT LAUDERDALE	FL	33316
650819501	1598715880	KOVACS MD ANDREW G	4302 ALTON RD # 680	MIAMI BEACH	FL	33140
650827420	1174529879	KREGER MD HOWARD L	21000 NE 28TH AVE # 204	MIAMI	FL	33180
650827420	1336146927	CROSS MD JONATHAN S	21000 NE 28TH AVE # 204	MIAMI	FL	33180
650829983	1427283779	FLORENS MD ADRIAN	5955 PONCE DE LEON BLVD	CORAL GABLES	FL	33146
650848900	1063524478	WINGKUN MD EDWIN C	4631 N CONGRESS AVE # 200	WEST PALM BCH	FL	33407
650933417	1164474607	SINGER MD RICHARD P	12596 PINES BLVD	PEMBROKE PNES	FL	33027
650933417	1184698953	GOLDBERG MD GERALD S	6245 N FEDERAL HWY # 300	FT LAUDERDALE	FL	33308
650933417	1043261068	GINSBERG MD PAUL L	4925 SHERIDAN ST # 200	HOLLYWOOD	FL	33021
650933417	1932159670	CUTIE MD EDUARDO	4925 SHERIDAN ST # 200	HOLLYWOOD	FL	33021
650933417	1396796066	SCHWARTZ MD HARVEY D	4925 SHERIDAN ST # 200	HOLLYWOOD	FL	33021
650933417	1669425443	SELIGER MD ISLON L	12596 PINES BLVD	PEMBROKE PNES	FL	33027
650933417	1407806060	CHAMELY MD ABRAHAM A	# 102	7225 N UNIVERSITY DR	FL	33321
650933417	1912971086	THAKER MD HARISH D	1625 SE 3RD AVE # 620	FT LAUDERDALE	FL	33316
650933417	1578537791	CIMERA MD JAMES L	PO BOX 741810	ATLANTA	GA	30374
650933417	1548211204	MANIAR MD MAYUR C	3540 NW 88TH AVE	SUNRISE	FL	33351
650933417	1447224506	ZARET MD BRUCE S	3540 NW 88TH AVE	SUNRISE	FL	33351
650933417	1770530925	AZARET MD CARLOS R	PO BOX 741810	ATLANTA	GA	30374
650933417	1437167129	GOPALASWAMY MD RAMESH	3540 NW 88TH AVE	SUNRISE	FL	33351
650933417	1235180001	PADILLA MD ALVARO	4925 SHERIDAN ST # 200	HOLLYWOOD	FL	33021
650933417	1801883921	STRASSER MD SHERYL L	PO BOX 741810	ATLANTA	GA	30374
650933417	1154360659	LIEBMAN DO JILL S	9750 NW 33RD ST # 204	CORAL SPRINGS	FL	33065
650933417	1497706212	STEINBERG MD JEFFREY M	4925 SHERIDAN ST # 200	HOLLYWOOD	FL	33021
650933417	1497706212	STEINBERG MD JEFFREY M	4925 SHERIDAN ST # 200	HOLLYWOOD	FL	33021
650963053	1164488128	NORONA JR MD FERNANDO	951 NW 13TH ST # 2B	BOCA RATON	FL	33486
841328305	1811074859	SURG MONITORING SVC INC	11011 MCCORMICK RD # 200	HUNT VALLEY	MD	21031
841328305	1093797839	RICHARDSON MD AUBREY W	11011 MCCORMICK RD # 200	HUNT VALLEY	MD	21031
264367036	1104023332	HILL MD VIRGINIA B	PO BOX 92237	CLEVELAND	OH	44193
542107535	1962468579	DEPRIMA MD STEVEN J	PO BOX 431306	MIAMI	FL	33243
592579847	1194779686	SARAF LAVI MD EFRAT	1611 NW 12TH AVE	MIAMI	FL	33136

592579847	1336174994	POST MD M JUDITH D	1115 NW 14TH ST		MIAMI	FL	33136
592579847	1053534837	NAGORNAYA MD NATALYA	1611 NW 12TH AVE # W279		MIAMI	FL	33136
592579847	1902831282	SKLAR MD EVELYN M	1475 NW 12TH AVE		MIAMI	FL	33136
592579847	1679508238	QUENCER MD ROBERT M	1115 NW 14TH ST		MIAMI	FL	33136
651075205	1598768707	BRAFFMAN MD BRUCE H	9050 PINES BLVD # 200		PEMBROKE PNES	FL	33024
651075205	1659374890	HOLZ MD ALAN J	3501 JOHNSON ST		HOLLYWOOD	FL	33021
651075205	1346560331	WARUM MD DANIEL I	9050 PINES BLVD # 200		PEMBROKE PNES	FL	33024
651075205	1194728287	SAVADIER MD LIONEL D	3501 JOHNSON ST		HOLLYWOOD	FL	33021
651075205	1285637330	SULLIVAN MD PETER J	3501 JOHNSON ST		HOLLYWOOD	FL	33021
590791028	1841305851	KOTLER MD JON ALLEN ALLEN	4725 N FEDERAL HWY		FT LAUDERDALE	FL	33308
592579847	1326073693	SFAKIANAKIS MD GEORGE N	1115 NW 14TH ST		MIAMI	FL	33136
592579847	1912108622	KUKER MD RUSS A	# 100	1192 E NEWPORT CENTER	DEERFIELD BCH	FL	33442
651075205	1871801126	RAPHAEL MD BARBARA	9050 PINES BLVD # 200		PEMBROKE PNES	FL	33024
043778608	1851375182	ADAMS III MD NELSON L	100 NW 170TH ST # 304		N MIAMI BEACH	FL	33169
113081804	1003827726	BRAVERMAN MD JEFFREY J	800 WOODBURY RD # G		WOODBURY	NY	11797
200135880	1841210812	IGLESIAS MD NIDIA M	4302 ALTON RD # 560		MIAMI BEACH	FL	33140
200492253	1356330088	KANG DO JULIE H	3501 JOHNSON ST		HOLLYWOOD	FL	33021
200492253	1043212640	GALLO MD JORGE A	1600 S ANDREWS AVE # 323		FT LAUDERDALE	FL	33316
200736449	1821290487	SOULES MD KAREN A	4340 SHERIDAN ST # 201		HOLLYWOOD	FL	33021
200736449	1134328495	POLLAK MD JENNIFER T	4340 SHERIDAN ST # 201		HOLLYWOOD	FL	33021
201558281	1700879749	SACKS MD DANIEL N	8132 OKEECHOBEE BLVD # B		WEST PALM BCH	FL	33411
201600506	1013946458	MARTINEZ MD REBECA C	885 SW 109TH AVE # 131	11200 SW 8TH ST AHC 2	MIAMI	FL	33199
202249239	1497712327	FOX DO SUSAN	8501 SW 124TH AVE # 211		MIAMI	FL	33183
204286230	1861455503	KLEIN MD ROBERT C	10067 PINES BLVD # B		PEMBROKE PINES	FL	33024
204286230	1295936300	SWINEFORD MD JASON R	10067 PINES BLVD # B		PEMBROKE PNES	FL	33024
205682366	1962563395	SALSBURY MD HELEN M	601 NW 179TH AVE # 102		PEMBROKE PNES	FL	33029
237313346	1487621132	LIPPS MD JACK M	PO BOX 918527		ORLANDO	FL	32891
260283958	1659312882	MARTINEZ MD ALBA T	9210 SW 72ND ST # 101		MIAMI	FL	33173
260609255	1952460669	OSMAN MD KHADRA M	1625 SE 3RD AVE # 400		FT LAUDERDALE	FL	33316
260609255	1285811232	DEJEAN MD NINOUTCHKA	1601 CLINT MOORE RD # 210		BOCA RATON	FL	33487
260609255	1942295563	ROSS DO GERALD A	# 106	501 NW LAKE WHITNEY PL	PORT ST LUCIE	FL	34986
260609255	1578661112	HANDAL MD RICHARD G	4793 N CONGRESS AVE # 202		BOYNTON BEACH	FL	33426
260609255	1902971245	FIELDS MD ROBERT C	17759 SW 2ND ST		PEMBROKE PNES	FL	33029
260609255	1477736288	ELKIN MD AARON	1309 N FEDERAL HWY		HOLLYWOOD	FL	33020
260609255	1053596874	RALPH MD JONATHAN D	333 NW 70TH AVE # 120		PLANTATION	FL	33317
260609255	1386604395	PRESLEY MD JAMES J	1000 37TH PL # 105		VERO BEACH	FL	32960
260609255	1851458640	MARTINEZ MD MIGUEL E	1951 SW 172ND AVE # 210		MIRAMAR	FL	33029
260609255	1700967650	COLLAZO MD LOUIS M	1150 N 35TH AVE # 405		HOLLYWOOD	FL	33021
260609255	1720043037	BAYER MD ANDREA I	# 300	10115 FOREST HILL BLVD	WELLINGTON	FL	33414
260609255	1992773303	STAVOY MD THOMAS G	1890 LPGA BLVD # 160		DAYTONA BEACH	FL	32117
260609255	1629135330	FERRARA MD HUGO M	1951 SW 172ND AVE # 200		MIRAMAR	FL	33029
260609255	1043280290	BATASKOV MD KARRIE L	899 MEADOWS RD # 302		BOCA RATON	FL	33486
260609255	1134195837	SAM MD LANALEE A	# 101	2466 E COMMERCIAL BLVD	FT LAUDERDALE	FL	33308
260609255	1023004660	GROSS MD STUART I	16190 NE 11TH CT		N MIAMI BEACH	FL	33162
260609255	1629058854	TOON MD PHYLLIS B	899 MEADOWS RD # 302		BOCA RATON	FL	33486
260609255	1255382537	LYRA MD VIOLETTA	# 260	1380 NE MIAMI GARDENS	MIAMI	FL	33179
260609255	1447477633	PARKER MD JENNIFER L	5150 LINTON BLVD # 210		DELRAY BEACH	FL	33484
260609255	1649233875	BRADLEY MD CYNTHIA M	8750 SW 144TH ST # 201		PALMETTO BAY	FL	33176
260609255	1326153008	GARCIA MD VICTORIA E	7150 W 20TH AVE # 501		HIALEAH	FL	33016
260609255	1790866671	FERNANDEZ MD ELIZABETH M	601 N FLAMINGO RD # 401		PEMBROKE PNES	FL	33028
260609255	1245230127	DEL CHARCO JR MD MANUEL F	2801 SE 1ST AVE # 101		OCALA	FL	34471
260609255	1881674927	LEBOW MD DAFNA W	333 NW 70TH AVE # 120		PLANTATION	FL	33317
260609255	1881674927	LEBOW MD DAFNA W	PO BOX 9100		BELFAST	ME	04915
260609255	1740283472	SPIER MD NIGEL A	3990 SHERIDAN ST # 207		HOLLYWOOD	FL	33021
260609255	1356305445	EPSTEIN MD HERMAN M	# 118	4850 W OAKLAND PARK BL	LAUD LAKES	FL	33313
260609255	1134290539	MUALIN MD ELIAS J	450 N PARK RD # 202		HOLLYWOOD	FL	33021
260609255	1003896507	MATOS-FRAEBEL MD JANE E	# 118	4850 W OAKLAND PARK BL	LAUD LAKES	FL	33313
260609255	1659454478	RICHARDS MD JOANNE M	1150 N 35TH AVE # 405		HOLLYWOOD	FL	33021
260609255	1518992346	PATTERSON MD ALAN B	7451 WILES RD # 205		CORAL SPRINGS	FL	33067
260609255	1154309771	KONSKER MD KENNETH A	# 225	9960 CENTRAL PARK N BLV	BOCA RATON	FL	33428
260609255	1013981406	HARRIS MD KAREN E	6440 W NEWBERRY RD # 508		GAINESVILLE	FL	32605
260609255	1043391808	BROWN-GRAHAM MD COLETTE K	# 360	1397 MEDICAL PARK BLVD	WELLINGTON	FL	33414
260609255	1487730545	PATEL MD DAXA D	# 360	1397 MEDICAL PARK BLVD	WELLINGTON	FL	33414
260609255	1467557546	KARMIN MD RANDY G	8950 SW 74TH CT # 1705		MIAMI	FL	33156
260609255	1558385856	NORRIS MD PAUL M	400 W 41ST ST # 508		MIAMI BEACH	FL	33140
260609255	1245497999	THOMPSON DO KATHLEEN A	660 GLADES RD # 340		BOCA RATON	FL	33431
260609255	1518952571	YOO MD GRACE H	# 106	501 NW LAKE WHITNEY PL	PORT ST LUCIE	FL	34986
260609255	1679635676	PERROTT MD WENDY S	2146 VINDALE RD		TAVARES	FL	32778
260609255	1437583416	GUERRA MD MARIELENA	3001 NW 49TH AVE # 303		LAUD LAKES	FL	33313
260609255	1184689739	KNOWLTON MD SARAH	# 300	10115 FOREST HILL BLVD	WELLINGTON	FL	33414
260609255	1265568604	DENNIS DO TARA N	# 108	8110 ROYAL PALM BLVD	CORAL SPRINGS	FL	33065
262940205		BRIDGEWATER MD RICHARD L	1951 SW 172ND AVE # 201		MIRAMAR	FL	33029
273069705	1811971724	BUETTNER MD KARIN W	5875 BREMO RD # 400		RICHMOND	VA	23226
273892962	1801853627	BLANCO MD EMILIO A	PO BOX 9100		BELFAST	ME	04915
320418835	1154322295	TRAVIS MD STACY D	24 MEDICAL PARK DR		ASHEVILLE	NC	28803
383740839	1053392241	EASLEY III MD HENRY A	2131 S 17TH ST		WILMINGTON	NC	28401
391678306	1255364667	DOBBINS MD BRIAN D	2845 GREENBRIER RD		GREEN BAY	WI	54311
421612456	1104806603	COHEN MD JAY S	PO BOX 452345		FT LAUDERDALE	FL	33345
421612462	1295933117	MARRERO MD CAMIL I	PO BOX 452345		FT LAUDERDALE	FL	33345
421612462	1427038579	UFFELMAN MD JABAL	2000 S ANDREWS AVE		FT LAUDERDALE	FL	33316
421612462	1629212394	DUERKES DO JAMES A	1613 NW 136TH AVE # 200		SUNRISE	FL	33323
421612462	1104806603	COHEN MD JAY S	1613 NW 136TH AVE # 200		SUNRISE	FL	33323
421612467	1164559449	CAMACHO MD NATALIA	1613 NW 136TH AVE # 200		SUNRISE	FL	33323
421612467	1477532547	ABDALLA DO EMIL V	1613 NW 136TH AVE # 200		SUNRISE	FL	33323
452561360	1386823243	FL WOMAN CARE LLC	PO BOX 9100		BELFAST	ME	04915
461588640	1740366848	MELENDY MD SASHA G	# 200	345 JUPITER LAKES BLVD	JUPITER	FL	33458
461588640	1023017803	CARLSON MD MELISSA E	# 300	1447 MEDICAL PARK BLVD	WELLINGTON	FL	33414

461588640	1659370435	IANNACCONI MD VICTOR R	# 200	345 JUPITER LAKES BLVD	JUPITER	FL	33458
462424692	1750688800	MARK MD LISA E	PO BOX 12236		BELFAST	ME	04915
465476284	1366670705	SWARTZLANDER MD TY K	PO BOX 9100		BELFAST	ME	04915
472661514	1730144023	HERBST MD SETH J	1395 S STATE ROAD 7 # 450		WELLINGTON	FL	33414
472661514	1861771008	PLAZA MD YOCOIMA	PO BOX 743269		ATLANTA	GA	30374
472661514	1497710719	ISDITH DO INGRID L	PO BOX 743269		ATLANTA	GA	30374
472661514	1225093560	EMERICK MD GEORGE J	PO BOX 743269		ATLANTA	GA	30374
510545717	1962454132	WOMENS WELLNESS CTR OF S	# 1	3850 COCONUT CREEK PKV	COCONUT CREEK	FL	33066
510545717	1407819808	SOLOMON MD TARA A	# 1	3850 COCONUT CREEK PKV	COCONUT CREEK	FL	33066
522252875	1457448383	MURRAY MD BARRINGTON A	4101 S HOSPITAL DR # 10		PLANTATION	FL	33317
541820401	1396852174	GOLPIRA MD ELIZABETH B	100 KINGSLEY LN # 200	WOMANCARE CENTERS PL	NORFOLK	VA	23505
542129332	1154351567	JOHNSON MD ILYA S	9595 N KENDALL DR # 103		MIAMI	FL	33176
542129332	1982781860	FAZZANO JR MD FRANCIS J	# 201	1801 N UNIVERSITY DR	CORAL SPRINGS	FL	33071
542129332	1770549263	SPALDING MD HELEN M	4100 HOLLYWOOD BLVD # 2		HOLLYWOOD	FL	33021
542129332	1447248257	HOCHBERGER MD DAVID F	# 201	1801 N UNIVERSITY DR	CORAL SPRINGS	FL	33071
542129332	1790746279	GRENITZ MD MARK S	220 SW 84TH AVE # 105		PLANTATION	FL	33324
542129332	1972585198	STEINBERG MD IRWIN C	10796 PINES BLVD # 104		PEMBROKE PNES	FL	33026
542129332	1508846106	AUGUSTINO MD MICHAEL F	603 N FLAMINGO RD # 360A		PEMBROKE PNES	FL	33028
542129332	1902885072	DAVILA MD SUSAN	1150 N 35TH AVE # 400		HOLLYWOOD	FL	33021
542129332	1548256407	BEIL MD SUSAN J	6853 SW 18TH ST # 301		BOCA RATON	FL	33433
542129332	1205897303	TAISENCHOY-BENT MD FERN F	2964 N STATE RD 7 # 320		MARGATE	FL	33063
542129332	1497869366	MC KENZIE MD CAROL A	3100 CORAL HILLS DR # 205		CORAL SPRINGS	FL	33065
542129332	1508038019	REESE MD CHANDA L	3001 CORAL HILLS DR # 360		CORAL SPRINGS	FL	33065
542129332	1992818199	ELLMAN MD DAVID S	# 403	9970 CENTRAL PARK N BLV	BOCA RATON	FL	33428
542129332	1629166939	RIVAS MD JOSE	1951 SW 172ND AVE # 405		MIRAMAR	FL	33029
542129332	1548299415	KAUFMAN MD MARC A	600 HERITAGE DR # 210		JUPITER	FL	33458
542129332	1629185541	DIAG CTR FOR WOMEN LLC	PO BOX 43-2040		MIAMI	FL	33243
542129332	1174628234	CASTELLANOS-VI MD AUDRY C	601 N FLAMINGO RD # 203		PEMBROKE PNES	FL	33028
542129332	1174628234	VIDAURRE MD AUDRY C	3225 AVIATION AVE # 700		MIAMI	FL	33133
542129332	1073537551	PEZZULLO-BURGS MD GAIL M	2500 N MILITARY TRL # 111		BOCA RATON	FL	33431
542129332	1023121563	ESPINAL MD LADYNEZ	3000 SW 148TH AVE # 215		MIRAMAR	FL	33027
542129332	1417986381	LITT MD JEFFREY M	600 HERITAGE DR # 210		JUPITER	FL	33458
542129332	1780770636	SCHNEE MD JENNIFER S	PO BOX 43-2040		MIAMI	FL	33243
542129332	1689906075	ARANGO-LONGO MD JENNY	17901 NW 5TH ST # 201		PEMBROKE PNES	FL	33029
542129332	1831194091	DE LEON MD ROLANDO J	3659 S MIAMI AVE # 5005		MIAMI	FL	33133
542129332	1750395760	MC CORMICK MD MARK B	1050 NW 15TH ST # 215A		BOCA RATON	FL	33486
542129332	1578635033	STERGHOS JR MD STRATTON N	201 NW 82ND AVE # 104		PLANTATION	FL	33324
542129332	1780608232	DESOUZA MD ALISON C	3100 CORAL HILLS DR # 207		POMPANO BEACH	FL	33065
542129332	1730175423	NEWMAN MD STEWART P	3225 AVIATION AVE # 700		MIAMI	FL	33133
542129332	1649266339	RUDOLPH MD JANE E	6853 SW 18TH ST # 301		BOCA RATON	FL	33433
542129332	1457335499	APOLLON MD KATIA M	7400 SW 87TH AVE # 120-B		MIAMI	FL	33173
542129332	1871582932	RODRIGUEZ MD SUZETTE M	PO BOX 43-2040		MIAMI	FL	33243
542129332	1861594269	SOLOMON MD JEFFREY J	1200 N UNIVERSITY DR # 1		PLANTATION	FL	33322
542129332	1457473704	LAPAYOWKER DO MICHELE J	201 NW 82ND AVE # 104		PLANTATION	FL	33324
542129332	1891939294	DOMINGUEZ MD ALEXIS	3661 S MIAMI AVE # 710		MIAMI	FL	33133
542129332	1154319887	SASSER DO LONA R	# 209	1801 N UNIVERSITY DR	CORAL SPRINGS	FL	33071
542129332	1003882069	POULIOT MD REYNALD	1625 SE 3RD AVE # 723		FT LAUDERDALE	FL	33316
542129332	1730163767	PELAEZ MD ANNETTE K	7400 SW 87TH AVE # 120-B		MIAMI	FL	33173
542129332	1780689349	COE MD CHANNING B	1625 SE 3RD AVE # 701		FT LAUDERDALE	FL	33316
542129332	1841288511	FEINGOLD DO LAUREN A	6853 SW 18TH ST # 301		BOCA RATON	FL	33433
542129332	1912987405	URIBASTERRA MD PABLO E	17901 NW 5TH ST # A		PEMBROKE PNES	FL	33029
542129332	1447363478	SIEGFRIED MD SYLVIA L	# 100-B	4671 S CONGRESS AVE	LAKE WORTH	FL	33461
542129332	1295751857	FAHEY MD TRUDI E	2658 COMMERCIAL BLVD		LAUD BY SEA	FL	33308
542129332	1568435741	WAGNER MD EDWARD S	4330 SHERIDAN ST # 101		HOLLYWOOD	FL	33021
542129332	1245478916	MARTINEZ DO ALVIN E	17901 NW 5TH ST # 202		PEMBROKE PNES	FL	33029
542129332	1225142938	MERCADO MD JAIME A	180 SW 84TH AVE # C		PLANTATION	FL	33324
542129332	1144391277	BASS MD ROBERT J	201 NW 82ND AVE # 104		PLANTATION	FL	33324
542129332	1942389804	MESSORE MD MARISA	3225 AVIATION AVE # 700		MIAMI	FL	33133
542129332	1881666907	ARONSON MD GIL	1150 N 35TH AVE # 385		HOLLYWOOD	FL	33021
542129332	1295836641	SKEETE HENRY MD DELISA A	1625 SE 3RD AVE # 502		FT LAUDERDALE	FL	33316
542129332	1417970377	ESQUENAZI MD BENNY L	PO BOX 43-2040		MIAMI	FL	33243
542129332	1093711004	PIERRE MD NADIA N	# 403	9970 CENTRAL PARK N BLV	BOCA RATON	FL	33428
542129332	1285664136	ABRAMOVITZ MD SAMUEL	# 335	9960 CENTRAL PARK N BLV	BOCA RATON	FL	33428
542129332	1073706107	SHIENBAUM MD JESICA B	4100 HOLLYWOOD BLVD # 2		HOLLYWOOD	FL	33021
542129332	1124131230	LEDERMAN MD SAMUEL N	# 100-B	4671 S CONGRESS AVE	LAKE WORTH	FL	33461
542129332	1346471042	WHITE DO JESSICA B	2964 N STATE ROAD 7 # 310		MARGATE	FL	33063
542129332	1962481028	GOLDBERG DO TODD M	# 205	2300 N COMMERCE PKWY	WESTON	FL	33326
542129332	1467440271	FELDMAN MD MITCHELL L	# 201	1801 N UNIVERSITY DR	CORAL SPRINGS	FL	33071
542129332	1336191055	GLICK MD HENRY I	PO BOX 43-2040		MIAMI	FL	33243
542129332	1184713794	URRIBARRI MD NISSETH J	3000 CORAL HILLS DR		CORAL SPRINGS	FL	33065
542129332	1669572020	LUBETKIN MD DAVID I	660 GLADES RD # 420		BOCA RATON	FL	33431
542129332	1427024207	OTERO ECHANDI MD ISABEL	1200 N UNIVERSITY DR # 1		PLANTATION	FL	33322
542129332	1003876335	BOURGET MD FRANCE	# 102	2800 E COMMERCIAL BLVC	FT LAUDERDALE	FL	33308
542129332	1902126535	MILEO MD NADIA M	1625 SE 3RD AVE # 701		FT LAUDERDALE	FL	33316
542129332	1346214160	MCEACHRANE MD MARSH R	PO BOX 432040		MIAMI	FL	33243
542129332	1356347827	DELGADO MD PABLO E	1303 SW 107TH AVE		MIAMI	FL	33174
542129332	1205907391	DANOFF MD BURTON H	1600 S ANDREWS AVE		FT LAUDERDALE	FL	33316
542129332	1164460739	TALAVERA AVILES MD IDALIA	PO BOX 43-2040		MIAMI	FL	33243
542129332	1023104056	GREEN MD LINDA D	3001 CORAL HILLS DR # 360		CORAL SPRINGS	FL	33065
542129332	1346265840	NOEL DO BARBARA	1800 N FEDERAL HWY # 101		POMPANO BEACH	FL	33062
542129332	1598727950	HOOD MD ANTHONY A	220 SW 84TH AVE # 105		PLANTATION	FL	33324
542129332	1205886033	PEREZ MD ILEANA R	8720 N KENDALL DR # 115		MIAMI	FL	33176
542129332	1245353408	SCHEY MD DANA D	# 350	9960 CENTRAL PARK N BLV	BOCA RATON	FL	33428
542129332	1235118399	GADH MD KOMPAL G	601 N FLAMINGO RD # 307		PEMBROKE PNES	FL	33028
542129332	1346282670	COLAS-LACOMBE MD MARION F	201 NW 82ND AVE # 104		PLANTATION	FL	33324
542129332	1891082459	HERNANDEZ MD HEATHER G	# 201	1801 N UNIVERSITY DR	CORAL SPRINGS	FL	33071
542129332	1922087006	HIRSCHBERG MD KAREN R	1150 N 35TH AVE # 400		HOLLYWOOD	FL	33021

542129332	1417992967	HEERING MD SAMUEL L	# 303	9970 CENTRAL PARK N BLV	BOCA RATON	FL	33428
542129332	1396748760	MATHEWS MD RAYMOND M	10081 PINES BLVD # B		PEMBROKE PNES	FL	33024
542129332	1164453734	REYNOLDS DO IVONNE M	# 206	9970 CENTRAL PARK N BLV	BOCA RATON	FL	33428
542129332	1376522482	DANIEL MD MONICA G	17901 NW 5TH ST # 202		PEMBROKE PNES	FL	33029
542129332	1952689804	SMITH MD ALIESE	2964 N STATE RD 7 # 320		MARGATE	FL	33063
542129332	1174510820	FRIEDMAN MD MELISSA A	# 101	7545 BOYNTON BEACH BLV	BOYNTON BEACH	FL	33437
542129332	1619931797	SHAYA MD ANTHONY P	600 HERITAGE DR # 210		JUPITER	FL	33458
542129332	1396075057	SANTOS MD REMBERTO	2925 AVENTURA BLVD # 302		MIAMI	FL	33180
542129332	1730160102	FLEISCHER MD MICHAEL S	660 GLADES RD # 320		BOCA RATON	FL	33431
542129332	1306832357	ARCELIN MD GOSTAL	3225 AVIATION AVE # 700		MIAMI	FL	33133
542129332	1104889179	SEVALD MD LORI A	# 100-B	4671 S CONGRESS AVE	LAKE WORTH	FL	33461
542129332	1881673960	GARZON MD MARTHA L	1150 N 35TH AVE # 400		HOLLYWOOD	FL	33021
561971403	1982671665	STINSON MD JEFFREY A	2507 DELANEY AVE		WILMINGTON	NC	28403
570370242	1598738619	KOLB MD CYNTHIA E	PO BOX 3239		FLORENCE	SC	29502
581891679	1205850492	CARLTON MD ERNEST H	682 HEMLOCK ST # 300		MACON	GA	31201
583386701	1245208891	TORRES MD LEONARDO D	5955 PONCE DE LEON BLVD		CORAL GABLES	FL	33146
590791028	1831191568	BERNSTEIN MD RACHEL C	4701 N FEDERAL HWY		FT LAUDERDALE	FL	33308
590791028	1467569244	CALVO MD PATRICIA H	4701 N FEDERAL HWY # B		FT LAUDERDALE	FL	33308
590791028	1205843919	LICHTINGER MD MOISES W	1625 SE 3RD AVE # 701		FT LAUDERDALE	FL	33316
590791028	1033226881	ADEBOYEJO MD GHEA E	4701 N FEDERAL HWY # B		FT LAUDERDALE	FL	33308
591083502	1780775726	ALEXIS MD RENEE B	209 SW 84TH AVE		PLANTATION	FL	33324
591227717	1649279001	WESTON MD LAURA C	2979 PGA BLVD # 100		PALM BCH GDNS	FL	33410
591227717	1134128259	SHIMP MD KATHLEEN E	9021 PARK ROYAL DR		FORT MYERS	FL	33908
591555736	1417057746	MILAN MD ORLANDO A	50 NE 26TH AVE # 303		POMPANO BEACH	FL	33062
591659416	1417036856	SHULMAN MD IRA M	333 NW 70TH AVE # 120		PLANTATION	FL	33317
592102560	1407999592	TUTTELMAN MD RONALD M	# 4	1880 E COMMERCIAL BLVC	FT LAUDERDALE	FL	33308
592322756	1619029618	SINGH MD CB B	3061 NE 40TH CT		FT LAUDERDALE	FL	33308
592420457	1447210364	BURES-FORSTHOE MD JANA M	# 4200	1405 CENTERVILLE RD	TALLAHASSEE	FL	32308
592579820	1457781163	UNIV OF MIAMI	1611 NW 12TH AVE		MIAMI	FL	33136
592579846		CARUGNO MD JOSE A	PO BOX 405513		ATLANTA	GA	30384
592730879	1144478082	SIASSIPOUR MD SASHA N	1815 S KANNER HWY		STUART	FL	34994
592730879	1558321174	LEE-NUNEZ MD WYNNE S	1815 S KANNER HWY		STUART	FL	34994
593214635	1215138847	KJERULFF MD ESEANAM L	380 CELEBRATION PL # 2		KISSIMMEE	FL	34747
593250905	1487615530	BOYD MD MARIJANE Q	11437 CENTRAL PKWY # 105		JACKSONVILLE	FL	32224
593250905	1639149917	TOPPI MD KAREN A	11437 CENTRAL PKWY # 105		JACKSONVILLE	FL	32224
593322533	1124008172	KAREN MD ANDREW D	PO BOX 919214		ORLANDO	FL	32891
593360315	1265434211	MC TAMMANY MD MARK S	1315 VALENTINE ST		MELBOURNE	FL	32901
593443182	1194729046	CARDUCCI MD THERESA J	7200 STONEROCK CIR		ORLANDO	FL	32819
593443182		JONES MD ALLYSON I	PO BOX 25317		TAMPA	FL	33622
621769914		SUNLIFE OBGYN SVC	PO BOX 945953		ATLANTA	GA	30394
621769914	1851407431	BLISS MD WINSTON O	2924 DAVIE RD # 101		DAVIE	FL	33314
621801013	1487621132	LIPPS MD JACK M	960 LEARNING WAY		TALLAHASSEE	FL	32306
650003177	1174782635	HURTADO MD ERIC A	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177	1053375741	ZIMBERG MD STEPHEN E	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177		PESKIN MD BARRY D	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177	1598727034	DAVILA MD GUILLERMO H	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650052398	1972705739	BURROWS DO JAMIE P	PO BOX 50461		LIGHTHOUSE PT	FL	33074
650052398	1003816034	FREEDLAND DO BETH L	PO BOX 432040		MIAMI	FL	33243
650052398	1265432785	ZAFRAN MD BRUCE M	# 108	8110 ROYAL PALM BLVD	CORAL SPRINGS	FL	33065
650052398	1861421794	SLATON MD BROOKE L	# 201	1801 N UNIVERSITY DR	CORAL SPRINGS	FL	33071
650052398	1609857549	PUCKETT MD TIM K	# 108	8110 ROYAL PALM BLVD	CORAL SPRINGS	FL	33065
650052398	1124246061	ROMBRO DO TALI	# 201	1801 N UNIVERSITY DR	CORAL SPRINGS	FL	33071
650052398	1265568604	DENNIS DO TARA N	# 108	8110 ROYAL PALM BLVD	CORAL SPRINGS	FL	33065
650292755	1730292905	JOYNER MD WILLIAM T	1940 NE 47TH ST # 2		FT LAUDERDALE	FL	33308
650293573	1396715272	ROSEFF MD SCOTT J	# 275	9960 CENTRAL PARK N BLV	BOCA RATON	FL	33428
650475161	1205843919	LICHTINGER MD MOISES W	4701 N FEDERAL HWY # B		FT LAUDERDALE	FL	33308
650557365	1356330856	SCHENBERG MD MARK N	# 201	2345 W HILLSBORO BLVD	DEERFIELD BCH	FL	33442
650677029		BECKER MD BRANDY J	3498 NW FEDERAL HWY		JENSEN BEACH	FL	34957
650677029	1801828439	COLLINS MD EVAN M	3498 NW FEDERAL HWY		JENSEN BEACH	FL	34957
650677029	1164454781	SINGER MD JEREMY S	3498 NW FEDERAL HWY		JENSEN BEACH	FL	34957
650677029	1225060858	DICKENS MD FRANK E	3498 NW FEDERAL HWY # A		JENSEN BEACH	FL	34957
650787811	1316919871	CHEN MD YAT-MIN MIN	5219 NW 79TH WAY		PARKLAND	FL	33067
650790541	1073792180	SIUDMAK MD ROBERT C	1761 NW 123RD AVE		PEMBROKE PNES	FL	33026
650856257	1346218187	ROSKIN MD AMY C	8333 W MCNAB RD # 122		TAMARAC	FL	33321
650877704	1831176544	LOPEZ MD BERTO	# 21	1501 PRESIDENTIAL WAY	WEST PALM BCH	FL	33401
650880645	1842121303	BURTON MD TRACY A	# 200B	7301A W PALMETTO PARK	BOCA RATON	FL	33433
650880645	1891767661	COUNSELL MD CHERYL Y	# 200B	7301A W PALMETTO PARK	BOCA RATON	FL	33433
650880645	1356363832	GREENBAUM MD LAURA R	# 200B	7301A W PALMETTO PARK	BOCA RATON	FL	33433
650880645	1316968886	CHEN MD PATRICIA P	6853 SW 18TH ST # 301		BOCA RATON	FL	33433
650942645	1801805940	MCNANEY-FLINT MD HEIDI M	863 SE MONTEREY COMMONS	BLVD	STUART	FL	34996
650961885	1720195605	ELZIND MD ELHAM H	# 2	2655 E OAKLAND PARK BLV	FT LAUDERDALE	FL	33306
650982305	1831299767	STOESSSEL MD RUEL T	8645 N MILITARY TRL # 508		WEST PALM BCH	FL	33410
651019678	1811932817	THORNTON MD NANCY L	2700 PGA BLVD # 106		PALM BCH GDNS	FL	33410
651044772	1457578148	BRAITHWAITE MD SYLVESTER	16876 NE 19TH AVE		N MIAMI BEACH	FL	33162
651081566	1043270325	KASSIN MD KENNETH B	1600 S FEDERAL HWY # 611		POMPANO BEACH	FL	33062
651134054	1952313173	SPENCE MD MARK R	1190 N W 95TH ST # 306		MIAMI	FL	33150
743195319	1447350194	PENA MD CARLOS G	8940 N KENDALL DR # 701E		MIAMI	FL	33176
760720273	1801136734	SUSAN FOX DO PA	8501 SW 124TH AVE # 211		MIAMI	FL	33183
870811814	1659418614	PLISKOW SR MD STEVEN	603 VILLAGE BLVD # 201		WEST PALM BCH	FL	33409
870811814	1822192360	KORNSTEIN MD MARCOS R	PO BOX 198447		ATLANTA	GA	30384
870811814	1437174018	VALDESCRUZ MD RAUL C	PO BOX 198447		ATLANTA	GA	30384
911693421	1811984396	LIEPPMAN MD ROBERT E	PO BOX 94468		SEATTLE	WA	98124
91083502	1235134917	ALEXIS MD WINSTON L	209 SW 84TH AVE		PLANTATION	FL	33324
928252111	1013018886	ASHMORE JR MD ROBERT E	1401 CENTERVILLE RD # 202		TALLAHASSEE	FL	32308
760720273		SUSAN FOX	8501 SW 124TH AVE # 211		MIAMI	FL	33183
203965062	1992762868	NIEDERMAN MD THOMAS M	# 415	2240 W WOOLBRIGHT RD	BOYNTON BEACH	FL	33426
204381027	1538113931	TAN-CHIU MD ELIZABETH D	201 NW 82ND AVE # 102		PLANTATION	FL	33324

460808583	1427068154	MUDAD MD RAJA A	3850 HOLLYWOOD BLVD # 1B		HOLLYWOOD	FL	33021
590791028	1679580997	GOMEZ MD CHRISTINA M	4725 N FEDERAL HWY # 2		FT LAUDERDALE	FL	33308
590973502	1821290362	KHAN MD MUDUSSARA A	# 2200	125 FLORIDA MEMORIAL	NEW SMYRNA	FL	32168
592485899	1427043785	DOMENECH MD GABRIEL H	20601 E DIXIE HWY # 330		AVENTURA	FL	33180
592579805	1902832520	FEUN MD LYNN G	1475 NW 12TH AVE # 3		MIAMI	FL	33136
592579938	1962468736	FRANCESCHI MD DIDO	1475 NW 12TH AVE # 3550		MIAMI	FL	33136
592579938	1942265459	MOFFAT JR MD FREDERICK L	1475 NW 12TH AVE # 3550		MIAMI	FL	33136
596012065	1053340521	FAIG MD DOUGLAS E	5700 N FEDERAL HWY # 5		FT LAUDERDALE	FL	33308
596012065		ZARAVINOS MD THEODORE J	5700 N FEDERAL HWY # 5		FT LAUDERDALE	FL	33308
596012065	1942211370	MAINI MD ARCHANA S	PO BOX 862851		ORLANDO	FL	32886
596012065	1205851797	ARIAS MD MAYDA	5700 N FEDERAL HWY # 5		FT LAUDERDALE	FL	33308
596014973	1093709669	HIRSCH MD ROBERT A	PO BOX 538500		ATLANTA	GA	30353
650003177	1497715957	STONE MD ELIZABETH R	PO BOX 538009		ATLANTA	GA	30353
650062119	1669464129	BELETTE MD FRANCISCO E	# 300-B	6405 N FEDERAL HWY	FT LAUDERDALE	FL	33308
650577436	1548276140	SCHNEIDER MD ANDREW M	# 103	7351 W OAKLAND PARK BL	TAMARAC	FL	33319
650738382	1871591149	VOGEL MD CHARLES L	# 100	1192 E NEWPORT CENTER I	DEERFIELD BCH	FL	33442
650825133	1568468544	ROTHSCHILD MD NEAL E	1309 N FLAGLER DR		WEST PALM BCH	FL	33401
650825133	1841482270	AL-HAZZOURI MD AHMED	1920 DON WICKHAM DR # 100		CLERMONT	FL	34711
650825133	1376500769	KOSLOFF MD REBECCA A	# 201A	9776 BONITA BEACH SE RD	BONITA SPGS	FL	34135
650825133	1699838979	GROSSMAN MD JOEL SCOTT S	1100 GOODLETTE N RD		NAPLES	FL	34102
760273984	1073574810	PHYS REFERRAL SVC	PO BOX 4439		HOUSTON	TX	77210
760293984	1164438768	SIMON MD GEORGE R	1515 HOLCOMBE BLVD		HOUSTON	TX	77030
030427888	1801874896	SIMONS MD BRAD D	# 210	2141 S HIGHWAY A1A ALT	JUPITER	FL	33477
030545396	1285616490	LAL MD GARIMA	17901 NW 5TH ST # 204		PEMBROKE PNES	FL	33029
043587507	1821048133	PARIS MD GIANMARCO R	1460 NE 123RD ST		NORTH MIAMI	FL	33161
043590014	1427152081	LEVINE MD MICHAEL L	3280 OLD BOYNTON RD		BOYNTON BEACH	FL	33436
054548827	1548243843	ELGUT MD NOEL L	6333 N FEDERAL HWY # 401		FT LAUDERDALE	FL	33308
089505989	1689606162	HRDLICKA MD ZUZANA K	5601 N DIXIE HWY # 115		OAKLAND PARK	FL	33334
141840517	1518085612	GLICK DO HENRY E	3100 CORAL HILLS DR # 206		CORAL SPRINGS	FL	33065
200848152	1841391661	CARMACK MD BRENT W	900 CARILLON PKWY # 401		ST PETERSBURG	FL	33716
204513108	1306871249	GOLDBERGER MD DAVID	4651 SHERIDAN ST # 100		HOLLYWOOD	FL	33021
208924765	1275646937	COHEN MD GREGORY R	3020 N MILITARY TRL # 150		BOCA RATON	FL	33431
272485448	1013974427	SHATZ MD ANDREW C	# 43	1601 SAWGRASS CORPOR	SUNRISE	FL	33323
341830169	1437151743	ESTAFANOUS MD MARC F	2163 MENTOR AVE	4676 DOUGLAS NW CIR	PAINESVILLE	OH	44077
352308681	1467479451	LEE-CHEE DO TATIANA	# 204	1800 W HILLSBORO BLVD	DEERFIELD BCH	FL	33442
352308681	1922006196	GLATZER MD RONALD J	1930 NE 47TH ST # 101		FT LAUDERDALE	FL	33308
352308681	1881656577	LEONARD MD ELISE R	# 300	8890 W OAKLAND PARK BL	SUNRISE	FL	33351
352308681	1609826825	CILIBERTI MD ERIC F	6233 N UNIVERSITY DR		TAMARAC	FL	33321
352308681	1427150911	NOLAN MD ANDREW R	2000 N FEDERAL HWY # 100		POMPANO BEACH	FL	33062
352308681	1558478586	WOLFE MD RUSSELL M	3419 JOHNSON ST		HOLLYWOOD	FL	33021
352308681	1679575351	EPSTEIN MD GILBERT A	# A-100	850 S PINE ISLAND RD	PLANTATION	FL	33324
352308681	1588653703	GOLDBERG MD MARC J	# A	8399 W OAKLAND PARK BL	SUNRISE	FL	33351
352308681	1326010166	FLACK DO NORMA J	2334 NE 53RD ST		FT LAUDERDALE	FL	33308
352308681	1932380441	TAVAKKOLI DO HASSAN D	8051 W SUNRISE BLVD		PLANTATION	FL	33322
352308681	1457353054	LARA MD TIRSO M	# A-100	850 S PINE ISLAND RD	PLANTATION	FL	33324
352308681	1558363291	BIZER DO WAYNE F	# A-100	850 S PINE ISLAND RD	PLANTATION	FL	33324
352308681	1689676363	BURGESS MD STUART K	# A	8399 W OAKLAND PARK BL	SUNRISE	FL	33351
352308681	1023005212	BYNOE MD LEON A	# 112	1881 N UNIVERSITY DR	CORAL SPRINGS	FL	33071
352308681	1881696565	FELDMAN MD MARK S	# A-100	850 S PINE ISLAND RD	PLANTATION	FL	33324
352308681	1902010861	VILLATE MD NATALIA	850 S PINE ISLAND RD		PLANTATION	FL	33324
352308681	1902808629	ROUS MD STANLEY M	3419 JOHNSON ST		HOLLYWOOD	FL	33021
352308681	1013951839	BOSEM MD MARC E	# 201	2300 N COMMERCE PKWY	WESTON	FL	33326
352308681	1518085612	GLICK DO HENRY E	3100 CORAL HILLS DR # 206		CORAL SPRINGS	FL	33065
352308681	1932184082	KLEIN MD LEE I	# 124	1776 N PINE ISLAND RD	PLANTATION	FL	33322
352308681	1770763799	EYE PHYS OF FL LLP	3419 JOHNSON ST		HOLLYWOOD	FL	33021
352308681	1386839082	GREENBERG MD MARVIN E	# 109	7421 N UNIVERSITY DR	TAMARAC	FL	33321
352308681	1851393581	SKOLNICK MD KEITH A	# A-100	850 S PINE ISLAND RD	PLANTATION	FL	33324
352308681	1700046695	FERNANDO DE CA MD LUIS E	# A-100	850 S PINE ISLAND RD	PLANTATION	FL	33324
352442399		MURRAY MD TIMOTHY G	6705 SW 57TH AVE # 412		SOUTH MIAMI	FL	33143
364716317	1316233034	LEUNG MD ELLA H	8100 SW 10TH ST # 3		PLANTATION	FL	33324
392067210	1346295565	FLORES MD ANA L	# 101	6029 WALNUT GROVE RD	MEMPHIS	TN	38120
421543876	1629052287	RUBIN MD TOBE L	1307 LYONS RD		COCONUT CREEK	FL	33063
452260664	1972684306	OZEROV MD INNA	7261 SHERIDAN ST # 100-B		HOLLYWOOD	FL	33024
460604983	1326194705	KAPLAN MD LINDA J	209 E HALLANDALE BEACH	BLVD	HALLANDALE BCH	FL	33009
522107690	1376549287	BALCH MD KYLE C	6717 NW 11TH PL # A		GAINESVILLE	FL	32605
561310375	1821296682	CHOE MD CHRISTINA H	PO BOX 2300		HENDERSONVILLE	NC	28793
581628417	1619941325	WHITE MD DAVID WESLEY	290 MERCHANTS SQ # 1		DALLAS	GA	30132
591174369	1053307876	POOLE MD TAYLOR G	4308 ALTON RD # 870		MIAMI BEACH	FL	33140
591236591	1699797977	WEINER MD MARK H	950 NW 13TH ST		BOCA RATON	FL	33486
591487199	1750575619	HEIDEN DO STEPHEN	2019 HOLLYWOOD BLVD # A		HOLLYWOOD	FL	33020
591493386	1457342560	PAPPAS MD HARRY R	160 BOSTON AVE		ALTAMONTE SPG	FL	32701
591493386	1467443564	FELDMAN MD ROBERT B	160 BOSTON AVE		ALTAMONTE SPG	FL	32701
591539311	1558359810	SILBERT MD ALAN M	1190 NW 95TH ST # 201		MIAMI	FL	33150
591562665	1396719308	FELDMAN MD SHELDON H	4959 N STATE ROAD 7		FT LAUDERDALE	FL	33319
591652627	1730261967	RAMJATTAN MD TRUDY K	7106 NW 11TH PL # B		GAINESVILLE	FL	32605
591675396	1861455529	KATZ MD DO RANDY S	1717 W WOOLBRIGHT RD		BOYNTON BEACH	FL	33426
591675396	1780868901	GORSACK II MD JASON J	1397 MEDICAL PARK BLVD # 460		WELLINGTON	FL	33414
591675396	1336201359	FRIEDMAN MD LEE S	1717 W WOOLBRIGHT RD		BOYNTON BEACH	FL	33426
591680273		GRIESER MD ERIC J	PO BOX 13833		PHILADELPHIA	PA	19101
591902681	1689659658	STANLEY MD JAY HAROLD	# 124	1776 N PINE ISLAND RD	PLANTATION	FL	33322
591997399	1467424382	GUPTA MD SHAILESH K	# 110	2200 N COMMERCE PKWY	WESTON	FL	33326
592001035	1356318190	BURKS MD WILLIAM R	5800 COLONIAL DR # 100		MARGATE	FL	33063
592001035	1528035466	GAILITIS MD RAYMOND P	5800 COLONIAL DR # 100		MARGATE	FL	33063
592055534	1366467946	SIMON MD DAVID R	201 N UNIVERSITY DR # 106		PLANTATION	FL	33324
592109417	1548491491	RAND MD DAVID L	5 W SAMPLE RD		POMPANO BEACH	FL	33064
592109417	1801982418	NAGLER MD ROBERT S	5 W SAMPLE RD		POMPANO BEACH	FL	33064
592109417	1619137320	DANZIG MD CARL J	5 W SAMPLE RD		POMPANO BEACH	FL	33064

592109417	1306930953	ESTRIN MD IRVING	5 W SAMPLE RD	POMPANO BEACH	FL	33064
592109417	1891949442	RAND MD ALLISON	5 W SAMPLE RD	POMPANO BEACH	FL	33064
592109417	1295829927	RAND MD WILLIAM J	5 W SAMPLE RD	POMPANO BEACH	FL	33064
592433360	1962487058	ROSENBLUM MD PAUL D	840 US HIGHWAY 1 # 430	N PALM BEACH	FL	33408
592449205	1457353054	LARA MD TIRSO M	# A-100	850 S PINE ISLAND RD	FL	33324
592449205	1689676363	BURGESS MD STUART K	1930 NE 47TH ST # 101	FT LAUDERDALE	FL	33308
592579838	1790714327	PEREZ MD VICTOR L	PO BOX 281042	ATLANTA	GA	30384
592579838	1992752760	PASOL MD JOSHUA	PO BOX 281042	ATLANTA	GA	30384
592579838	1740288455	HARBOUR MD JAMES W	900 NW 17TH ST	MIAMI	FL	33136
592579838	1467490862	WELLIK MD SARAH R	PO BOX 281042	ATLANTA	GA	30384
592579838	1629202890	TSE MD BRIAN C	PO BOX 281042	ATLANTA	GA	30384
592579838	1427023134	BANTA MD JAMES T	900 NW 17TH ST	MIAMI	FL	33136
592579838	1083606750	GRIMMETT MD MICHAEL R	3385 BURNS RD # 209	PALM BCH GDNS	FL	33410
592579838	1760786982	KURIYAN MD AJAY E	PO BOX 281042	ATLANTA	GA	30384
592579838	1457500266	CAVUOTO MD KARA M	7101 FAIRWAY DR	PALM BCH GDNS	FL	33418
592579838	1831106079	ALBINI MD THOMAS A	1320 S DIXIE HWY FL 8	MIAMI	FL	33146
592656920	1407944861	KONICOFF KURTZMAN MD PA	120 W PALMETTO PARK RD	BOCA RATON	FL	33432
592718647	1841269669	AKER MD ALAN B	1445 NW 2ND AVE	BOCA RATON	FL	33432
592722947	1588658421	HOFFMAN MD JOSEPH I	1701 NE 164TH ST # 200	N MIAMI BEACH	FL	33162
593482386	1912158627	CLARK III MD CHARLES L	# 532	1400 N US HIGHWAY 441	FL	32159
593482386	1649225640	KAUSHAL MD SHALESH	# 532	1400 N US HIGHWAY 441	FL	32159
593662622	1548281074	COHN MD RICHARD A	260 LOOKOUT PL # 105	MAITLAND	FL	32751
596012065	1558430157	LOGAN MD ANDREW G	# 201	7401 N UNIVERSITY DR	FL	33321
650003177		VEDULA MD GEETHA G	# 110	2200 N COMMERCE PKWY	FL	33326
650017482	1801894977	HALPERIN MD LAWRENCE S	PO BOX 402064	ATLANTA	GA	30384
650017482	1396743480	THOMPSON MD WILLIAM SCOTT	PO BOX 402064	ATLANTA	GA	30384
650017482	1487652566	ANAGNOSTE MD SCOTT R	PO BOX 402064	ATLANTA	GA	30384
650017482	1457389447	DHALLA MD MANDEEP S	PO BOX 402064	ATLANTA	GA	30384
650017482		UCHIYAMA MD EDUARDO	PO BOX 402064	ATLANTA	GA	30384
650080264	1164486585	GILWIT MD PAUL H	# 120	800 W CYPRESS CREEK RD	FL	33309
650089789	1417912452	WEISS MD JEFFREY N	5800 COLONIAL DR # 300	MARGATE	FL	33063
650163040	1285745679	BERGER MD CLAYTON M	201 SE 14TH ST	FT LAUDERDALE	FL	33316
650237830	1588622211	HAFT MD BRIAN I	11406 OKEECHOBEE BLVD	ROYAL PLM BCH	FL	33411
650269804	1548243843	ELGUT MD NOEL L	6333 N FEDERAL HWY # 401	FT LAUDERDALE	FL	33308
650310868	1730219718	LOEFFLER MD MICHAEL	2100 NE 36TH ST # 102	LIGHTHOUSE PT	FL	33064
650311403	1265479646	FOURNIER III MD GEORGE A	2466 E COMMERCIAL BLVD	FT LAUDERDALE	FL	33308
650361157	1447279609	LAVINA MD ADRIAN M	2090 SE OCEAN BLVD # C-15	STUART	FL	34996
650450822	1770500241	MITCHELL MD ALAN L	22023 STATE ROAD 7 # 102	BOCA RATON	FL	33428
650457710	1073500484	SANDBERG MD JOEL S	2740 HOLLYWOOD BLVD	HOLLYWOOD	FL	33020
650457710	1962499376	DORFMAN MD MARK S	# 307	2300 N COMMERCE PKWY	FL	33326
650457710	1144217555	FISHMAN MD ARTHUR M	603 N FLAMINGO RD # 250	PEMBROKE PNES	FL	33028
650457710	1124015540	PRESCHER MD NELSON	17900 NW 5TH ST # 204	PEMBROKE PNES	FL	33029
650457710	1215998471	JONES MD DAVID T	603 N FLAMINGO RD # 250	PEMBROKE PNES	FL	33028
650457710	1154527851	CARUANA MD ALBERT G	# 307	2300 N COMMERCE PKWY	FL	33326
650457710	1699935320	LEON MD MARLEN	2740 HOLLYWOOD BLVD	HOLLYWOOD	FL	33020
650457710	1134116551	ANGELLA MD GUY J	603 N FLAMINGO RD # 250	PEMBROKE PNES	FL	33028
650457710	1033106455	CARDONE MD SCOTT C	2740 HOLLYWOOD BLVD	HOLLYWOOD	FL	33020
650486572	1356439020	CONNOR MD MICHAEL A	# A	4461 MEDICAL CENTER WA	FL	33407
650533703	1932184082	KLEIN MD LEE I	# 124	1776 N PINE ISLAND RD	FL	33322
650558896	1568462489	KAY MD MATTHEW D	3520 OAKS WAY # 503	POMPANO BEACH	FL	33069
650560968	1679575351	EPSTEIN MD GILBERT A	# A-100	850 S PINE ISLAND RD	FL	33324
650560968	1851393581	SKOLNICK MD KEITH A	# A-100	850 S PINE ISLAND RD	FL	33324
650642257	1811945868	LANG MD JAMES E	4800 NE 20TH TER # 305	FT LAUDERDALE	FL	33308
650642257	1922232735	GIRGIS MD DALIA O	4800 NE 20TH TER # 305	FT LAUDERDALE	FL	33308
650649268	1588653703	GOLDBERG MD MARC J	PO BOX 39209	FT LAUDERDALE	FL	33339
650692915	1972683019	LANE MD ALAN S	# 180N	4000 HOLLYWOOD BLVD	FL	33021
650692915	1629084553	BAUM MD ROBERT D	2540 NE 9TH ST	FT LAUDERDALE	FL	33304
650692915	1417958166	HURTADO MD ANDREINA F	302 NW 179TH AVE # 202	PEMBROKE PNES	FL	33029
650692915	1629009675	FABREGA JR MD MARCO A	2540 NE 9TH ST	FT LAUDERDALE	FL	33304
650692915	1023057395	WALS MD KENNETH T	# 101	14201 W SUNRISE BLVD	FL	33323
650692915	1710929039	CORNDORF MD MAX I	2540 NE 9TH ST	FT LAUDERDALE	FL	33304
650692915	1285680769	RONDON MD OSWALD	951 S LE JEUNE RD # 204	MIAMI	FL	33134
650791852	1437189701	BHAVNANI MD VINOD D	6810 PORTO FINO CIR	FORT MYERS	FL	33912
650810430	1528219292	SPENCER MD NEHEMIAH E	20933 LYONS RD	BOCA RATON	FL	33428
650810430	1548267941	MILLER MD BRUCE A	220 SW 84TH AVE # 204	PLANTATION	FL	33324
650810430	1053318402	KANTERMAN MD NEIL E	20933 LYONS RD	BOCA RATON	FL	33428
650883840	1477567311	NATHAN MD JOEL	4400 W SAMPLE RD # 154	COCONUT CREEK	FL	33073
650988198	1912039363	GREENBAUM MD SHAREEM G	11011 SHERIDAN ST # 215	HOLLYWOOD	FL	33026
651036262	1003952466	KUBAL MD ANUP A	# 214	1776 N PINE ISLAND RD	FL	33322
651036262	1689654717	MUTYALA MD SRINI	# 4	2625 EXECUTIVE PARK DR	FL	33331
651062341	1588621379	MARGOLIES MD RICHARD P	3355 BURNS RD # 205	PALM BCH GDNS	FL	33410
651110939	1063483238	SOSSI MD NUNZIO P	130 BUTLER ST	WEST PALM BCH	FL	33407
651135943	1164513958	ROCHE SR MD MARTIN M	103 SE 20TH ST	FT LAUDERDALE	FL	33316
651159427	1639136369	COHN MD LEON F	499 NW 70TH AVE # 100	PLANTATION	FL	33317
800564919	1366619850	FERRA MD SUSANA T	PO BOX 741087	ATLANTA	GA	30384
830313108	1437157484	WELCH MD BARRY P	424 YELLOWSTONE AVE # 110	CODY	WY	82414
830482444	1689699654	SKOLNICK MD CRAIG A	641 UNIVERSITY BLVD # 111	JUPITER	FL	33458
030219309	1285685966	WHITAKER MD MARK E	111 COLCHESTER AVE	BURLINGTON	VT	05401
113643332	1285600791	STEIN MD IRA M	13005 SOUTHERN BLVD # 124	LOXAHATCHEE	FL	33470
200060013	1750470316	GEORGAKAKIS MD GEORGE E	4801 N FEDERAL HWY # 302	FT LAUDERDALE	FL	33308
200244662	1467427252	TONER MD STEPHEN J	1360 BRICKYARD RD	CHIPLEY	FL	32428
200658306	1053342550	TARTELL MD PAUL B	100 NW 82ND AVE # 104	PLANTATION	FL	33324
232919472	1679775597	KITSKO MD DENNIS J	PO BOX 382053	PITTSBURGH	PA	15251
237313346	1740215318	PADHYA MD TAPAN ASHYIN A	PO BOX 918527	ORLANDO	FL	32891
352226306	1629025903	WEBSTER MD ELLIS L	12959 PALMS WEST DR # 220	LOXAHATCHEE	FL	33470
463226506	1497959092	WRIGHT MD CAMYSHA H	4100 S HOSPITAL DR # 307	FORT LAUDERDALE	FL	33317
560543246		HAWK MD RODNEY	80 DOCTORS DR # 2	HENDERSONVILLE	NC	28792

590935917	1093821399	MEYER MD TED A	135 RUTLEDGE AVE		CHARLESTON	SC	29425
591292607	1003890286	MOSELLE MD HERBERT I	201 NW 82ND AVE # 404		PLANTATION	FL	33324
591567174	1588664304	FARRELL MD KENNETH H	6405 N FEDERAL HWY # 104		FT LAUDERDALE	FL	33308
591797855	1588687933	ORJUELA MD ANDRES F	3100 SW 62ND AVE # 124		MIAMI	FL	33155
592287969	1831190180	KRIEGER MD MYLES K	4340 SHERIDAN ST # 202		HOLLYWOOD	FL	33021
592331307	1104810811	CONTRUCCI DO ROBERT B	10071 PINES BLVD # C		PEMBROKE PNES	FL	33024
592579942		ROSOW MD DAVID E	PO BOX 281844		ATLANTA	GA	30384
592579942	1689623100	UMDC DEPT OF OTRHNLRYNG	PO BOX 281844		ATLANTA	GA	30384
592579942	1770507873	THOMAS MD GIOVANA R	PO BOX 281844		ATLANTA	GA	30384
592579942	1740213958	ESHRAIGHI MD ADRIEN A	PO BOX 281844		ATLANTA	GA	30384
592579942	1427071802	YOUNIS MD RAMZI T	900 NW 17TH ST		MIAMI	FL	33136
592579942	1972768133	LEVINE MD CORINNA	1475 NW 12TH AVE # 2		MIAMI	FL	33136
592579942	1386854032	SARGI MD ZOUKAA B	1475 NW 12TH AVE		MIAMI	FL	33136
592579942	1962654806	HERMAN MD BJORN S	PO BOX 281844		ATLANTA	GA	30384
592579942	1972537348	WEED MD DONALD T	PO BOX 281844		ATLANTA	GA	30384
592723885	1104843283	BEQUER MD NAPOLEON G	# 201	12989 SOUTHERN BLVD BL	LOXAHATCHEE	FL	33470
593622718	1922187871	HAIRSTON MD JAHMAL A	6130 PRESTLEY MILL RD # C		DOUGLASVILLE	GA	30134
593622718	1326119918	SACHS DO GREGG R	6130 PRESTLEY MILL RD # C		DOUGLASVILLE	GA	30134
596014973	1609036359	OSTROWER MD SAMUEL T	PO BOX 538500		ATLANTA	GA	30353
596014973	1215198437	FRASER MD MARIKA A	PO BOX 538500		ATLANTA	GA	30353
596014973	1477708907	VENGEROVICH MD GENNADIY	PO BOX 538500		ATLANTA	GA	30353
621612307	1952329138	ARCHILLA MD ALFREDO S	# 100	10150 HAGEN RANCH RD	BOYNTON BEACH	FL	33437
621612307	1851471825	KAY MD DAVID J	# 100	10150 HAGEN RANCH RD	BOYNTON BEACH	FL	33437
650003177	1538120779	ALEMAR MD GILBERTO O	# 2	2950 CLEVELAND CLINIC	WESTON	FL	33331
650003177	1619937216	VILLASUSO III MD ELOY	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177	1093979783	MEDINA MD MICHAEL V F	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650095341	1972579712	SABOL MD STUART J	2221 SE OCEAN BLVD # 300		STUART	FL	34996
650302863	1932113123	NITZBERG MD BRAD S	# 203A	5401 N UNIVERSITY DR	CORAL SPRINGS	FL	33067
650303665	1245230994	GROBMAN MD LAWRENCE R	3800 JOHNSON ST # A		HOLLYWOOD	FL	33021
650303665	1255326369	MORSE MD DANIEL S	601 N FLAMINGO RD # 210		PEMBROKE PNES	FL	33028
650303665	1568647196	LEVINE MD SHERRY L	2100 E HALLANDALE BLVD #	405	HALLANDALE	FL	33009
650303665	1407856222	COOPER MD JONATHAN D	17180 ROYAL PALM BLVD # 1		WESTON	FL	33326
650303665	1174596290	CALLARI MD RICHARD H	1625 SE 3RD AVE # 717		FT LAUDERDALE	FL	33316
650303665	1134120843	SHAPIRO DO CRAIG S	500 N HIATUS RD # 101		PEMBROKE PNES	FL	33026
650303665	1134120843	SHAPIRO DO CRAIG S	8181 NW 154TH ST # 200		MIAMI LAKES	FL	33016
650303665	1700887981	OWENS MD MICHAEL H	15955 SW 96TH ST # 303		MIAMI	FL	33196
650303665	1700887981	OWENS MD MICHAEL H	8181 NW 154TH ST # 200		MIAMI LAKES	FL	33016
650303665	1598765240	GROISMAN MD HORACIO P	21097 NE 27TH CT # 410		AVENTURA	FL	33180
650303665	1639179278	GOLDBERG MD SCOTT H	1190 NW 95TH ST # 200		MIAMI	FL	33150
650303665	1487654950	JAGUAN MD ABRAHAM M	3800 JOHNSON ST # A		HOLLYWOOD	FL	33021
650303665	1528069242	SUKENIK MD MARK A	4700 SHERIDAN ST # K		HOLLYWOOD	FL	33021
650303665	1750525614	WEISSTUCH MD ADAM S	17180 ROYAL PALM BLVD # 1		WESTON	FL	33326
650303665	1861492340	JASSIR MD DAVID	4700 SHERIDAN ST # K		HOLLYWOOD	FL	33021
650303665	1932351202	MURRAY MD KIM P	# 305	747 PONCE DE LEON BLVD	CORAL GABLES	FL	33134
650303665	1588676480	RODRIGUEZ MD IGNACIO A	# 102	4850 W OAKLAND PARK BL	LAUD LAKES	FL	33313
650303665	1528063336	HESSE MD SABINE V	1317 SW 4TH AVE		FT LAUDERDALE	FL	33316
650303665	1730189366	FOSTER MD PAUL K	8181 NW 154TH ST # 200		MIAMI LAKES	FL	33016
650303665	1184624561	KLEIDERMACHER MD PAUL	21097 NE 27TH CT # 410		AVENTURA	FL	33180
650303665	1356371041	KUPFERMAN MD TODD A	3126 N FEDERAL HWY		LIGHTHOUSE POINT	FL	33064
650303665	1487654174	HANFT MD KENDALL L	# 1	3079 E COMMERCIAL BLVD	FT LAUDERDALE	FL	33308
650303665	1255645792	SPELLMAN DO ANDREA J	3800 JOHNSON ST # A		HOLLYWOOD	FL	33021
650584752	1396777900	LIU MD NANCY J	660 GLADES RD # 400		BOCA RATON	FL	33431
650790741	1972576668	ALPERSTEIN MD JEFFREY B	4600 MILITARY TRL # 205		JUPITER	FL	33458
650790741	1831183581	ROSENTHAL MD JON N	3100 CORAL HILLS DR # 307		CORAL SPRINGS	FL	33065
650790741	1801850698	SCHRAGER MD STEVEN M	1601 CLINT MOORE RD # 105		BOCA RATON	FL	33487
650790741	1306819610	GALIN DO MICHAEL A	# 103	10115 FOREST HILL BLVD	WELLINGTON	FL	33414
650790741	1427042852	JOHNSON DO CURTIS D	220 SW 84TH AVE # 101		PLANTATION	FL	33324
650790741	1104843283	BEQUER MD NAPOLEON G	# 201	12989 SOUTHERN BLVD BL	LOXAHATCHEE	FL	33470
650790741	1538190467	JAFFE MD DEBRA M	900 NW 13TH ST # 206		BOCA RATON	FL	33486
650790741	1083735401	GRIMALDI DO SALVATORE L	# 103	10115 FOREST HILL BLVD	WELLINGTON	FL	33414
650790741	1821046368	DATTILO MD ROBERT A	1515 N FLAGLER DR # 600		WEST PALM BCH	FL	33401
650790741	1114093598	GOLDHABER MD NEIL G	1395 S STATE ROAD 7 # 350		WELLINGTON	FL	33414
650790741	1851326029	MANDEL MD LEE M	4400 SHERIDAN ST		HOLLYWOOD	FL	33021
650790741	1881859049	GANC MD DANIEL T	1601 CLINT MOORE RD # 105		BOCA RATON	FL	33487
650790741	1336118017	GORUP MD ALEXANDER M	1 W SAMPLE RD # 103		POMPANO BEACH	FL	33064
650790741	1255420485	BERGHASH MD LESLIE R	# B-105	1801 SE HILLMOOR DR	PORT ST LUCIE	FL	34952
650790741	1356658595	LONEY MD DEBORAH A	12959 PALMS WEST DR # 220		LOXAHATCHEE	FL	33470
650790741	1174587331	LAPCO MD PAUL E	1 W SAMPLE RD # 103		POMPANO BEACH	FL	33064
650790741	1497959092	WRIGHT MD CAMYSHA H	201 NW 82ND AVE # 404		PLANTATION	FL	33324
650790741	1083686687	EMMER DO CURTIS D	# 103	10115 FOREST HILL BLVD	WELLINGTON	FL	33414
650806753	1407072499	DAVE MD SANDEEP P	3100 SW 62ND AVE # 124		MIAMI	FL	33155
650846580	1356322549	SINGER MD STEVEN L	1150 N 35TH AVE # 395		HOLLYWOOD	FL	33021
650899084	1396711925	FINGERER MD WALTER M	3001 NW 49TH AVE # 207		LAUD LAKES	FL	33313
651075371	1255420485	BERGHASH MD LESLIE R	# B-105	1801 SE HILLMOOR DR	PORT ST LUCIE	FL	34952
651075371	1356455612	ZEIDERS III MD JACOB W	1505 S ANDREWS AVE		FT LAUDERDALE	FL	33316
721391850	1932206885	MARTIN MD RICHARD G	927 FRANKLIN SE ST # 100		HUNTSVILLE	AL	35801
810557303	1679541445	MADASU MD RAM K	# 101-B	5511 N UNIVERSITY DR	CORAL SPRINGS	FL	33067
205015243	1093764243	WACHSMAN MD SETH C	# 103	8880 ROYAL PALM BLVD	CORAL SPRINGS	FL	33065
451299307	1912987983	GONZALEZ MD CHRISTIAN D	21097 NE 27TH CT # 350		MIAMI	FL	33180
520902974	1487642310	GRANT MD LISA J	PO BOX 13918		BELFAST	ME	04915
571162559	1609075316	COHN MD SUE S	PO BOX 277722		ATLANTA	GA	30384
590637874	1275775736	DEBONET MD ALEXANDER F	PO BOX 9033		STUART	FL	34995
590791028	1407180615	DREW MD DAVID Z	4725 N FEDERAL HWY # 2		FT LAUDERDALE	FL	33308
590791028	1750315669	MC ROBERTS MD WILLIAM P	5601 N DIXIE HWY # 2		OAKLAND PARK	FL	33334
591680273	1871679746	LI MD GALAXY	PO BOX 13833		PHILADELPHIA	PA	19101
592207264	1033140264	SCHULTZ MD NEIL R	PO BOX 198338		ATLANTA	GA	30384
593006597	1750361523	BERCKES MD STACY J	111 WATERMAN AVE		MOUNT DORA	FL	32757

650311858	1003249566	BEELITZ MD JOHN D	124 SW CHAMBER CT		PORT ST LUCIE	FL	34986
650652448	1124207154	VILASUSO MD JAVIER F	# 316	7154 N UNIVERSITY DR	TAMARAC	FL	33321
650652448		SALAMON MD JOEL W	# 306/308	15600 NW 67TH AVE	MIAMI LAKES	FL	33014
650680977	1639165400	LEHMANN MD LANCE J	3990 SHERIDAN ST		HOLLYWOOD	FL	33021
650930718	1245462670	KAMERLINK MD JONATHAN R	6401 N FEDERAL HWY	3601 W COMMERCIAL BLV	FT LAUDERDALE	FL	33308
650936875	1407870736	RENTA MD ALEXIS R	# 210	2828 S SEACREST BLVD	BOYNTON BEACH	FL	33435
650977950	1730192758	ROSENBLATT MD MELANIE H	1 W SAMPLE RD # 104		LIGHTHOUSE POINT	FL	33064
650978325	1447355789	BISTLINE MD JANE E	# 100	2031 PALM BEACH LAKES	WEST PALM BCH	FL	33409
651021857	1710988332	DALTON DO HAROLD L	6000 N FEDERAL HWY		FT LAUDERDALE	FL	33308
900635000	1922244516	ARAM MD GAZELLE	# 201-291	15275 COLLIER BLVD	NAPLES	FL	34119
591910927	1104890649	SINCLAIR MD ELYSEE H	10167 NW 31ST ST # 200		CORAL SPRINGS	FL	33065
596014973	1386672426	KLEINER MD GARY I	PO BOX 538500		ATLANTA	GA	30353
650478208	1972516979	SCHRAMM MD ROBERT J	2499 GLADES RD # 306		BOCA RATON	FL	33431
592013191	1548301054	PEARSON-MARTIN MD ROBERT	PO BOX 277279		ATLANTA	GA	30384
592013191	1356496806	CHANDAR MD JAY S	3850 HOLLYWOOD BLVD # 202		HOLLYWOOD	FL	33021
592013191	1033156146	SHERRON MD PATRICIA A	12957 PALMS WEST DR # 203		LOXAHATCHEE	FL	33470
592013191	1235180217	CHANDRASEKHAR MD SUNDAR C	PO BOX 277279		ATLANTA	GA	30384
592013191	1740218361	PEREIRA MD CLAUDIA V	8940 N KENDALL DR # 603-E		MIAMI	FL	33176
592013191	1184687162	SKIMMING MD JEFFREY W	2900 S COMMERCE PKWY		WESTON	FL	33331
650829983		ZEIDENWEBER MD CARLO M	5955 PONCE DE LEON BLVD		CORAL GABLES	FL	33146
651023909	1598722126	KHAN MD DANYAL M	3100 SW 62ND AVE		MIAMI	FL	33155
651023909	1164609970	DROSSNER MD DAVID M	11310 LEGACY AVE		PALM BCH GDNS	FL	33410
651023909	1275882599	AREGULLIN ELIG MD ENRIQUE	PO BOX 863286		ORLANDO	FL	32886
651100240	1891774766	LEMES MD VICENTE	12600 PEMBROKE RD # 304		MIRAMAR	FL	33027
592013191	1437323573	MACHADO MD JACQUELINE C	PO BOX 277279		ATLANTA	GA	30384
592013191	1568427516	DEVABHAKTUNI MD VENU G	PO BOX 277279		ATLANTA	GA	30384
592013191	1184680282	DAVIS MD JENNIFER A	PO BOX 277279		ATLANTA	GA	30384
593425191	1821026964	KULUZ MD JOHN W	3100 SW 62ND AVE		MIAMI	FL	33155
200492277	1609863257	BENAROCH MD LEE M	800 MEADOWS RD		BOCA RATON	FL	33486
452773050		MISDARY MD JOHN S	PO BOX 9790		DAYTONA BEACH	FL	32120
455237454		JEAN PIERRE MD MEURICE	PO BOX 919390		ORLANDO	FL	32891
463756071	1982884292	SHAKED MD ORANIT	3100 SW 62ND AVE		MIAMI	FL	33155
561679170	1952397887	MAHON MD HOLLY H	1600 S ANDREWS AVE		FT LAUDERDALE	FL	33316
590638499	1184619934	AMADOR MD FRANCIS	1600 S ANDREWS AVE		FT LAUDERDALE	FL	33316
650651301		VIDAL MD JOSE	5955 PONCE DE LEON BLVD		CORAL GABLES	FL	33146
650651301		MORLOKPRINCE MD JESSICA	5955 PONCE DE LEON BLVD		CORAL GABLES	FL	33146
263428072	1013938422	DAMIAN MD MIDDEY	# 104	1447 MEDICAL PARK BLVD	WELLINGTON	FL	33414
590634433	1942358411	BENSON MD MATTHEW R	PO BOX 409992		ATLANTA	GA	30384
590634433	1245281278	YU MD YU M	PO BOX 409992		ATLANTA	GA	30384
590634433	1205820743	STEINDEL-KOPP MD BETHEL S	PO BOX 538500		ATLANTA	GA	30353
591680273	1730121229	HUERTA MD MILAGROS GLORI	2999 NE 191ST ST # 330		MIAMI	FL	33180
596012065	1316902430	BLANCO MD ERNESTO J	PO BOX 862851		ORLANDO	FL	32886
596014973	1306011499	HART-UNGER MD SARAH	PO BOX 538500		ATLANTA	GA	30353
203400983	1043259468	KOUTOUBY MD RAGHAD	PO BOX 848593		BOSTON	MA	02284
592013191	1649265968	EIDELWEIN MD ALEXANDRA P	PO BOX 277279		ATLANTA	GA	30384
592579927	1508894817	MILLER MD TRACIE L	PO BOX 281835		ATLANTA	GA	30384
596012065	1952354151	TUCKER MD NEIL T	PO BOX 862851		ORLANDO	FL	32886
650394120	1598749145	FLORES-GONZALEZ MD JOSE M	5800 COLONIAL DR # 405		MARGATE	FL	33063
650684139	1396803912	EDELSTEIN MD ANDREW R	# 101	10200 W STATE ROAD 84	DAVIE	FL	33324
650829983	1164419107	DIAZ MD DIEGO M	1150 N 35TH AVE # 545		HOLLYWOOD	FL	33021
650829983	1275855595	RAGHUNATH MD NEERAJ KUMAR	5955 PONCE DE LEON BLVD		CORAL GABLES	FL	33146
650829983	1720314164	FUCHS MD YONATHAN	5955 PONCE DE LEON BLVD		CORAL GABLES	FL	33146
651087534	1265439806	GUERRERO MD ROBERTO A	12959 PALMS WEST DR # 210		LOXAHATCHEE	FL	33470
593259553	1497957591	SUTPHIN MD ROBERT M	# 205A	2290 W EAU GALLIE BLVD	MELBOURNE	FL	32935
596012065	1124226329	CAMBARA MD ALEJANDRO E	PO BOX 862851		ORLANDO	FL	32886
596014973	1811906431	SCHAEFER MD ANNE M	PO BOX 538500		ATLANTA	GA	30353
596014973	1679574883	HANIF MD IFTIKHAR	PO BOX 538500		ATLANTA	GA	30353
596014973	1992714562	CAUFF MD BRIAN E	PO BOX 538500		ATLANTA	GA	30353
208119401	1427044700	COTILLA MD MANUEL R	3200 SW 60TH CT # 206		MIAMI	FL	33155
650818111	1588720924	REID JR MD ROBERT	1150 N 35TH AVE # 499		HOLLYWOOD	FL	33021
232919472	1710951470	MORITZ MD MICHAEL J	PO BOX 382053		PITTSBURGH	PA	15251
542066908	1417985888	BEHARRIE MD ASHRAF H	4330 W BROWARD BLVD # P		PLANTATION	FL	33317
596014973	1164671970	NEGRONI-BALASQ MD XAMAYTA	PO BOX 538500		ATLANTA	GA	30353
596014973	1598785479	CONSTANTINESCU MD ALEXAND	PO BOX 538500		ATLANTA	GA	30353
650790741	1538190467	JAFFE MD DEBRA M	3100 CORAL HILLS DR # 307		CORAL SPRINGS	FL	33065
650790741	1356455612	ZEIDERS III MD JACOB W	1505 S ANDREWS AVE		FT LAUDERDALE	FL	33316
596014973	1568490712	NAPCHAN-POMERA MD GALIA D	PO BOX 538500		ATLANTA	GA	30353
596014973	1619963287	MARTINEZ MD JUAN C	PO BOX 538500		ATLANTA	GA	30353
596014973	1063469609	SCHER MD HERSCHEL M	3341 JOHNSON ST		HOLLYWOOD	FL	33021
650098557	1699757484	BIRRIEL CARDON JR MD JOSE	9291 GLADES RD # 302		BOCA RATON	FL	33434
650098557	1699757484	BIRRIEL JR MD JOSE A	9291 GLADES RD # 302		BOCA RATON	FL	33434
650098557	1477535615	VAZQUEZ-AGOSTO MD SAMUEL	1 SW 129TH AVE # 3		PEMBROKE PNES	FL	33027
650544565	1538154398	SALLENT MD JORGE A	927 45TH ST # 204		WEST PALM BCH	FL	33407
651071818	1508839408	RODRIGUEZ MD ANTONIO M	3100 SW 62ND AVE		MIAMI	FL	33155
473657360		MATA MD MARIA D	PO BOX 450097		FT LAUDERDALE	FL	33345
590634433	1740268077	PODBERESKY MD DANIEL J	PO BOX 409992		ATLANTA	GA	30384
592579847	1194750489	TEOMETE MD UYGAR	1475 NW 12TH AVE		MIAMI	FL	33136
592579847	1205987120	HENRIQUEZ MD GISELA C	1475 NW 12TH AVE		MIAMI	FL	33136
650887466		MATA MD MARIA D	PO BOX 19510		FT LAUDERDALE	FL	33318
651075205	1619932894	FISHER MD PAUL D	3501 JOHNSON ST		HOLLYWOOD	FL	33021
651075205	1487657599	MC LEARY MD MICHAEL S	1901 SW 172ND AVE		MIRAMAR	FL	33029
650901240	1851508857	WIERS-SHAMIR MD KRISTINA	4500 SHERIDAN ST		HOLLYWOOD	FL	33021
596014973	1871704817	FRANK MD JEREMY S	PO BOX 538500		ATLANTA	GA	30353
562304427	1467402263	MIAMI VAMC	PO BOX 140793		ORLANDO	FL	32814
596014973	1255435996	LONG MD JULIE A	PO BOX 538500		ATLANTA	GA	30353
650202995	1932211158	PURANIK MD SUBHASH R	300 NW 70TH AVE # 202		PLANTATION	FL	33317
650202995	1538271762	PUGLISI MD ROBERTO N	300 NW 70TH AVE # 202		PLANTATION	FL	33317

650937338	1649255324	STONE MD MARSHALL M	# 202	9970 CENTRAL PARK N BLV	BOCA RATON	FL	33428
271913800	1427143619	VASCONCELLOS MD ELZA N	3850 BIRD RD # 701		MIAMI	FL	33146
593214635	1326061862	LEE MD KI HYEONG HYEON	PO BOX 538600		ORLANDO	FL	32853
593214635		KEVILL MD JOHN W	615 E PRINCETON ST # 540		ORLANDO	FL	32803
596014973	1144453796	BERRY MD STEFANIE J	PO BOX 538500		ATLANTA	GA	30353
650631182	1518987676	TUCHMAN MD ROBERTO F	2900 S COMMERCE PKWY		WESTON	FL	33331
650631182	1255490652	BUTLER MD KENNETH A	9075 SW 87TH AVE # 414		MIAMI	FL	33176
650631182	1508942731	SANCHEZ MD NELSON G	3200 SW 60TH COURT # 302		MIAMI	FL	33155
650631182	1972689107	MARTINEZ MD DIANA	PO BOX 538500		ATLANTA	GA	30353
650631182	1679644504	TOROCISK DO HEIDI V	PO BOX 538500		ATLANTA	GA	30353
650683662	1134263163	HELMY MD ADEL K	4510 N FEDERAL HWY # 103		LIGHTHOUSE PT	FL	33064
650806753	1376613430	EPSTEIN MD MARK A	2900 S COMMERCE PKWY		WESTON	FL	33331
650829983	1497779474	BAQUERO MD JAIME L	# 122	9980 CENTRAL PARK N BLV	BOCA RATON	FL	33428
651045187	1619970738	LIU MD EDWIN	12959 PALMS WEST DR # 120		LOXAHATCHEE	FL	33470
020599723	1174764153	SAJAN MD CHERIAN K	PO BOX 12234		BELFAST	ME	04915
020599723	1568677300	DELUCA MD JASON R	# 1302	1501 N US HIGHWAY 441	LADY LAKE	FL	32159
021626385	1255599932	FOSTER MD KEITH J	PO BOX 538500		ATLANTA	GA	30353
043655514	1285655860	JEANNOT MD FRANCISCO A	# 102	8130 ROYAL PALM BLVD	CORAL SPRINGS	FL	33065
134290167	1083642045	MARTIN MD JENNIFER P	35 INTERNATIONAL DR		GREENVILLE	SC	29615
260501643	1356338586	LEVIN MD STEVEN P	205 NEWTOWN RD # 104		WARMINSTER	PA	18974
391678306	1043231756	WILKINS MD THOMAS J	164 N BROADWAY		GREEN BAY	WI	54303
462831948	1639220064	BURACK DO STEVEN A	2126 N FLAMINGO RD		PEMBROKE PNES	FL	33028
581661116	1467688085	DOWS-MARTINEZ MD MARLY N	# 100	2041 MESA VALLEY WAY	AUSTELL	GA	30106
590791028	1619183332	WU MD PAUL W	5601 N DIXIE HWY # 2		OAKLAND PARK	FL	33334
590791028	1114930914	BULKAN MD PHYLLIS N	4725 N FEDERAL HWY # 504		FT LAUDERDALE	FL	33308
591680273	1629231477	ZAREMSKI MD JASON L	PO BOX 13833		PHILADELPHIA	PA	19101
592819741	1619956570	DEPAZ MD OSCAR B	4343 W NEWBERRY RD # 14		GAINESVILLE	FL	32607
596014973	1225331531	JACOBS DO JEREMY	3501 JOHNSON ST		HOLLYWOOD	FL	33021
596014973	1689675928	NUGENT MD IVOR A	PO BOX 538500		ATLANTA	GA	30353
596014973	1336319490	COHEN MD JANICE M	PO BOX 538500		ATLANTA	GA	30353
650003177	1578635678	O'CONNELL MD JOHN A	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177	1720280365	KUYN MD ERIK O	2237 N COMMERCE PKWY # 2		WESTON	FL	33326
650138983	1942252069	LICHTBLAU MD CRAIG H	550 NORTHLAKE BLVD		N PALM BEACH	FL	33408
650180456	1053368845	SASSOON MD EDDIE E	10011 PINES BLVD # 201		PEMBROKE PNES	FL	33024
650294047	1295748994	TANNENBAUM MD SCOTT D	4399 N NOB HILL RD		FORT LAUDERDALE	FL	33351
650357304	1104029081	AVENTURA ORTHO CARE CTR	21000 NE 28TH AVE # 104		ADVENTURA	FL	33180
650829651	1922060292	FISHMAN DO MARK S	2101 N COMMERCE PKWY		WESTON	FL	33326
650925136	1023300266	TRAN MD DAVID	1285 36TH ST # 100		VERO BEACH	FL	32960
651092714	1619183332	WU MD PAUL W	5601 N DIXIE HWY # 2		OAKLAND PARK	FL	33334
721559366	1881623122	PANNOZZO MD ANTHONY N	# 740	16244 S MILITARY TRL	DELRAY BEACH	FL	33484
010962884	1285634741	SEMER DPM LARRY C	223 E HALLANDALE BEACH	BLVD	HALLANDALE BCH	FL	33009
030398611	1730417130	ROBERTO DPM THEODORE	100 MADISON AVE		MORRISTOWN	NJ	07960
113128471	1962439174	SCHEIN DPM STEVEN M	3100 CORAL HILLS DR # 204		CORAL SPRINGS	FL	33065
113439479	1285631382	TODD DPM BRADLEY P	3367 GALT OCEAN DR		FT LAUDERDALE	FL	33308
133403690	1316960628	GOLD DPM JASON M	670 GLADES RD # 320		BOCA RATON	FL	33431
141941024	1417967886	NASR DPM JORGE F	11760 SW 40TH ST # 529		MIAMI	FL	33175
200127825		WINDRAM DPM WARREN W	15600 NW 67TH AVE # 306		MIAMI LAKES	FL	33014
200747522	1932218179	LIEBER DPM GARY A	5130 LINTON BLVD # F-6		DELRAY BEACH	FL	33484
203992889	1134116577	GARNET DPM ROBERT I	6705 SW 57TH AVE # 312		SOUTH MIAMI	FL	33143
203992889	1932196375	CARBONELL DPM JAIME A	18430 S DIXIE HWY		CUTLER BAY	FL	33157
204437289	1053360099	HEATH DPM DAVID J	2525 EMBASSY DR # 4		HOLLYWOOD	FL	33026
260225005	1306099304	SARDINA DPM JUAN E	2326 S CONGRESS AVE # 1A		WEST PALM BCH	FL	33406
260225005	1083802102	HECK DPM DANIEL E	2326 S CONGRESS AVE # 1A		WEST PALM BCH	FL	33406
260557742	1104815927	BRADY DPM KEVIN P	10600 GRIFFIN RD # 107A		DAVIE	FL	33328
262445620	1285764761	FELD DPM JEFFREY A	# A	936 GENERAL BOOTH BLVC	VIRGINIA BCH	VA	23451
264003803	1982681219	EBANKS DPM PAUL A	4233 SUN N LAKE BLVD		SEBRING	FL	33872
264286044	1023114600	CHARLES DPM ALIX	4330 W BROWARD BLVD # E		PLANTATION	FL	33317
270492585	1770816860	NORRIS DPM SHAWN R	PO BOX 812751		BOCA RATON	FL	33481
270492585	1225270416	MAC GILL DPM ALAN A	# 204	2828 S SEACREST BLVD	BOYNTON BEACH	FL	33435
271797640	1821096702	WEINSTEIN DPM ERIC	# 321	2300 N COMMERCE PKWY	WESTON	FL	33326
273378728	1174574628	TORREGROSA DPM JOHN FRITZ	91550 OVERSEAS HWY # 107		TAVERNIER	FL	33070
273724690	1104803618	BEYLIN DPM ILIYA	100 NW 82ND AVE # 106		PLANTATION	FL	33324
300700851	1134367394	STOVER DPM PAMELA B	600 5TH W AVE		HENDERSONVILLE	NC	28739
454934496	1093704306	EVANS DPM JASON A	# 207	2800 E COMMERCIAL BLVC	FT LAUDERDALE	FL	33308
455466649	1750692539	BLAISE DPM ALEXANDER	3100 CORAL HILLS DR # 204		CORAL SPRINGS	FL	33065
464206399	1841443843	SHEWPRASHAD DPM STACY H	1791 NW 123RD AVE		PEMBROKE PNES	FL	33026
550811294	1639236359	KATZ DPM ADAM J	8200 S JOG RD # 205		BOYNTON BEACH	FL	33472
571073615	1235229444	BUTTERWORTH DPM MICHELLE	402 NELSON BLVD # 300		KINGSTREE	SC	29556
571162559	1346294576	CLANCY DPM JAMES T	# 215	6056 BOYNTON BEACH BLV	BOYNTON BEACH	FL	33437
571162559	1922055318	LEVIN DPM JOHN S	# 215	6056 BOYNTON BEACH BLV	BOYNTON BEACH	FL	33437
571162559	1770879413	ROTH DPM NICOLE M	4801 S CONGRESS AVE		LAKE WORTH	FL	33461
581858645	1083629893	GROLEMUND DPM GARY M	10 PROFESSIONAL DR		BRUNSWICK	GA	31520
581994261	1972826576	MUSTAFA DPM ZIA C	3556 RIVERSIDE DR		MACON	GA	31210
581994261	1790775559	MICHAEL MD STEPHANIE A	PO BOX 538365		ATLANTA	GA	30353
590624364	1184625592	BUCHMAN DPM JACQUELINE S	4302 ALTON RD # 200		MIAMI BEACH	FL	33140
590791028	1306084157	PAPPAS DPM CHRISTOPHER J	5597 N DIXIE HWY		OAKLAND PARK	FL	33334
590791028	1932112810	BOERI DPM JENNIFER L	PO BOX 70700		FT LAUDERDALE	FL	33307
591414073		NIETER JR DPM EDGAR H	1661 E ATLANTIC BLVD		POMPANO BEACH	FL	33060
591611896	1184689119	MERRITT JR DPM HENRY N	1160 N STATE ROAD 7		LAUDERHILL	FL	33313
592110610	1952612996	THAKAR DPM VIKRAM V	3342 NE 34TH ST		FT LAUDERDALE	FL	33308
592145203	1932200326	ROSS DPM SHELDON A	10109 W OAKLAND PARK BLVD		SUNRISE	FL	33351
592361838	1821352881	SELBST DPM JONATHAN R	# 204	7421 N UNIVERSITY DR	TAMARAC	FL	33321
592361838	1609871367	TANNER DPM DONALD S	# 204	7421 N UNIVERSITY DR	TAMARAC	FL	33321
592396735	1053319145	STRAUSS DPM NEIL H	# 304	7421 N UNIVERSITY DR	TAMARAC	FL	33321
592580012	1669446613	SARANITA DPM ANTHONY D	# 103	1381 CITRUS TOWER BLVD	CLERMONT	FL	34711
592922580	1932450996	VILLANI DPM MATTHEW F	4820 N HIGHWAY 19A # 1		MOUNT DORA	FL	32757
593044241	1982681219	EBANKS DPM PAUL A	4233 SUN N LAKE BLVD		SEBRING	FL	33872

650068990	1386999548	BOCO DPM GREGORY R	# 18	7050 W PALMETTO PARK R	BOCA RATON	FL	33433
650068990	1538123849	SCHEIBER DPM ELIZABETH N	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650105427	1356312656	SHEINBERG DPM ROBERT H	1600 TOWN CENTER CIR # C		WESTON	FL	33326
650105427	1568457588	COHEN DPM MICHAEL M	1600 TOWN CENTER CIR # C		WESTON	FL	33326
650105427	1568457588	COHEN DPM MICHAEL M	1600 TOWN CENTER CIR # C		WESTON	FL	33326
650105427	1790977171	MESSINA DPM CARLO A	1600 TOWN CENTER CIR # C		WESTON	FL	33326
650129875	1962724732	SANSONE DPM DOMINICK	820 E HILLSBORO BLVD		DEERFIELD BCH	FL	33441
650129875	1326026865	DORFMAN DPM DEAN B	820 E HILLSBORO BLVD		DEERFIELD BCH	FL	33441
650151612	1467710681	FILS-AIME JR DPM GELIN J	PO BOX 8996		BELFAST	ME	04915
650169490	1396962627	PALMER DPM KEVIN K	# 300	9970 CENTRAL PARK BLVD	BOCA RATON	FL	33428
650192836	1336296094	CHUSSID DPM FREDRIC	201 N UNIVERSITY DR # 110		PLANTATION	FL	33324
650192836	1902954217	SPINNER DPM STEVEN M	201 N UNIVERSITY DR # 110		PLANTATION	FL	33324
650225866	1699757740	MATTISON DPM BRAD S	# 4	3695 W BOYNTON BEACH	BOYNTON BEACH	FL	33436
650264893	1043329733	COLETTA DPM NINA L	8844A W STATE ROAD 84		DAVIE	FL	33324
650284767	1649230293	FISCHMAN DPM DAVID M	901 W INDIANTOWN RD # 15		JUPITER	FL	33458
650322917	1679550388	WOLANSKY DPM BENNETT L	4601 S UNIVERSITY DR		DAVIE	FL	33328
650323790	1013957166	GARVIN DPM MICHAEL A	150 SW CHAMBER CT # 101	BLVD	PORT ST LUCIE	FL	34986
650437060	1356365746	SCHORR DPM RICHARD S	# F	715 W BOYNTON BEACH BL	BOYNTON BEACH	FL	33426
650440405	1114946654	COHEN DPM DEBORAH A	4800 NE 20TH TER # 107		FT LAUDERDALE	FL	33308
650440405	1861456543	HALL DPM ROBERT K	1211 E BROWARD BLVD		FT LAUDERDALE	FL	33301
650440405	1013904531	OBERMAN DPM RONALD S	1891 W HILLSBORO BLVD		DEERFIELD BCH	FL	33442
650440405	1861485112	GALITZ MD JEFFREY L	PO BOX 8613		BELFAST	ME	04915
650440405	1700819620	GREENBERG DPM BARNEY A	2651 HOLLYWOOD BLVD		HOLLYWOOD	FL	33020
650440405	1982693206	BUSILLO DPM FRANK S	6888 TAFT ST		HOLLYWOOD	FL	33024
650440405	1114902715	WALLACH DPM GARY S	# 203	2737 E OAKLAND PARK BLV	FT LAUDERDALE	FL	33306
650452574	1023052214	MEDINA DPM MARISEL	# 300	600 S PINE ISLAND RD	PLANTATION	FL	33324
650525608	1225091598	CHEN DPM DAVID S	# 204	7421 N UNIVERSITY DR	TAMARAC	FL	33321
650569491	1780606889	DUNETZ DPM AMY S	17971 BISCAYNE BLVD		AVENTURA	FL	33160
650608575	1154542512	ORTIZ DPM JULIO C	# 102	3540 FOREST HILL BLVD	WEST PALM BCH	FL	33406
650608575	1932167335	FRIED DPM BRETT	PO BOX 673690		DETROIT	MI	48267
650898836	1265419220	PERLMUTTER DPM JERRY M	5800 COLONIAL DR		POMPANO BEACH	FL	33063
650960025	1104899764	HALL DPM MARK E	7556 LAKE WORTH RD # 104		LAKE WORTH	FL	33467
651022955	1730137969	LEE DPM KAREN J	10041 PINES BLVD # E		PEMBROKE PNES	FL	33024
651025644	1972678498	PETUSEVSKY DPM HOWARD B	7768 NW 44TH ST # A		LAUDERHILL	FL	33351
651106998	1023098415	MCDONALD DPM TERENCE D	6405 N FEDERAL HWY # 405		FT LAUDERDALE	FL	33308
651121707	1831367465	VENA DPM VIRGINIO	651 W INDIANTOWN RD # K		JUPITER	FL	33458
800374460	1336231638	WILLIAMS DPM MARIE L	21000 NE 28TH AVE # 201		MIAMI	FL	33180
142013952	1689870727	WADE-GIBBS MD PATRICIA T	PO BOX 823902		PEMBROKE PNES	FL	33082
202252101	1659564268	ADENIGBAGBE MD ADESOJI A	PO BOX 741627		ATLANTA	GA	30374
202760054	1972555852	SIMPSON DO BOBBY J	PO BOX 11408		BELFAST	ME	04915
204864532	1770561177	NAMNUM MD PETER A	1600 S ANDREWS AVE		FT LAUDERDALE	FL	33316
205235780	1689687493	WHITMORE MD DOUGLAS M	1930 NE 47TH ST # 205		FT LAUDERDALE	FL	33308
205982558	1255426417	ROLFE MD MARK W	# 409	16057 TAMPA PALMS W BL	TAMPA	FL	33647
205982558	1982818886	HADDAD MD TARIK J	# 409	16057 TAMPA PALMS W BL	TAMPA	FL	33647
260717903	1104888429	AZAR JR MD GEORGE P	6333 N FEDERAL HWY # 270		FT LAUDERDALE	FL	33308
273818647	1376774646	FRENCH MD RUSSELL E	PO BOX 742322		ATLANTA	GA	30374
273818647	1538327937	SHRIVASTAVA MD ASEEM	3950 AUSTELL RD		AUSTELL	GA	30106
412117806	1386646966	RODRIGUEZ MD JUAN CARLOS	PO BOX 348490		CORAL GABLES	FL	33234
416011702	1861471641	MORALES MD IAN J	6278 N FEDERAL HWY # 374		FT LAUDERDALE	FL	33308
450890616	1891782926	GOTKIN MD BRIAN M	PO BOX 741812		ATLANTA	GA	30374
462533349	1720043607	RAJTER MD JEAN-JACQUES J	1001 S ANDREWS AVE # 100		FT LAUDERDALE	FL	33316
581503902	1952309957	IATRIDIS MD ARISTIDIS	# 1000	3820 MEDICAL PARK DR	AUSTELL	GA	30106
581503902	1346248267	MARTINEZ MD STEVEN E	# 1000	3820 MEDICAL PARK DR	AUSTELL	GA	30106
590724459	1427069590	PELAEZ FREIDEL MD ANDRES	16057 TAMPA PALMS W BLVD	16057 TAMPA PALMS W BL	TAMPA	FL	33647
590791028	1114983194	SCOTT MD RONALD J	4725 N FEDERAL HWY		FT LAUDERDALE	FL	33308
590791028	1104881705	COOPERSMITH MD EDWARD M	4725 N FEDERAL HWY		FT LAUDERDALE	FL	33308
590791028	1689687493	WHITMORE MD DOUGLAS M	1930 NE 47TH ST # 205		FT LAUDERDALE	FL	33308
591760017	1417191891	MARTINEZ MD JOSE L	1 W SAMPLE RD # 304		POMPANO BEACH	FL	33064
591803105	1598774390	HOFFBERGER DO DARREN S	201 E SAMPLE RD		POMPANO BEACH	FL	33064
592313481	1275725178	BERCZ MD PETER A	5149 N 9TH AVE # 120		PENSACOLA	FL	32504
592313481	1003883620	HELM MD MOHAMED K	5149 N 9TH AVE # 120		PENSACOLA	FL	32504
592313481	1013975119	MARCO MD PETER A	5149 N 9TH AVE # 120		PENSACOLA	FL	32504
592579805	1225044738	SHAFAZAND MD SHIRIN	900 NW 17TH ST # 5		MIAMI	FL	33136
592579805	1497710099	ABREU MD ALEXANDRE R	900 NW 17TH ST # 5		MIAMI	FL	33136
592693323	1497719611	BERNSTEIN MD STUART J	21110 BISCAYNE BLVD # 405		MIAMI	FL	33180
650003177	1730137597	RAHAGHI MD FRANCK F	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177	1811957368	SMOLLEY MD LAURENCE A	3100 WESTON RD		WESTON	FL	33331
650003177	1437360187	HADEH MD ANAS	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177		MEHTA MD JINESH P	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177	1528205937	MARTINEZ-GALVI MD NYDIA P	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650357395	1255345963	RICHMOND IV MD GARY J	315 SE 14TH ST		FT LAUDERDALE	FL	33316
650374059	1497728570	PATEL MD VINODRAI M	7050 NW 4TH ST # 203		PLANTATION	FL	33317
650432710	1346203304	ALVAREZ MD JOSE R	201 NW 82ND AVE # 105		PLANTATION	FL	33324
650465920	1952315749	WOLKOWICZ MD JEFFREY C	3100 CORAL HILLS DR # 304		CORAL SPRINGS	FL	33065
650730095	1831150515	BRADY DO TED H	7201 N UNIVERSITY DR		TAMARAC	FL	33321
650812755		KUMAR MD SUNIL D	7420 NW 5TH ST # 103		PLANTATION	FL	33317
650822283	1831174499	SINGER MD GLENN R	255 SE 14TH ST # 1B		FT LAUDERDALE	FL	33316
650933425	1184672123	BRAVER MD HOWARD M	3700 WASHINGTON ST # 500		HOLLYWOOD	FL	33021
651009963	1407832744	HULL MD FRANK P	PO BOX 21666		FT LAUDERDALE	FL	33335
651009963	1720043607	RAJTER MD JEAN-JACQUES J	1001 S ANDREWS AVE # 100		FORT LAUDERDALE	FL	33316
651040252	1750438974	BHAGCHANDANI MD LAL K	2825 N STATE ROAD 7 # 201		MARGATE	FL	33063
651157149	1689743445	TACKEY MD FREDERICK S	2300 S CONGRESS AVE # 101		BOYNTON BEACH	FL	33426
760273984	1174504120	OST MD DAVID E	1515 HOLCOMBE BLVD # 207		HOUSTON	TX	77030
901022373	1144263286	SALTZMAN DO DAVID B	# E-214	7800 W OAKLAND PARK BL	SUNRISE	FL	33351
050629338	1326018037	KEISCH MD MARTIN E	9165 PARK DR		MIAMI SHORES	FL	33138
200834220	1477587830	KAPLAN MD EDWARD J	PO BOX 107		STUART	FL	34995
364576561	1518999564	HURST MD DAVID B	1700 SE HILLMOOR DR # 400		PORT ST LUCIE	FL	34952

590791028	1609820372	GROSMAN MD IRINA	4725 N FEDERAL HWY		FT LAUDERDALE	FL	33308
592485899	1588665178	LEE MD TONY T	2101 RIVERSIDE DR # 101		CORAL SPRINGS	FL	33071
592485899	1184824088	LANDAU MD EVAN M	201 E SAMPLE RD # 101		POMPANO BEACH	FL	33064
592485899	1013902436	VAISMAN MD ISAAC	PO BOX 862152		ORLANDO	FL	32886
592485899	1245235688	CHEN MD CHRISTOPHER T	350 NW 84TH AVE # 102		PLANTATION	FL	33324
592485899	1477587830	KAPLAN MD EDWARD J	# 100	4848 COCONUT CREEK PKV	COCONUT CREEK	FL	33063
651075205	1639335649	BABBO MD ANGELA	3501 JOHNSON ST		HOLLYWOOD	FL	33021
760273984	1245339910	JETER MD MELENDA D	1515 HOLCOMBE BLVD # 207		HOUSTON	TX	77030
760273984	1194095455	SKINNER MD HEATH D	1515 HOLCOMBE BLVD		HOUSTON	TX	77030
841708057	1518999564	HURST MD DAVID B	1700 SE HILLMOOR DR # 400		PORT ST LUCIE	FL	34952
364716317	1053584979	MUKKAMALLA MD UMAMAHESWAR	1475 NW 12TH AVE		MIAMI	FL	33136
113654397	1881677680	ABAE MD MICK	201 N PINE ISLAND RD		PLANTATION	FL	33324
113654397	1992748719	CHRISTIE MD DANIEL R	400 N HIATUS RD # 205		PEMBROKE PNES	FL	33026
542129332	1598723306	HERNANDEZ-REY MD ARMANDO	2828 CORAL WAY # 103		CORAL GABLES	FL	33145
621725845	1154486405	WEITZMAN MD VANESSA N	2960 N STATE RD 7 # 300		MARGATE	FL	33063
621725845		MAXSON MD WAYNE S	2960 N STATE RD 7 # 300		MARGATE	FL	33063
621725845		ORY MD STEVEN J	2960 N STATE RD 7 # 300		MARGATE	FL	33063
621725845	1619051406	HOFFMAN MD DAVID I	2825 N STATE ROAD 7 # 302		MARGATE	FL	33063
621725845	1255644613	IVF FL REPRODUCTIVE ASC	400 N HIATUS RD # 205		PEMBROKE PNES	FL	33026
621725845		BARRIONUEVO MD MARCELO J	2960 N STATE RD 7 # 300		MARGATE	FL	33063
650236322	1598723306	HERNANDEZ-REY MD ARMANDO	2828 CORAL WAY # 103		CORAL GABLES	FL	33145
650293573	1801912076	MC CARTHY MD JENIFER D	1 SW 129TH AVE # 205		PEMBROKE PNES	FL	33027
201723835	1558346262	STARK MD KENNETH E	1613 BANNING BEACH RD		TAVARES	FL	32778
202806466	1548243140	ROPOS DO TRUMANE J	6405 N FEDERAL HWY # 103		FT LAUDERDALE	FL	33308
261869328	1730160615	JAFFE MD MARK S	1 SW 129TH AVE # 401		PEMBROKE PNES	FL	33027
320349690	1629034343	ROCA MD ALEJANDRO O	PO BOX 164600		MIAMI	FL	33116
412250823		WADHWA MD RANJU B	PO BOX 100927		ATLANTA	GA	30384
542141388	1629396486	ARIAS URDANETA MD LUIS A	4302 ALTON RD # 810		MIAMI BEACH	FL	33140
592579805		SAVAGE MD CHRISTINE N	# 100	1192 E NEWPORT CENTER I	DEERFIELD BCH	FL	33442
596012065	1861584104	SABA MD JIHAN M	1000 NE 56TH ST		FT LAUDERDALE	FL	33334
650003177	1205825387	DONOHUE MD JOHN P	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177	1336313345	ELZAWAWY MD HOSSAM B	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650127265	1144227927	WATERS MD BARRY K	PO BOX 7868		BELFAST	ME	04915
650195367	1376537597	KAPILA MD PRABODH K	201 NW 82ND AVE # 303		PLANTATION	FL	33324
650374059	1841266905	FELDMAN MD STEVEN L	# 104	7351 W OAKLAND PARK BL	TAMARAC	FL	33319
650615014	1144219338	KIMMEL MD STEVEN C	# 300	7431 N UNIVERSITY DR	TAMARAC	FL	33321
650615014	1730178443	STONE MD KEVIN E	# 300	7431 N UNIVERSITY DR	TAMARAC	FL	33321
650615014	1487643672	ALBERTS MD ALAN R	# 300	7431 N UNIVERSITY DR	TAMARAC	FL	33321
650615014	1770572968	HALPERT MD ELIAS	# 300	7431 N UNIVERSITY DR	TAMARAC	FL	33321
650669770	1417989310	MUNOZ MD GEORGE E	20880 W DIXIE HWY # 101		MIAMI	FL	33180
650672243		MIRANDA MD LILLIAM M	12151 TAFT ST		PEMBROKE PNES	FL	33026
650839295	1326240565	NEGRON-RODRIGU MD AMARIE	# 11	2900 W CYPRESS CREEK RD	FT LAUDERDALE	FL	33309
650900699	1366536708	RISKIN MD WAYNE G	4700 SHERIDAN ST # C		HOLLYWOOD	FL	33021
650900699	1124227871	SANTIAGO-CASAS MD YESENIA	4700 SHERIDAN ST # C		HOLLYWOOD	FL	33021
650900871	1639145337	WEITZ MD MICHAEL A	7190 SW 87TH AVE # 304		MIAMI	FL	33173
650901240	1245252402	VALENZUELA MD GUILLERMO J	140 SW 84TH AVE # B		PLANTATION	FL	33324
650901240	1255440384	GAYLIS MD NORMAN B	21097 NE 27TH CT # 200		MIAMI	FL	33180
650901240	1851508857	WIERS-SHAMIR MD KRISTINA	400 N HIATUS RD # 105		PEMBROKE PNES	FL	33026
650901240	1962467084	MALDONADO MD MARCOS E	21097 NE 27TH CT # 200		MIAMI	FL	33180
650901240	1841491917	PAGNUSSAT MD SANDRA E	21097 NE 27TH CT # 200		MIAMI	FL	33180
650901240	1356495014	OBERSTEIN MD ELANA M	21097 NE 27TH CT # 200		MIAMI	FL	33180
800808192	1871572511	AYALA GARCIA MD LILLIAM E	140 SW 84TH AVE # B		PLANTATION	FL	33324
841074070	1861455099	TIMMS MD PATRICK KEVIN	3676 PARKER BLVD # 260		PUEBLO	CO	81008
208032857	1346278264	PROVO MD JAMES E	PO BOX 978766		DALLAS	TX	75397
590791028	1316170350	MANALAC JR MD FERNANDO J	PO BOX 70700		FT LAUDERDALE	FL	33307
591083502	1679899215	GEDRICK DO BEAU P	PO BOX 290250		FT LAUDERDALE	FL	33329
592783330	1831107036	STEIN DO JOEL D	4109 N FEDERAL HWY		FT LAUDERDALE	FL	33308
592924021	1487644977	MEUSER MD DOUGLAS G	# 127	4000 CENTRAL FLORIDA	ORLANDO	FL	32816
650003177	1588680821	GROBMAN DO DANIEL	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
061783116	1932147634	MASROOR MD SAQIB	PO BOX 404283		ATLANTA	GA	30384
205235780	1104867274	DAVID MD IRVING B	4725 N FEDERAL HWY		FT LAUDERDALE	FL	33308
592579938	1285621243	CARRILLO MD ROGERIO G	PO BOX 281046		ATLANTA	GA	30384
201759480	1891754230	DOTY MD JAMES M	PO BOX 329		STUART	FL	34995
201759480	1073766804	CORALLO JR MD JOSEPH P	# 300	350 N PINE ISLAND RD	PLANTATION	FL	33324
203400983	1497799761	SZOMSTEIN MD MARCOS	7765 SW 87TH AVE # 212		MIAMI	FL	33173
237313346	1144493941	RASHEID MD SOWSAN H	# F145	1 TAMPA GENERAL CIR	TAMPA	FL	33606
590791028	1801885751	LESCHER MD THOMAS J	1940 NE 47TH ST # 1		FT LAUDERDALE	FL	33308
590791028	1699764530	BASU MD ABHIJIT	1940 NE 47TH ST # 1		FT LAUDERDALE	FL	33308
590791028	1841463130	SCHOCHET MD ELIE	1940 NE 47TH ST # 1		FT LAUDERDALE	FL	33308
592445855	1053482331	GARBER MD HARVEY I	4675 LINTON BLVD # 200		DELRAY BEACH	FL	33445
593214635	1629101019	ATALLAH MD OSAMA B	242 LOCH LOMOND DR		WINTER PARK	FL	32792
593214635	1942590393	NASSIF JR DO GEORGE J	2501 N ORANGE AVE # 240		ORLANDO	FL	32804
650003177	1225092893	NOGUERAS MD JUAN J	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177	1851355523	WEISS MD ERIC G	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177	1114981412	SANDS MD DANA R	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
770612357	1073766804	CORALLO JR MD JOSEPH P	# 300	350 N PINE ISLAND RD	PLANTATION	FL	33324
030515654	1366406563	ARISON MD RON F	2438 E COMMERCIAL BLVD		FT LAUDERDALE	FL	33308
030515654	1649220476	BERMUDEZ MD FRANCISCO G	6401 N FEDERAL HWY # 3		FT LAUDERDALE	FL	33308
043639697	1467483073	DE LA CRUZ MUN JR MD NEST	3651 NW 82ND AVE # 302		DORAL	FL	33166
061783116	1316927684	ZALEWSKI MD MAREK M	350 NW 84TH AVE # 300		PLANTATION	FL	33324
113735424	1457416331	ROBINSON MD DAVID S	5651 NW 29TH ST		MARGATE	FL	33063
141977089	1902124936	ZHANG MD CHI	PO BOX 277240		ATLANTA	GA	30384
141977089	1518142413	SIERRA MD RAFAEL	PO BOX 277240		ATLANTA	GA	30384
201180292	1588626147	ARMOTRADING II MD JOSEPH	10000 W COLONIAL DR # 288		OCOE	FL	34761
201224718	1629065222	ALVARADO MD ANEL	PO BOX 538500		ATLANTA	GA	30353
201224718	1356337026	SEREDA MD DEXTER C	703 N FLAMINGO RD		PEMBROKE PNES	FL	33028
201224718	1689660367	PIDHORECKY MD IHOR	PO BOX 538500		ATLANTA	GA	30353

201759480	1568464410	SHACHNER MD MARK S	PO BOX 329		STUART	FL	34995
201759480		LEHR MD GARY S	3467 W HILLSBORO BLVD # B		DEERFIELD BCH	FL	33442
201759480	1639155633	JOHNSON MD JUDITH M	# 104	7225 N UNIVERSITY DR	TAMARAC	FL	33321
201759480	1144219445	LAGO SR MD CHARLES P	2901 CORAL HILLS DR # 360		CORAL SPRINGS	FL	33065
201759480	1720048036	WEINSTEIN MD BRIAN K	350 NW 84TH AVE # 311		PLANTATION	FL	33324
201759480	1083699482	OREN DO AEYAL	201 NW 82ND AVE # 301		PLANTATION	FL	33324
205155995	1073588919	GONZALEZ MD ANTHONY M	7800 SW 87TH AVE # B-210		MIAMI	FL	33173
205733575	1821012857	CASEY MD JOSEPH J	4725 N FEDERAL HWY		FT LAUDERDALE	FL	33308
205733575	1649482910	LUSSENDEN MD RYAN R	# E	8395 W OAKLAND PARK BL	SUNRISE	FL	33351
208817058	1124042247	ROBERTS III MD JOHN E	5700 N FEDERAL HWY # 1		FT LAUDERDALE	FL	33308
261594537	1760441000	YELVERTON MD CHERYL L	201 NW 82ND AVE # 102		PLANTATION	FL	33324
261943792	1437117793	SHAPIRO MD ANDREW J	# 407	1447 MEDICAL PARK BLVD	WELLINGTON	FL	33414
262530739	1154359529	DUDAK MD MARLA W	9325 GLADES RD # 101		BOCA RATON	FL	33434
263249473	1033303524	GALOVICH MD JUSTIN M	# 1-263	505 BEACHLAND BLVD	VERO BEACH	FL	32963
270186002	1760400030	DONOWAY MD ROBERT B	3800 JOHNSON ST # A		HOLLYWOOD	FL	33021
270811356	1568652196	TORRES MD ERNESTO V	3661 S MIAMI AVE # 708		MIAMI	FL	33133
271978178	1871674770	MASSE MD PATRICIA A	# 104	10115 FOREST HILL BLVD	WELLINGTON	FL	33414
274251271	1518074053	BLUMOF MD KARIN A	1601 CLINT MOORE RD # 145		BOCA RATON	FL	33487
320028466	1285643296	SAYEGH MD BASSAM	# 1026	224 CHIMNEY CORNER LN	JUPITER	FL	33458
383883163	1558359364	FELDBAUM MD DAVID M	4700 SHERIDAN ST # D		HOLLYWOOD	FL	33021
391965593	1114990983	VALLADARES MD ERIC R	11801 SW 90TH ST # 203		MIAMI	FL	33186
452696656	1841443835	KRAWIECKI MD ALEXANDER I	12550 BISCAYNE BLVD # 703		NORTH MIAMI	FL	33181
462750399	1760553127	DENK MD PETER M	# 101	13710 METROPOLIS AVE	FORT MYERS	FL	33912
463990958		ADV SURG GRP INC	# 104310	125 S STATE ROAD 7	WELLINGTON	FL	33414
510546134	1548283393	LEVINE MD JONATHAN S	4725 N FEDERAL HWY		FT LAUDERDALE	FL	33308
542129332	1780649293	EGOZI MD LEON	21150 BISCAYNE BLVD # 206		MIAMI	FL	33180
542129332	1710975909	ALMEIDA MD JOSE I	1501 S MIAMI AVE		MIAMI	FL	33129
542129332	1801801162	DE LA CABADA MD ARMANDO	17874 NW 2ND ST		PEMBROKE PNES	FL	33029
581646537	1407835705	DEUTSCH MD GEOFFREY S	100 MIMOSA DR # FL 3		THOMASVILLE	GA	31792
582078064	1730110651	DE BERRY-CARLI DO ADAIR F	PO BOX 742616		ATLANTA	GA	30374
582078064	1407819535	ADAMSKI II MD JOHN H	743 SPRING NE ST		GAINESVILLE	GA	30501
590791028	1821012857	CASEY MD JOSEPH J	4725 N FEDERAL HWY		FT LAUDERDALE	FL	33308
590791028	1124145768	PEREZ MD MICHAEL A	4800 NE 20TH TER # 303		FT LAUDERDALE	FL	33308
590791028	1114187325	WANG MD KEVIN H	5597 N DIXIE HWY		OAKLAND PARK	FL	33334
590791028	1487856621	KAPLAN MD MARNIE S	4725 N FEDERAL HWY		FT LAUDERDALE	FL	33308
592028789	1548222847	AMKO MD CARL C	1600 S ANDREWS AVE		FT LAUDERDALE	FL	33316
592193856	1740274612	GUPTA MD AMIT G	1000 W MORENO ST		PENSACOLA	FL	32501
592485899	1154359529	DUDAK MD MARLA W	9325 GLADES RD # 101		BOCA RATON	FL	33434
592485899	1518054527	TOMASELLI MD MARY B	PO BOX 862152		ORLANDO	FL	32886
592579938	1972766632	LIEBERMAN MD HOWARD M	PO BOX 281046		ATLANTA	GA	30384
592579938	1730145558	SLEEMAN MD DANNY	1611 NW 12TH AVE		MIAMI	FL	33136
592579938	1710945605	LO MENZO MD EMANUELE	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
592579938	1124045950	GINZBURG MD ENRIQUE	1611 NW 12TH AVE		MIAMI	FL	33136
592579938	1649509068	ZAKRISON MD TANYA L	1611 NW 12TH AVE		MIAMI	FL	33136
592898487	1043215635	SUTTON MD JAMES T	1890 LPGA BLVD # 250		DAYTONA BEACH	FL	32117
593214635	1356389738	DOBRADIN MD ANDREW	200 N LAKEMONT AVE		WINTER PARK	FL	32792
596014973	1851525984	MELENDEZ-DAVID MD JOSEPH	PO BOX 538009		ATLANTA	GA	30353
596014973	1598750408	NEIMARK MD PHYLLIS H	PO BOX 538500		ATLANTA	GA	30353
596014973	1861771610	LUBIN MD DAFNEY	PO BOX 538500		ATLANTA	GA	30353
596014973	1710996749	SANCHEZ MD RAFAEL E	3501 JOHNSON ST		HOLLYWOOD	FL	33021
596014973	1275575854	MATEI MD EMIL M	601 N FLAMINGO RD # 211		PEMBROKE PNES	FL	33028
596014973	1598792756	COHEN MD BRETT	PO BOX 538500		ATLANTA	GA	30353
650003177	1487617270	ROSENTHAL MD RAUL J	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177	1225091283	GROVE MD MARK K	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177	1710142419	CHEEYANDIRA MD ABHIMAN B	PO BOX 538009		ATLANTA	GA	30353
650003177	1851525984	MELENDEZ-DAVID MD JOSEPH	4651 SHERIDAN ST # 350		HOLLYWOOD	FL	33021
650003177	1407946072	THOMPSON MD MARGARET E	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177	1215163258	ORDONEZ MD ALEX G	PO BOX 538009		ATLANTA	GA	30353
650003177	1861455578	SZOMSTEIN MD SAMUEL	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177	1376580860	BLAKE MD CASSANN N	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177	1356439855	SIMPENDORFER MD CONRAD H	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650541951	1174773816	PANDYA MD SONALI V	2815 S SEACREST BLVD		BOYNTON BEACH	FL	33435
650556041	1528066958	PEEBLES MD MATTHEW N	# 102	10050 SW INNOVATION W	PORT ST LUCIE	FL	34987
650561267		FARESI SR MD MARIANO M	2815 S SEACREST BLVD		BOYNTON BEACH	FL	33435
650561267	1174773816	PANDYA MD SONALI V	2815 S SEACREST BLVD		BOYNTON BEACH	FL	33435
650701512	1982790184	TRANAKAS MD NICHOLAS	6405 N FEDERAL HWY # 401		FT LAUDERDALE	FL	33308
650701512	1356553168	GHANTA MD HIMBA B	6405 N FEDERAL HWY # 401		FT LAUDERDALE	FL	33308
650701512	1003902214	PUENTE MD IVAN	6405 N FEDERAL HWY # 401		FT LAUDERDALE	FL	33308
650701512	1063508042	BIMSTON MD DAVID N	PO BOX 538500		ATLANTA	GA	30353
650701512	1770679771	PARRA MD MICHAEL W	6405 N FEDERAL HWY # 401		FT LAUDERDALE	FL	33308
650747893	1699773341	GUARNERI MD RALPH	1508 SE 3RD AVE		FT LAUDERDALE	FL	33316
650785294	1316935612	COLLETTA MD JOSEPH A	670 GLADES RD # 300		BOCA RATON	FL	33431
650785294	1649395047	MONCRIEF MD ROBYN M	670 GLADES RD # 300		BOCA RATON	FL	33431
760273984	1598901316	ROYAL MD RICHARD E	1515 HOLCOMBE BLVD # 444		HOUSTON	TX	77030
770612357	1144219445	LAGO SR MD CHARLES P	2901 CORAL HILLS DR # 360		CORAL SPRINGS	FL	33065
770672480	1215901913	ESPOSITO MD PAUL S	# 304	4900 W OAKLAND PARK BL	LAUD LAKES	FL	33313
800238471	1518952936	WEINGRAD MD DANIEL N	21110 BISCAYNE BLVD # 400		AVENTURA	FL	33180
161653837	1144286022	BLUM MD DAVID A	301 NW 84TH AVE # 303		PLANTATION	FL	33324
208032857	1003916677	KREBSBACH MD MICHAEL J	660 GLADES RD # 460		BOCA RATON	FL	33431
371621640	1720286529	MIKI MD ROBERTO A	DEPT 0714	PO BOX 850001	ORLANDO	FL	32885
461390561	1861693236	BLUM MD VERONICA A	# 105	1002 S OLD DIXIE HWY	JUPITER	FL	33458
571162559	1437349248	COHN MD MICHAEL A	# 215	6056 BOYNTON BEACH BLV	BOYNTON BEACH	FL	33437
590791028	1669483665	FINGADO MD BRIAN H	PO BOX 70700		FT LAUDERDALE	FL	33307
590791028	1598776510	JACKSON MD JOSE F	PO BOX 70700		FT LAUDERDALE	FL	33307
590791028	1053681791	HEIM MD KATHRYN	PO BOX 70700		FT LAUDERDALE	FL	33307
591680273	1033169644	DELL MD PAUL C	3450 HULL RD # 2		GAINESVILLE	FL	32607
650003177	1043248495	FRIEDMAN MD DAVID W	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331

650452574	1144286022	BLUM MD DAVID A	301 NW 84TH AVE # 303	PLANTATION	FL	33324
650829651	1417108895	SHENASSA MD DAVID	2101 N COMMERCE PKWY	WESTON	FL	33326
450890405	1669467924	PASARIN MD GUILLERMO A	3540 NW 88TH AVE	SUNRISE	FL	33351
451478401		FAKHOURY MD FARIS J	11101 S CROWN WAY # 1	WELLINGTON	FL	33414
452065887	1760443766	WOLF MD AIZIK L	6129 SW 70TH ST	SOUTH MIAMI	FL	33143
454663537	1215909593	FEIGENBAUM MD FRANK	# 220	9080 HARRY HINES BLVD	TX	75235
590637874	1346225984	ROBINSON JR MD JOHN R	200 SE HOSPITAL AVE	STUART	FL	34994
590791028	1437315652	JOURABCHI MD ALI	4725 N FEDERAL HWY # 504	FT LAUDERDALE	FL	33308
591222190	1861489056	MOORE MD MATTHEW R	1930 NE 47TH ST # 200	FT LAUDERDALE	FL	33308
591222190	1063409258	GIESEKE MD FRED GARY	1930 NE 47TH ST # 200	FT LAUDERDALE	FL	33308
591222190	1679560874	COATS MD JOHN A	1930 NE 47TH ST # 200	FT LAUDERDALE	FL	33308
592579817	1972778603	TROMBLY MD RYAN S	PO BOX 405510	ATLANTA	GA	30384
592579817		MORCOS MD JACQUES J	1475 NW 12TH AVE	MIAMI	FL	33136
592579817	1356405187	BENVENISTE MD RONALD J	1475 NW 12TH AVE	MIAMI	FL	33136
592579826	1043442197	AYODELE MD MARANATHA O	1611 NW 12TH AVE # 8	MIAMI	FL	33136
596012065	1679864581	ROBERTS DO CHRISTOPHER C	1600 S ANDREWS AVE	FT LAUDERDALE	FL	33316
596012065	1629032594	POWELL MD RANDELL G	PO BOX 862851	ORLANDO	FL	32886
596012065	1457315327	STOLL MD AMOS W	PO BOX 862851	ORLANDO	FL	32886
596014973	1336131580	RODRIGUEZ MD LUIS A	1150 N 35TH AVE # 300	HOLLYWOOD	FL	33021
596014973	1093926115	DEMASSI MD CHRISTOPHER R	PO BOX 538500	ATLANTA	GA	30353
650003177	1225128705	ADADA MD BADIH A	2950 CLEVELAND CLINIC	BLVD	FL	33331
650602502	1114983020	GERVIN MD STEPHEN Z	# 210	2301 N UNIVERSITY DR	FL	33024
650806753		BHATIA MD SANJIV	PO BOX 863941	ORLANDO	FL	32886
900799724	1427294651	DESILVA MD CYRIL C	801 E 6TH ST # 604	PANAMA CITY	FL	32401
042807148	1558351866	PADWA MD BONNIE L	PO BOX 414740	BOSTON	MA	02241
260178417	1114138617	PEREZ DMD RAMON A	10173 W SUNRISE BLVD	PLANTATION	FL	33322
262483214	1104911015	BLAND DMD GIANCARLO	20423 STATE ROAD 7 # F18	BOCA RATON	FL	33498
391193991	1992895031	RYDLEWICZ DDS JOHN J	5395 W MICHAELS DR	APPLETON	WI	54913
461947653	1760613426	PORTNOF MD JASON E	100 SE 15TH AVE	FT LAUDERDALE	FL	33301
591360433	1508839861	CROFTON MD DANIEL J	2075 PINE BLUFF PL	OVIEDO	FL	32765
591939858	1003905530	STEVENS DMD JEFFREY A	2699 STIRLING RD # C203	HOLLYWOOD	FL	33312
592003206	1952353609	BROWN DDS LAWRENCE R	8950 SW 74TH COURT # 1610	MIAMI	FL	33156
592013100	1891753711	CAGATA MD JAY C	1537 BRANTLEY RD # A	FORT MYERS	FL	33907
592427954	1295803443	RUSSO DMD CHARLES D	2801 N UNIVERSITY DR # 10	2801 N UNIVERSITY DR	FL	33065
592715085	1871684134	SCHAUMBERG DDS JENNIFER S	701 E COMMERCIAL BLVD	OAKLAND PARK	FL	33334
650216889		HIRSCHFELD DDS JACK J	2459 S CONGRESS AVE # 206	PALM SPRINGS	FL	33406
010858704	1992769517	TEMPLE MD HARRY T	PO BOX 277188	ATLANTA	GA	30384
010858704	1346316437	STANTON MD WILLIAM J	1801 S 23RD ST	FORT PIERCE	FL	34950
020532857	1033141304	HAMMERMAN MD MARC Z	4310 SHERIDAN ST # 101	HOLLYWOOD	FL	33021
020532857	1629219316	ROTH DO BRADLEY I	4400 SHERIDAN ST	HOLLYWOOD	FL	33021
020532857	1447279070	WORTH MD JEFFREY B	4400 SHERIDAN ST	HOLLYWOOD	FL	33021
020532857	1376561902	TAYLOR MD KENNETH W	4400 SHERIDAN ST	HOLLYWOOD	FL	33021
030466178	1033123435	RECH DO MELVYN H	# 107	1900 N UNIVERSITY DR	FL	33024
042888373	1699913426	BULLOCK MD JAMES M	PO BOX 3467	PEMBROKE PNES	MA	02241
134290167	1790743847	VANN MD JOHN R	35 INTERNATIONAL DR	BOSTON	MA	02241
200127825	1548223605	HERSCH MD JONATHAN C	6893 SW 18TH ST # F-101	GREENVILLE	SC	29615
200127825	1083677116	BAYLIS MD ROBERT W	4765 VOLUNTEER RD # 401	BOCA RATON	FL	33433
200127825	1740270438	WEINBERG MD JACOB X	4765 VOLUNTEER RD # 401	SW RANCHES	FL	33330
200127825		BROWN MD CHRISTOPHER A	PO BOX 9610	SW RANCHES	FL	33330
200127825	1326120049	CARDOSO MD ROY	4765 VOLUNTEER RD # 401	SW RANCHES	FL	33330
200422283		DAVID CAMPBELL MD PA	2055 MILITARY TRL # 303	JUPITER	FL	33458
201388210	1619943594	KESSLER MD KEVIN J	2900 N MILITARY TRL # 230	BOCA RATON	FL	33431
203785737	1225034341	SHELDON MD DANIEL A	# 3	1855 N CORPORATE LAKES	FL	33326
205155995	1881899516	SALDANA MD ROGER E	8740 N KENDALL DR # 115	WESTON	FL	33176
205155995		HOSSEINZADEH MD POOYA	8740 N KENDALL DR # 115	MIAMI	FL	33176
205194878	1962454082	CHALAL MD JOSEPH B	# 280	MIAMI	FL	33176
208032857	1942319538	BROMSON MD MARK S	660 GLADES RD # 460	7593 BOYNTON BEACH BLV	FL	33437
208032857	1093725236	GARROD MD KENNETH J	1905 CLINT MOORE RD # 105	BOCA RATON	FL	33431
208032857	1700045481	KNIGHT MD JUSTIN R	PO BOX 100988	BOCA RATON	FL	33496
208032857	1184654519	BLOM MD JOHANNES V	3702 WASHINGTON ST # 202	ATLANTA	GA	30384
208032857	1639160955	WELLS MD MATTHEW E	1414 SE 3RD AVE	HOLLYWOOD	FL	33021
208032857	1821113192	ORTHO FL LLC	PO BOX 978766	FT LAUDERDALE	FL	33316
208032857	1154327260	SHROCK MD KEVIN B	1414 SE 3RD AVE	DALLAS	TX	75397
208032857	1770687386	GUPTA MD MANISH K	6280 W SAMPLE RD # 202	FT LAUDERDALE	FL	33316
208032857	1447416003	MOHIUDDIN MD FAWWAZ J	PO BOX 100198	CORAL SPRINGS	FL	33067
260507780	1558302133	MYERS DO BEHNAME J	3850 SHERIDAN ST	ATLANTA	GA	30384
260886056	1316913163	ZVIJAC MD JOHN E	1150 CAMPO SANO AVE # 200	HOLLYWOOD	FL	33021
260886056	1437125374	URIBE MD JOHN W	1150 CAMPO SANO AVE # 200	MIAMI	FL	33146
260886056	1518932896	SAN GIOVANNI MD THOMAS P	1150 CAMPO SANO AVE # 200	MIAMI	FL	33146
260886056	1609936475	YAGNIK MD GAUTAM P	6855 SW 57TH AVE # 500	MIAMI	FL	33146
260886056	1700072535	BAPTIST HEALTH MED GRP O	6855 SW 57TH AVE # 500	SOUTH MIAMI	FL	33143
260886056	1053522144	VAN DER VEN MD ALEXANDER	8950 N KENDALL DR # 507-W	SOUTH MIAMI	FL	33143
261337493	1396865788	SHAW DO JESSE Z	17779 SW 2ND ST	MIAMI	FL	33176
261665800	1023058153	SCHAPIRO MD BARRY E	3500 TYLER ST	PEMBROKE PNES	FL	33029
261995293	1861481798	APARICIO II MD RAUL T	499 NW 70TH AVE # 210	HOLLYWOOD	FL	33021
262277119	1609865542	RUSH DO JOEL L	1625 SE 3RD AVE # 700	PLANTATION	FL	33317
262472383	1063401990	RUDDY MD MICHAEL J	1600 S ANDREWS AVE	FT LAUDERDALE	FL	33316
262879843	1336145234	MOLL III MD FRANCIS K	6280 W SAMPLE RD # 203	FT LAUDERDALE	FL	33316
262988454	1063740355	DULANEY-CRIPE MD ELIZABET	2621 E PINETREE BLVD	CORAL SPRINGS	FL	33067
264800380		RIEHL MD JOHN T	1717 N E ST # 208	THOMASVILLE	GA	31792
270201200	1861403909	HOMMEN MD JAN P	PO BOX 166477	PENSACOLA	FL	32501
270219176	1508072026	SANDERS MD JASON B	3702 WASHINGTON ST # 404	MIAMI	FL	33116
270949204	1346234796	BLUMBERG MD KALMAN D	6000 N FEDERAL HWY	HOLLYWOOD	FL	33021
271653567	1669436234	OUELLETTE MD ELIZABETH A	3150 SW 38TH AVE # 600	FT LAUDERDALE	FL	33308
352517415	1750336046	CARREIRA MD DOMINIC S	PO BOX 862851	MIAMI	FL	33146
352517415	1699730713	CALDWELL JR MD GEORGE L	PO BOX 862851	ORLANDO	FL	32886
364680747	1013924984	CATANZARO MD ROBERT J	2830 E OAKLAND PARK BLVD	ORLANDO	FL	32886
				FT LAUDERDALE	FL	33306

391947472	1316143787	SCHOCK III MD HAROLD J	1160 KEPLER DR		GREEN BAY	WI	54311
421538836	1033185939	ORTHO FELLOWSHIP GRP LLC	PO BOX 166392		MIAMI	FL	33116
426038397	1427100221	SAHAI MD ASHISH K	9325 GLADES RD # 205		BOCA RATON	FL	33434
452015257	1073516290	WARE MD ANTHONY W	8005 BAY ST # 2		SEBASTIAN	FL	32958
452474884	1326003443	DANKO MD AILEEN M	# 105	8130 ROYAL PALM BLVD	CORAL SPRINGS	FL	33065
454456939	1730321985	OSUJI MD OBI U	PO BOX 417695		BOSTON	MA	02241
454852156	1093838922	THIEL DO JAMES A	8401 COLESVILLE RD # 50		SILVER SPRING	MD	20910
463756071	1821208323	SPURDLE MD CRAIG J	3100 SW 62ND AVE		MIAMI	FL	33155
464474724		GOTTLIEB MD JONATHAN R	1400 NW 12TH AVE # 2		MIAMI	FL	33136
465318844	1427100221	SAHAI MD ASHISH K	280 SW NATURA AVE		DEERFIELD BCH	FL	33441
465318844	1972798379	NORTON MD ROBERT P	280 SW NATURA AVE		DEERFIELD BCH	FL	33441
472009119	1023215050	KOLSHAK MD LAURA W	PO BOX 15409		BELFAST	ME	04915
472415152	1467625756	VAN SICE MD WADE C	2055 MILITARY TRL # 204		JUPITER	FL	33458
541839718	1881699973	WEIDMAN MD CLARE D	1 ARH LN # 102		LOW MOOR	VA	24457
560951119	1861432759	JANSEN MD JAY C	129 MCDOWELL ST		ASHEVILLE	NC	28801
562282393	1235124629	ELLOWITZ MD ANDREW S	4101 NW 4TH ST # 305		PLANTATION	FL	33317
571004971	1679510473	FOLK MD JASON W	PO BOX 60087		CHARLOTTE	NC	28260
571162559	1285697094	D'ARIANO MD GERARD D	# 215	6056 BOYNTON BEACH BLV	BOYNTON BEACH	FL	33437
571162559	1104009067	BERKOWITZ MD EZRA A	# 215	6056 BOYNTON BEACH BLV	BOYNTON BEACH	FL	33437
571162559	1306883772	ORTHO CTR OF PALM BCH CN	4801 S CONGRESS AVE		LAKE WORTH	FL	33461
571162559	1750363230	MIKOLAJCZAK MD MICHAEL R	PO BOX 277722		ATLANTA	GA	30384
571162559	1942248281	ROSENFELD MD JEFFREY S	# 215	6056 BOYNTON BEACH BLV	BOYNTON BEACH	FL	33437
571162559	1942254339	KOHN MD MARVIN A	4801 S CONGRESS AVE # 400		LAKE WORTH	FL	33461
571162559	1083678452	MATARAZZO MD MARC F	# 215	6056 BOYNTON BEACH BLV	BOYNTON BEACH	FL	33437
581661116	1467440107	SIMON MD GARY S	PO BOX 720580		ATLANTA	GA	30358
582233367	1881686384	BARBOUR MD SCOTT A	PO BOX 843447		BOSTON	MA	02284
590791028	1861494692	SEAVEY MD MITCHELL S	5597 N DIXIE HWY # 2		OAKLAND PARK	FL	33334
590791028	1013004985	YOUNG MD BRUCE P	1821 NE 25TH ST		LIGHTHOUSE PT	FL	33064
590791028	1548259484	HERMIDA MD VERANO M	5597 N DIXIE HWY # 2		OAKLAND PARK	FL	33334
590791028	1497805295	ROCHE MD MARTIN W	5597 N DIXIE HWY # 2		OAKLAND PARK	FL	33334
590791028	1770670648	KLEINHENZ MD DOMINIC J	1821 NE 25TH ST		LIGHTHOUSE PT	FL	33064
590791028	1619064581	MC KAY MD WILLIAM R	1821 NE 25TH ST		LIGHTHOUSE PT	FL	33064
590791028	1336236215	PADDEN MD DAVID A	1821 NE 25TH ST		LIGHTHOUSE PT	FL	33064
590791028	1013980952	LEVY MD JONATHAN C	PO BOX 70700		FT LAUDERDALE	FL	33307
590791028	1386656320	LEONE JR MD WILLIAM A	PO BOX 70700		FT LAUDERDALE	FL	33307
590791028	1669681797	MOMOH MD ENESI O	5597 N DIXIE HWY		OAKLAND PARK	FL	33334
590791028	1134148067	MATOS MD RICARDO L	1821 NE 25TH ST		LIGHTHOUSE PT	FL	33064
590791028	1043223969	MILLS JR MD ROBERT H	5597 N DIXIE HWY # 2		OAKLAND PARK	FL	33334
591281292	1316926025	MARTIN MD JEFFREY W	1165 DUNLAWTON AVE # 102		PORT ORANGE	FL	32127
591308619	1417956277	FENICHEL MD ADAM S	701 PLATINUM PT		LAKE MARY	FL	32746
591308619	1003815812	JABLONSKI MD MICHAEL V	1285 ORANGE AVE		WINTER PARK	FL	32789
591604442	1902895790	AVERBUCH MD PHILIP F	# 100	7171 N UNIVERSITY DR	TAMARAC	FL	33321
591830120	1316961501	HORVATH MD BARNABAS C	9750 NW 33RD ST # 116		CORAL SPRINGS	FL	33065
591830246	1376687822	WATSON MD JEFFREY D	615 VONDERBURG DR		BRANDON	FL	33511
592345213	1972509941	GOLDSTEIN MD RICHARD D	1414 SE 3RD AVE		FT LAUDERDALE	FL	33316
592345213	1639160955	WELLS MD MATTHEW E	PO BOX 100988		ATLANTA	GA	30384
592345213	1154327260	SHROCK MD KEVIN B	1414 SE 3RD AVE		FT LAUDERDALE	FL	33316
592430058	1619996378	BODDEN MD JOHN E	440 E SAMPLE RD # 106		POMPANO BEACH	FL	33064
592490471	1568538197	KAPILA MD DEEPAK	7050 NW 4TH ST # 102		PLANTATION	FL	33317
592579831	1255678587	PRETELL MD JUAN ABELARDO	1192 E NEWPORT CENTER DR		DEERFIELD BCH	FL	33442
592579831		GOTTLIEB MD JONATHAN R	1400 NW 12TH AVE # 2		MIAMI	FL	33136
592579831	1992769517	TEMPLE MD HARRY THOMAS	1400 NW 12TH AVE # 2		MIAMI	FL	33136
592579831	1508067620	BARAGA MD MICHAEL G	1400 NW 12TH AVE # 2		MIAMI	FL	33136
592606625	1073504833	HALE MD MARTIN E	499 NW 70TH AVE # 200		PLANTATION	FL	33317
592686544	1629233291	STIEBEL MD MATTHEW	# B-214	641 UNIVERSITY BLVD	JUPITER	FL	33458
592794546	1033192307	KURLAND MD KEITH A	10139 NW 31ST ST # 202		CORAL SPRINGS	FL	33065
592799024	1326220526	WITTELS MD MICHAEL B	1085 KANE CONCOURSE		BAY HARBOR IS	FL	33154
593068837	1194911537	FRERICHS MD TIMOTHY L	1911 MICCOSUKEE RD		TALLAHASSEE	FL	32308
593259553	1518937689	PHILLIPS MD JONATHAN H	1222 S ORANGE AVE		ORLANDO	FL	32806
593259553	1346210481	HERRERA-SOTO MD JOSE A	# 205A	2290 W EAU GALIE BLVD	MELBOURNE	FL	32935
593379430	1508863960	PETTY MD MARK A	PO BOX 13476		GAINESVILLE	FL	32604
593464291	1336131069	LUCAS MD DAVID H	2020 OAKLEY SEAVER DR # 3		CLERMONT	FL	34711
593533166	1750313607	SEDAROS MD ROBERT S	# 200	220 N SYKES CREEK PKWY	MERRITT IS	FL	32953
596012065	1952364473	GERMAIN MD ARTHUR L	PO BOX 100988		ATLANTA	GA	30384
596012065	1750336046	CARREIRA MD DOMINIC S	PO BOX 862851		ORLANDO	FL	32886
596012065	1033174156	KANELL MD DANIEL R	PO BOX 862851		ORLANDO	FL	32886
596012065	1528023314	YOLDAS MD EROL A	1601 S ANDREWS AVE # 3		FT LAUDERDALE	FL	33316
596012065	1407811524	BURKE MD WILLIAM V	PO BOX 862851		ORLANDO	FL	32886
596012065	1699730713	CALDWELL JR MD GEORGE L	1601 S ANDREWS AVE # 3		FT LAUDERDALE	FL	33316
596014973	1710093620	STORER MD STEPHEN K	PO BOX 538500		ATLANTA	GA	30353
596014973	1194762757	JOFE MD MICHAEL H	PO BOX 538500		ATLANTA	GA	30353
596014973	1437360906	EISNER MD ERIC A	5830 CORAL RIDGE DR # 207		CORAL SPRINGS	FL	33076
596014973	1740282292	COHEN MD RANDOLPH B	PO BOX 538500		ATLANTA	GA	30353
596014973	1932191053	MC NERNEY MD NEAL P	PO BOX 538500		ATLANTA	GA	30353
596014973	1871704817	FRANK MD JEREMY S	PO BOX 538500		ATLANTA	GA	30353
621801973	1992700330	PAULOS MD LEON E	6322 S 3000 E # 140		SALT LAKE CTY	UT	84121
650000199	1548259484	HERMIDA MD VERANO M	5597 N DIXIE HWY # 2		OAKLAND PARK	FL	33334
650003177	1376750265	LEO MD BRIAN M	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177	1922061282	LITTS MD CHRISTOPHER S	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177	1528299054	FONTANET-SANCH MD RICARDO	PO BOX 538009		ATLANTA	GA	30353
650003177	1366494866	GILOT MD GREGORY J	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177	1134385065	SRINATH MD ARJUN K	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177	1578661286	PATEL MD PREETESH D	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650049846	1962473017	SANDROW MD RICHARD E	8940 N KENDALL DR # 1003E		MIAMI	FL	33176
650136946	1710993258	MERKLE MD PETER F	1101 E SAMPLE RD		POMPANO BEACH	FL	33064
650157288	1467483602	MOSKOWITZ MD NORMAN	# 8	2121 W OAKLAND PARK BL	OAKLAND PARK	FL	33311
650169490	1639147630	PIZA MD PEDRO A	# 300	9970 CENTRAL PARK N BLV	BOCA RATON	FL	33428

650213201	1770784431	ZAVOYSKI MD STEPHEN R	2964 N STATE RD 7 # 205		MARGATE	FL	33063
650213201	1376541326	MORAN MD MARK E	2964 N STATE RD 7 # 205		MARGATE	FL	33063
650213201	1780895722	LIVINGSTONE MD AYISHA E	4701 N FEDERAL HWY # A39		FT LAUDERDALE	FL	33308
650213201	1669589362	MELI III MD PAUL I	4701 N FEDERAL HWY # A39		FT LAUDERDALE	FL	33308
650311858	1700846227	JORDAN MD STEVEN K	124 SW CHAMBER CT		PORT ST LUCIE	FL	34986
650311858	1396728754	DESMAN MD SCOTT M	PO BOX 2900		STUART	FL	34995
650311858	1265415814	HILL MD NATHANIEL H	124 SW CHAMBER CT		PORT ST LUCIE	FL	34986
650311858	1790768836	HOFFMAN MD JAMES D	PO BOX 2900		STUART	FL	34995
650311858	1255504981	CERMINARA MD ANTHONY J	124 SW CHAMBER CT		PORT ST LUCIE	FL	34986
650311858	1437132891	HAAS MD GEORGE J	PO BOX 2900		STUART	FL	34995
650311858	1174543573	HUSTED MD DANIEL S	PO BOX 2900		STUART	FL	34995
650311858	1073757183	PRASHER MD ANUJ	124 SW CHAMBER CT		PORT ST LUCIE	FL	34986
650311858	1225221047	KAM MD CHECK C	124 SW CHAMBER CT		PORT ST LUCIE	FL	34986
650311858	1558344630	CARLSON MD WILLIAM E	PO BOX 2900		STUART	FL	34995
650327403	1285651026	WEXLER MD GARY M	4215 BURNS RD # 100		PALM BCH GDNS	FL	33410
650327403	1699797928	BAYNHAM MD BRET O	2055 MILITARY TRL # 200		JUPITER	FL	33458
650357304	1013000843	GARCIA JR MD ROLANDO	21000 NE 28TH AVE # 104		MIAMI	FL	33180
650357304	1821017633	LEWIS MD DOMINIC J	21000 NE 28TH AVE # 104		MIAMI	FL	33180
650357304	1447343249	DENNIS MD MICHAEL G	20900 BISCAYNE BLVD		MIAMI	FL	33180
650376458	1831124825	FRANCISCO DO ROMMEL R	# 201	130 JOHN F KENNEDY DR	LAKE WORTH	FL	33462
650430373	1093890022	ROMANO II MD PETER J	6370 N STATE ROAD 7 # 100		COCONUT CREEK	FL	33073
650452574	1467551085	STRINGHAM MD DOUGLAS R	# 300	600 S PINE ISLAND RD	PLANTATION	FL	33324
650452574	1740389360	ROLNICK MD AUDIE M	# 300	600 S PINE ISLAND RD	PLANTATION	FL	33324
650452574	1144329780	BERKOWITZ MD BRUCE M	# 300	600 S PINE ISLAND RD	PLANTATION	FL	33324
650452574	1851490478	JACOBS MD STEPHEN J	# 300	600 S PINE ISLAND RD	PLANTATION	FL	33324
650452574	1942309562	CHAYET MD BRAD S	# 300	600 S PINE ISLAND RD	PLANTATION	FL	33324
650452574	1578538237	SCHECHTER MD NEIL A	# 300	600 S PINE ISLAND RD	PLANTATION	FL	33324
650452574	1841399466	JAROLEM MD KENNETH L	# 300	600 S PINE ISLAND RD	PLANTATION	FL	33324
650452574	1750480372	LINN MD RICHARD M	# 300	600 S PINE ISLAND RD	PLANTATION	FL	33324
650452574	1194824714	SIMON MD RICHARD J	# 300	600 S PINE ISLAND RD	PLANTATION	FL	33324
650452574	1699874206	CUMMINGS MD PHILLIP B	# 300	600 S PINE ISLAND RD	PLANTATION	FL	33324
650452574	1497734669	EIERLE MD CARL C	# 300	600 S PINE ISLAND RD	PLANTATION	FL	33324
650491293	1740494855	STARMAN MD JAMES S	# 230	10131 FOREST HILL BLVD	WELLINGTON	FL	33414
650491293	1437149358	ROCHMAN MD ROBERT A	# 230	10131 FOREST HILL BLVD	WELLINGTON	FL	33414
650491293	1205818457	MONTIJO MD HARVEY	440 N STATE ROAD 7 # 103	10131 FOREST HILL BLVD	ROYAL PLM BCH	FL	33411
650491293	1063494227	PEDRO-ALEXANDE MD VERONIC	440 N STATE ROAD 7 # C	10131 FOREST HILL BLVD	ROYAL PLM BCH	FL	33411
650491293	1285616433	YEE MD GARVIN K	# 206	10131 FOREST HILL BLVD	WELLINGTON	FL	33414
650491293	1356452973	SIMPSON MD DAVID R	# 230	10131 FOREST HILL BLVD	WELLINGTON	FL	33414
650491293	1902012800	PANCHAL DO ANAND P	# 230	10131 FOREST HILL BLVD	WELLINGTON	FL	33414
650491293	1992787402	ORTEGA MD JOSE R	440 N STATE ROAD 7 # E	10131 W FORREST HILL BLV	ROYAL PLM BCH	FL	33411
650491293	1457397036	SAMA MD NICHOLAS H	# 151	10111 FOREST HILL BLVD	WELLINGTON	FL	33414
650539099	1881614196	MIOT MD BERNARD F	350 NW 84TH AVE # 312		PLANTATION	FL	33324
650557162	1922048172	SHEIKH MD BABAK	# 201	4850 W OAKLAND PARK BL	LAUD LAKES	FL	33313
650557162	1790731719	HAIJANPOUR MD MOHAMMAD A	# 201	4850 W OAKLAND PARK BL	LAUD LAKES	FL	33313
650557162	1881641959	BERKOWITZ MD MARIO M	# 201	4850 W OAKLAND PARK BL	LAUD LAKES	FL	33313
650630900	1003808551	ELLISON JR MD PAUL S	100210 OVERSEAS HWY # 3		KEY LARGO	FL	33037
650638788	1619064581	MC KAY MD WILLIAM R	1821 NE 25TH ST		LIGHTHOUSE PT	FL	33064
650638788	1336236215	PADDEN MD DAVID A	1821 NE 25TH ST		LIGHTHOUSE PT	FL	33064
650640914	1861667982	STUCKEN MD CHARLTON E	# 204	2828 S SEACREST BLVD	BOYNTON BEACH	FL	33435
650647199	1831143973	HINKES MD ELLIOTT W	5901 COLONIAL DR # 201		MARGATE	FL	33063
650647199	1760440234	FLETCHER MD BRUCE S	5901 COLONIAL DR # 201		MARGATE	FL	33063
650785294	1669677928	WEATHERALL MD JUSTIN M	# 200	3313 W HILLSBORO BLVD	DEERFIELD BCH	FL	33442
650785294	1295926731	ROSS JR MD JAMES R	# 200	3313 W HILLSBORO BLVD	DEERFIELD BCH	FL	33442
650803441	1174518120	TOMASELLO JR DO PETER A	1724 E HALLANDALE BEACH	BLVD	HALLANDALE BCH	FL	33009
650806753	1821208323	SPURDLE MD CRAIG J	3100 SW 62ND AVE		MIAMI	FL	33155
650829651	1316053606	GELLMAN MD HARRIS	3100 CORAL HILLS DR # 305		CORAL SPRINGS	FL	33065
650829651	1760452007	BERTOT MD ALEXANDER J	2101 N COMMERCE PKWY		WESTON	FL	33326
650829651	1851361299	DESIMONE MD ALFREDO	1600 TOWN CENTER CIR # C		WESTON	FL	33326
650829651	1154391407	MOYA-HUFF MD FERNANDO A	17842 NW 2ND ST		PEMBROKE PNES	FL	33029
650839076	1528050143	STEINLAUF MD STEVEN D	1150 N 35TH AVE # 345		HOLLYWOOD	FL	33021
650839076	1205014776	ORTHO ASC OF STH BROWARD	4700 SHERIDAN ST # H		HOLLYWOOD	FL	33021
650911583	1346293586	FERNANDEZ MD JOSEPH I	PO BOX 166482		MIAMI	FL	33116
650911583	1538110275	ASH MD SAMUEL J	PO BOX 166482		MIAMI	FL	33116
650957701	1265416226	GERARD MD FREDRIC M	# 202	7225 N UNIVERSITY DR	TAMARAC	FL	33321
650957701	1679558225	TROIANO MD CHRISTOPHER J	# 202	7225 N UNIVERSITY DR	TAMARAC	FL	33321
650982713	1558302133	MYERS DO BEHNAM J	3850 SHERIDAN ST		HOLLYWOOD	FL	33021
650989760	1477747731	WOODS MD CLIVE C	# 222	9980 CENTRAL PARK N BLV	BOCA RATON	FL	33428
650989760	1518966282	GELB MD HOWARD J	# 222	9980 CENTRAL PARK N BLV	BOCA RATON	FL	33428
651023972	1558560573	LLOYD MD ERIC W	1905 CLINT MOORE RD # 214		BOCA RATON	FL	33496
651051426	1316060148	DEFRANCO MD MICHAEL J	5301 N DIXIE HWY # 203		OAKLAND PARK	FL	33334
680501385	1326044215	JANES MD PETER C	PO BOX 3199		GRAND JCT	CO	81502
680501385	1891902789	DORF MD ERIK R	PO BOX 3199		GRAND JCT	CO	81502
841415470	1700863990	MILLETT MD PETER J	181 W MEADOW DR # 400		VAIL	CO	81657
841415470	1952327835	STEADMAN HAWKINS CLINIC	PO BOX 660706		DALLAS	TX	75266
870639681	1992700330	PAULOS MD LEON E	6322 S 3000 E # 140		SALT LAKE CTY	UT	84121
261420204	1184694952	BROOKS MD CHRISTOPHER J	1150 N 35TH AVE # 670		HOLLYWOOD	FL	33021
262028063	1154510816	BOGUE MD DAVID P	660 GLADES RD # 380		BOCA RATON	FL	33431
272404175	1598770430	KUSUMA MD SHASHIDHAR S	205 SW 84TH AVE		PLANTATION	FL	33324
454597336	1578758496	MICHIEZI MD JOSEPH	PO BOX 3725		AUGUSTA	GA	30914
581405201	1376539593	RUF MD LAWRENCE E	7208 HODGSON MEMORIAL DR		SAVANNAH	GA	31406
592420003	1194700476	YALAMANCHI MD BOSE	11334 WILES RD		CORAL SPRINGS	FL	33076
592579938	1124100599	SALGADO MD CHRISTOPHER J	PO BOX 281046		ATLANTA	GA	30384
630649108	1659523066	LOW MD CHRISTOPHER J	4161 NW 5TH ST # 100		PLANTATION	FL	33317
650208782	1558344424	EIDELMAN MD DOV I	# 400	10115 FOREST HILL BLVD	WELLINGTON	FL	33414
650443283	1508880733	MARSHALL MD DEIRDREY M	6360 SUNSET DR		MIAMI	FL	33143
650555661	1215955653	SHATKIN MD BLANE T	1604 TOWN CENTER CIR # C	WESTON TOWN CTR	WESTON	FL	33326
650775597	1790741296	KAPLAN MD CHANCE T	1754 E COMMERCIAL BLVD		OAKLAND PARK	FL	33334

651008582	1073684551	WIGODA MD PAUL	1404 E BROWARD BLVD		FT LAUDERDALE	FL	33301
010732587	1003894601	TAMIM MD WAEEL Z	1625 SE 3RD AVE # 723		FT LAUDERDALE	FL	33316
590791028	1891780060	SALAMON MD BENNETT	PO BOX 70700		FT LAUDERDALE	FL	33307
592579938	1013174101	VILLAMIZAR ORT MD NESTOR	PO BOX 281046		ATLANTA	GA	30384
650455639	1740335017	KIMMEL DO RICHARD D	1905 CLINT MOORE RD # 215		BOCA RATON	FL	33496
650696044	1134128481	COSTANTINI MD EUGENE N	1777 S ANDREWS AVE # 301		FT LAUDERDALE	FL	33316
043606654	1033194535	HERTZ MD JEFFREY A	PO BOX 538500		ATLANTA	GA	30353
061783116	1942287966	MARTINASEVIC MD MARIO I	350 NW 84TH AVE # 300		PLANTATION	FL	33324
203717237	1124172622	CHEANVECHAI MD VASANA	6278 N FEDERAL HWY # 330		FT LAUDERDALE	FL	33308
260609255	1497712327	FOX DO SUSAN B	1150 N 35TH AVE # 605		HOLLYWOOD	FL	33021
383883163	1124213012	FONSECA MD RODRIGO B	PO BOX 840109		PEMBROKE PINES	FL	33084
461875016	1154362150	GRAHAM MD MICHAEL	1 SW 129TH AVE # 200		PEMBROKE PNES	FL	33027
581143116	1477594547	WINTER MD JEFFREY N	# 100	1505 STONE BRIDGE PKWY	WOODSTOCK	GA	30189
592579938	1932123882	KARWOWSKI MD JOHN K	PO BOX 281046		ATLANTA	GA	30384
592579938		TABBARA MD MARWAN R	7000 W 12TH AVE # 4		HIALEAH	FL	33014
593159954	1992824908	ALMOND MD BRETT A	960 7TH N AVE		ST PETERSBURG	FL	33705
596014973	1639145774	PALAMARA MD ARTHUR E	PO BOX 538500		ATLANTA	GA	30353
760720273	1497712327	FOX DO SUSAN B	1150 N 35TH AVE # 605		HOLLYWOOD	FL	33021
010677742	1023070539	SOLOMON MD MICHAEL C	# 103	555 NW LAKE WHITNEY PL	PORT ST LUCIE	FL	34986
200750664	1669483145	RUBINOWICZ MD DIEGO M	13005 SOUTHERN BLVD # 135		LOXAHATCHEE	FL	33470
202614319	1366438517	BALL MD ADAM J	# 105	579 NW LAKE WHITNEY PL	PORT ST LUCIE	FL	34986
204634030	1306841473	LICHT MD MARK R	# 305	7280 W PALMETTO PARK R	BOCA RATON	FL	33433
232919472	1306912746	OST MD MICHAEL C	PO BOX 382053		PITTSBURGH	PA	15251
251515376	1548374325	GERBOC DO JASON L	1210 WATERMAN WAY		TAVARES	FL	32778
270186002	1902872096	LIEF MD MATTHEW S	9750 NW 33RD ST # 218		CORAL SPRINGS	FL	33065
270186002	1194703223	BECKER MD EDWARD BG R	3347 S STATE ROAD 7 # 101		LAKE WORTH	FL	33449
270186002	1104878594	SCHWARTZWALD MD DAVID	1601 CLINT MOORE RD # 195		BOCA RATON	FL	33487
270186002	1598884496	HOLLOWELL MD CHRISTOPHER	2951 NW 49TH AVE # 308		LAUD LAKES	FL	33313
270186002	1942285390	PATSIAS MD GEORGIS	3347 S STATE ROAD 7 # 101		LAKE WORTH	FL	33449
270186002	1023030467	TAUB MD MARC E	4725 N FEDERAL HWY		FT LAUDERDALE	FL	33308
270186002	1801864137	ZAHALSKY MD MICHAEL P	5850 CORAL RIDGE DR # 106		CORAL SPRINGS	FL	33076
270186002		BALDWIN DO KELLY C	# 400	1725 N UNIVERSITY DR	CORAL SPRINGS	FL	33071
270186002	1598792848	SCARZELLA MD DAWN M	# 400	1725 N UNIVERSITY DR	CORAL SPRINGS	FL	33071
270186002	1386634103	STREISAND MD SCOTT D	# 106	7421 N UNIVERSITY DR	TAMARAC	FL	33321
275235338	1306841473	LICHT MD MARK R	# 305	7280 W PALMETTO PARK R	BOCA RATON	FL	33433
363738206	1285733139	GOLDBERG MD ROGER P	9532 EAGLE WAY		CHICAGO	IL	60678
453597157	1053414458	SHELFO MD SCOTT W	600 CELEBRATE LIFE PKWY	DR	NEWNAN	GA	30265
460663349		GUPTA MD SANJEEV K	601 E SAMPLE RD # 105		POMPANO BEACH	FL	33064
462439971	1033169859	RAO MD DINESH S	12109 COUNTY ROAD 103 # 1		OXFORD	FL	34484
522220700	1134362502	MORRISON MD KASEY	PO BOX 37056		BALTIMORE	MD	21297
522485899	1639236797	DISICK MD GRANT I	# 207	9970 CENTRAL PARK N BLV	BOCA RATON	FL	33428
542129332	1548225378	TRAFICANTE MD DALE R	1890 LPGA BLVD # 220		DAYTONA BEACH	FL	32117
542129332	1316918485	GOMEZ MD COSME A	7600 SW 87TH AVE # 206		MIAMI	FL	33173
542129332	1568433308	PUIG MD ROBERT A	7600 SW 87TH AVE # 206		MIAMI	FL	33173
590791028	1225266232	ROSS MD ISHAI S	4725 N FEDERAL HWY		FT LAUDERDALE	FL	33308
590791028	1023030467	TAUB MD MARC E	4725 N FEDERAL HWY		FT LAUDERDALE	FL	33308
591230503	1326072562	SIROIS MD RONALD C	4701 N FEDERAL HWY # C10		FT LAUDERDALE	FL	33308
592042716	1245283191	WIRTSHAFTER MD AMERY R	12411 BISCAYNE BLVD		NORTH MIAMI	FL	33181
592099639	1679579676	MARTIN MD JOEL L	3939 HOLLYWOOD BLVD # 3-A		HOLLYWOOD	FL	33021
592485899	1477518082	SAMOWITZ MD HARVEY R	603 N FLAMINGO RD # 251		PEMBROKE PNES	FL	33028
592485899	1316132137	WEITZENFELD MD MARK B	601 N FLAMINGO RD # 319		PEMBROKE PNES	FL	33028
592485899	1508931791	CRESCIMANO MD LESLIE A	5601 N DIXIE HWY # 320		OAKLAND PARK	FL	33334
592485899	1669568069	SCHNEIDER MD ALAN R	5301 N DIXIE HWY # 201		OAKLAND PARK	FL	33334
592485899	1780648220	TANNENBAUM MD STEPHEN	PO BOX 862152		ORLANDO	FL	32886
592485899	1790850980	PINTAURO MD WILLIAM L	5601 N DIXIE HWY # 320		OAKLAND PARK	FL	33334
592485899	1902872096	LIEF MD MATTHEW S	9750 NW 33RD ST # 218		CORAL SPRINGS	FL	33065
592485899	1821028259	GOUSSE MD ANGELO E	PO BOX 862152		ORLANDO	FL	32886
592485899	1437189156	SORIAL MD REDA F	PO BOX 862152		ORLANDO	FL	32886
592485899	1972594612	YOGEL MD LOUIS R	1200 E BROWARD BLVD		FT LAUDERDALE	FL	33301
592485899	1699856211	TOCCI MD PAUL E	PO BOX 862152		ORLANDO	FL	32886
592485899	1194703223	BECKER MD EDWARD BG R	3347 S STATE ROAD 7 # 101		LAKE WORTH	FL	33449
592485899	1912993536	ANTOSEK MD DO RICHARD B	# 304	8890 W OAKLAND PARK BL	SUNRISE	FL	33351
592485899	1700885761	SIMON MD MICHAEL A	1951 SW 172ND AVE # 300		MIRAMAR	FL	33029
592485899	1174584809	REYES MD ANTONIO	# 202	2261 N UNIVERSITY DR	PEMBROKE PNES	FL	33024
592485899	1477581155	VORSTMAN MD ALBERT W	# 400	1725 N UNIVERSITY DR	CORAL SPRINGS	FL	33071
592485899	1538367016	KAHN MD PAUL R	180 SW 84TH AVE # A		PLANTATION	FL	33324
592485899	1588659205	PERELMAN MD JASON D	# 304	8890 W OAKLAND PARK BL	SUNRISE	FL	33351
592485899	1104878594	SCHWARTZWALD MD DAVID	1601 CLINT MOORE RD # 195		BOCA RATON	FL	33487
592485899	1831414143	GORBATIY MD VLADISLAV	6405 N FEDERAL HWY # 404		FT LAUDERDALE	FL	33308
592485899	1194703330	PORTELA III MD DAMIAN	3347 S STATE ROAD 7 # 101		LAKE WORTH	FL	33449
592485899		VILLICANA MD PATRICK	PO BOX 862152		ORLANDO	FL	32886
592485899	1093793440	WEINSTEIN DO MITCHELL D	6100 HOLLYWOOD BLVD # 105		HOLLYWOOD	FL	33024
592485899	1477788974	SACHEDINA MD NASHEER A	1670 N UNIVERSITY DR # A	OPEN MAGNETIC IMAGING	CORAL SPRINGS	FL	33071
592485899	1013900414	MASEL MD JONATHAN L	4030 SHERIDAN ST # C		HOLLYWOOD	FL	33021
592485899	1629060876	SACHEDINA MD AZEEM M	1670 N UNIVERSITY DR # A	OPEN MAGNETIC IMAGING	CORAL SPRINGS	FL	33071
592485899	1962493619	CHENVEN MD ERIC S	PO BOX 862152		ORLANDO	FL	32886
592485899	1457302895	EAD MD DANIEL N	PO BOX 862152		ORLANDO	FL	32886
592485899	1851353940	ABRAHAMY MD RAN	# 201	7421 N UNIVERSITY DR	TAMARAC	FL	33321
592485899	1649471020	BESHARAT MD KAVEH	221 GREENWICH CIR # 107		JUPITER	FL	33458
592485899	1598792848	SCARZELLA MD DAWN M	# 400	1725 N UNIVERSITY DR	CORAL SPRINGS	FL	33071
592485899	1386634103	STREISAND MD SCOTT D	# 106	7421 N UNIVERSITY DR	TAMARAC	FL	33321
592711461	1033265723	KESTER MD STEVEN C	550 SW 3RD ST # 305		POMPANO BEACH	FL	33060
592821164	1366439713	SKINNER MD WILLIAM K	# 20	10151 ENTRPRS CTR BLVD	BOYNTON BEACH	FL	33437
592821164	1750378105	POPOWITZ MD STUART M	# 201	10151 ENTERPRISE CENTER	BOYNTON BEACH	FL	33437
593214635	1942259908	PATEL MD VIPUL R	410 CELEBRATION PL # 200		KISSIMMEE	FL	34747
650003177	1164625737	SHRIVASTAVA MD ALOK	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177	1083616320	GANS MD WILLIAM H	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331

650003177	1700813078	MURUVE MD NICOLAS A	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177	1003879453	HAKIM MD LAWRENCE S	2950 CLEVELAND CLINIC	BLVD	WESTON	FL	33331
650003177	1326231861	ERCOLE MD BARBARA	PO BOX 538009		ATLANTA	GA	30353
650330950	1780646315	SCHWARTZ MD CURTIS B	1777 S ANDREWS AVE # 300		FT LAUDERDALE	FL	33316
650374059	1063450773	ZAGHA MD RALPH M	2951 NW 49TH AVE # 207		LAUD LAKES	FL	33313
650415769	1952346918	MARKS MD JEFFREY L	7390 NW 5TH ST # 7		PLANTATION	FL	33317
650556041	1871700054	MUES MD ADAM C	# 202-A	10050 SW INNOVATION W, PORT ST LUCIE		FL	34987
650911453	1053357913	LABBIE MD ANDREW S	# 302	9980 CENTRAL PARK N BLV BOCA RATON		FL	33428
650911453	1396060596	KOZAKOWSKI MD KRISTIN A	# 302	9980 CENTRAL PARK N BLV BOCA RATON		FL	33428
651097385	1093716771	SANDOVAL MD EDGAR	4302 ALTON RD # 410		MIAMI BEACH	FL	33140
651207453	1225149891	JAYSON MD MAURY A	601 N FLAMINGO RD # 308		PEMBROKE PNES	FL	33028
760273984	1740268978	DAVIS MD JOHN W	1515 HOLCOMBE BLVD # 207		HOUSTON	TX	77030
203972695	1497727382	VENKATAPERUMAL MD SATISH	13945 N US HIGHWAY 441		LADY LAKE	FL	32159
272841395	1104803436	ROGOFF MD MICHAEL A	400 W 41ST ST # 310		MIAMI BEACH	FL	33140
311741150	1538110655	KAYE MD MARC D	PO BOX 919281		ORLANDO	FL	32891
582239077	1497744452	KUHLMAN MD CHAD G	PO BOX 3157		INDIANAPOLIS	IN	46206
592579847	1174751051	ABRAHAMS DO ROBERT	1611 NW 12TH AVE		MIAMI	FL	33136
650003177	1073834396	KALIA MD AMIT	PO BOX 538009		ATLANTA	GA	30353
650758756	1386845774	CHIRAVURI MD RAVIKANTH	PO BOX 198335		ATLANTA	GA	30384
651075205	1760478036	RAINISCH MD MICHAEL C	703 N FLAMINGO RD		PEMBROKE PINES	FL	33028
651075205	1053314286	COHN MD MICHAEL C	3501 JOHNSON ST		HOLLYWOOD	FL	33021

References - Current Clients

Include this form in **Tab VI** of your proposal.

1. Name of Company _____
 Total Number of Full Time Employees _____
 Name & Title of Contact _____
 Email address _____
 Telephone number _____
 Fax number _____
 Type of benefits provided _____
 Number of employees covered _____
 Plan inception date _____

2. Name of Company _____
 Total Number of Full Time Employees _____
 Name & Title of Contact _____
 Email address _____
 Telephone number _____
 Fax number _____
 Type of benefits provided _____
 Number of employees covered _____
 Plan inception date _____

3. Name of Company _____
 Total Number of Full Time Employees _____
 Name & Title of Contact _____
 Email address _____
 Telephone number _____
 Fax number _____
 Type of benefits provided _____
 Number of employees covered _____
 Plan inception date _____

4. Name of Company _____
Total Number of Full Time Employees _____
Name & Title of Contact _____
Email address _____
Telephone number _____
Fax number _____
Type of benefits provided _____
Number of employees covered _____
Plan inception date _____
5. Name of Company _____
Total Number of Full Time Employees _____
Name & Title of Contact _____
Email address _____
Telephone number _____
Fax number _____
Type of benefits provided _____
Number of employees covered _____
Plan inception date _____

Terminated Clients

1. Name of Company _____
Total Number of Full Time Employees _____
Name & Title of Contact _____
Email address _____
Telephone number _____
Fax number _____
Type of benefits provided _____
Number of employees covered _____
Plan inception date _____
2. Name of Company _____
Total Number of Full Time Employees _____
Name & Title of Contact _____
Email address _____
Telephone number _____
Fax number _____
Type of benefits provided _____
Number of employees covered _____
Plan inception date _____

BID/PROPOSAL CERTIFICATION

Please Note: 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) _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No. _____ FAX No. _____ Email: _____

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

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

<u>Addendum No.</u>	<u>Date Issued</u>	<u>Addendum No.</u>	<u>Date Issued</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.**

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:

Name (printed)

Signature

Date:

Title

Proposer's Identification

Name of Organization: _____

Address: _____

Contact Person: _____

Telephone Numbers

Daytime: _____

After Hours/Mobile: _____

Fax: _____

E-Mail: _____

PROPOSER'S GROUP REPRESENTATIVE OR ACCOUNT EXECUTIVE

Name of Firm: _____

Address: _____

Group Representative or
Account Executive: _____

Telephone Numbers

Daytime: _____

After Hours/Mobile: _____

Fax: _____

E-Mail: _____

Include this form in **Tab VII** of your proposal.

Proposer's Warranty

The undersigned person by the undersigned's signature affixed hereon warrants that:

- A. The undersigned is an officer, partner or a sole proprietor of the firm and the enclosed proposal is submitted on behalf of the firm;
- B. The undersigned has carefully reviewed all the materials and data provided on the firm's proposal on behalf of the firm, and, after specific inquiry, believes all the material and data to be true and correct;
- C. The proposal offered by the firm is in full compliance with the Minimum Qualifications of Proposer set forth in Section **Error! Reference source not found.** of this RFP;
- D. The firm authorizes the City of Fort Lauderdale, its staff or consultants to contact any of the references provided in the proposal and specifically authorizes such references to release either orally or in writing any appropriate data with respect to the firm offering this proposal;
- E. The undersigned has been specifically authorized to issue a contract in full compliance with all requirements and conditions, as set forth in this RFP other than those deviations noted above;
- F. If this proposal is accepted, the contract will be issued as proposed.

Name of Firm

Signature of Authorized Representative

Title of Authorized Representative

Date Signed by Authorized Representative

Include this form in **Tab VII** of your proposal.

No Bid Form

NO BID COMMENTS: If you are unable to respond to our Request for Proposal, we would appreciate your comments as to your reason for submitting a NO BID. Please insert your comments in the space that follows and return this form to

Procurement Services Department
City of Fort Lauderdale, Suite 619
100 North Andrews Avenue
Fort Lauderdale, FL 33301

Your response will assist us in future solicitations.

Include this form in **Tab VII** of your proposal.

**City of Fort Lauderdale
High Cost Medications - Calendar Year 2015**

The following is a list of the top 100 medications utilized by City members ranked by cost. Indicate your company's formulary tier for each listed medication and note if prior authorization or step therapy required. Include this form in Tab VII of the proposal and as an Excel file in standard format. Do not change the sort order of the list.

Brand Name	Minor Group	NDC Number	Formulary Tier	Prior Authorization	Step Therapy
REVLIMID	Antineoplastics	59572041000			
HUMIRA PEN	Anti-Inflam Disease Modifiers	00074433902			
SAIZEN	Pituitary	44087108001			
ENBREL	Anti-Inflam Disease Modifiers	58406044504			
XOLAIR	Asthma Related	50242004062			
TRUVADA	Antivirals, HIV Specific	61958070101			
HARVONI	Hepatitis A/B/C	61958180101			
ATRIPLA	Antivirals, HIV Specific	15584010101			
ZOMIG	Migraine	64896067151			
VIAGRA	Impotency Related	00069422030			
STELARA	Anti-Inflam Disease Modifiers	57894006003			
TRIUMEQ	Antivirals, HIV Specific	49702023113			
LEVEMIR FLEXTouch	Insulins	00169643810			
SIMPONI	Anti-Inflam Disease Modifiers	57894007002			
CIALIS	Impotency Related	00002446430			
NOVOLOG FLEXPEN	Insulins	00169633910			
ATRIPLA	Antivirals, HIV Specific	15584010101			
PREZISTA	Antivirals, HIV Specific	59676056630			
OTEZLA	Anti-Inflam Disease Modifiers	59572063106			
SENSIPAR	Thyroid/Parathyroid	55513007430			
NOVOLOG	Insulins	00169750111			
LANTUS SOLOSTAR	Insulins	00088221905			
CARAC	Antineoplastics	00187520030			
JUBLIA	Topical Antiinfectives	00187540004			
VICTOZA 3-PAK	Hypoglycemics	00169406013			
CRESTOR	Lipid Lowering	00310075290			
CRESTOR	Lipid Lowering	00310075190			
ANDROGEL	Estrogenic/Androgenic/Progest	00051846233			
PREZCOBIX	Antivirals, HIV Specific	59676057530			
ACTICLATE	Tetracyclines	16110050201			
VIMOVO	NSAIDS	75987003004			
PREZCOBIX	Antivirals, HIV Specific	59676057530			
TIVICAY	Antivirals, HIV Specific	49702022813			
PROGRAF	Immune Related	00469061773			
TRUVADA	Antivirals, HIV Specific	61958070101			
PREZISTA	Antivirals, HIV Specific	59676056201			
ISENTRESS	Antivirals, HIV Specific	00006022761			
LIALDA	GI Other	54092047612			
SELZENTRY	Antivirals, HIV Specific	49702022318			

DUEXIS	NSAIDS	75987001003			
HUMALOG KWIKPEN U-100	Insulins	00002879959			
WELCHOL	Lipid Lowering	65597070118			
EPZICOM	Antivirals, HIV Specific	49702020613			
LO LOESTRIN FE	Contraceptives	00430042014			
FARXIGA	Hypoglycemics	00310620530			
RENVELA	Metabolic	58468013001			
NOVOLOG MIX 70-30 FLEXPEN	Insulins	00169369619			
NEXAVAR	Antineoplastics	50419048858			
WELLBUTRIN XL	Antidepressants	00187073030			
ANDROGEL	Estrogenic/Androgenic/Progest	00051846233			
XARELTO	Anticoagulants	50458057930			
JUBLIA	Topical Antiinfectives	00187540008			
EPIPEN 2-PAK	Antidotes	49502050002			
LUPRON DEPOT	Antineoplastics	00074364203			
ELMIRON	Kidney/Urinary	50458009801			
WELLBUTRIN XL	Antidepressants	00187073130			
DEXILANT	Antiulcer	64764017530			
JANUVIA	Hypoglycemics	00006027731			
SYMBICORT	Asthma Related	00186037020			
VYVANSE	Stimulants	59417010710			
ORACEA	Tetracyclines	00299382230			
VYVANSE	Stimulants	59417010310			
ONETOUCH ULTRA TEST STRIPS	Diabetic Supplies	53885024510			
NOVOLOG MIX 70-30	Insulins	00169368512			
XIFAXAN	Other Antiinfectives	65649030302			
NORVIR	Antivirals, HIV Specific	00074333330			
INTELENCE	Antivirals, HIV Specific	59676057101			
CRESTOR	Lipid Lowering	00310075430			
VIMPAT	Anticonvulsants	00131248035			
SPIRIVA	Asthma Related	00597007541			
PROGRAF	Immune Related	00469065773			
ONGLYZA	Hypoglycemics	00310610530			
EFFIENT	Anticoagulants	00002512330			
LINZESS	GI Other	00456120130			
METFORMIN HCL ER	Hypoglycemics	68180033707			
NUVIGIL	Stimulants	63459021530			
OMEGA-3 ACID ETHYL ESTERS	Lipid Lowering	00093540189			
WELCHOL	Lipid Lowering	65597090230			
PREVACID	Antiulcer	64764054311			
STRATTERA	Stimulants	00002322930			
VYVANSE	Stimulants	59417010510			
WELLBUTRIN XL	Antidepressants	00187073090			
TRIUMEQ	Antivirals, HIV Specific	49702023113			
SENSIPAR	Thyroid/Parathyroid	55513007330			
LATUDA	Antipsychotic/Manic	63402031230			
MYCOPHENOLIC ACID	Immune Related	60505296507			
COMBIVENT RESPIMAT	Asthma Related	00597002402			
ASACOL HD	GI Other	00430078327			

RESTASIS	Eye	00023916360			
ACCU-CHEK AVIVA PLUS	Diabetic Supplies	65702040810			
OXYMORPHONE HCL	Narcotic Analgesics	60951079570			
ABILIFY	Antipsychotic/Manic	59148000813			
EPIDUO	Acne Agents	00299590825			
ACTEMRA	Anti-Inflam Disease Modifiers	50242013801			
SUBOXONE	Antagonists/Withdrawal Aids	12496120803			
ADVAIR DISKUS	Asthma Related	00173069600			
ZETIA	Lipid Lowering	66582041431			
INVOKANA	Hypoglycemics	50458014030			
PROAIR HFA	Asthma Related	59310057922			
DELZICOL	GI Other	00430075327			

City of Fort Lauderdale
Highly Utilized Medications - Calendar Year 2015

The following is a list of medications utilized by City members ranked by number of prescriptions. Indicate your company's formulary tier for each listed medication and note if prior authorization or step therapy required. Include this form in Tab VII of the proposal and as an Excel file in standard format. Do not change the sort order of the list.

Brand Name	Minor Group	NDC Number	Formulary Tier	Prior Authorization	Step Therapy
AZITHROMYCIN	Macrolides	50111078751			
AMLODIPINE BESYLATE	Ca Channel Blockers	68180075103			
METHYLPREDNISOLONE	Glucocorticoids	59746000103			
VIAGRA	Impotency Related	00069422030			
AMLODIPINE BESYLATE	Ca Channel Blockers	68180075203			
OXYCODONE-ACETAMINOPHEN	Narcotic Analgesics	00228298150			
ZOLPIDEM TARTRATE	Sedatives/Antianxiety	00093007401			
PROAIR HFA	Asthma Related	59310057922			
CIALIS	Impotency Related	00002446430			
LO LOESTRIN FE	Contraceptives	00430042014			
ALPRAZOLAM	Sedatives/Antianxiety	00228202996			
METFORMIN HCL	Hypoglycemics	43547035711			
FLUTICASONE PROPIONATE	Asthma Related	00054327099			
MICROGESTIN FE	Contraceptives	52544024928			
METFORMIN HCL	Hypoglycemics	53746021805			
NATURE-THROID	Thyroid/Parathyroid	64727330001			
ESCITALOPRAM OXALATE	Antidepressants	31722025090			
TRAMADOL HCL	Narcotic Analgesics	68382031910			
PANTOPRAZOLE SODIUM	Antiulcer	00093001298			
VITAMIN D2	Vitamins	64380073706			
METFORMIN HCL	Hypoglycemics	53746022005			
CIPROFLOXACIN HCL	Quinolones	16252051501			
AMOXICILLIN	Penicillins	00781261305			
ATORVASTATIN CALCIUM	Lipid Lowering	60505257909			
FLUTICASONE PROPIONATE	Asthma Related	60505082901			
LEVEMIR FLEXTouch	Insulins	00169643810			
TEMAZEPAM	Sedatives/Antianxiety	00378505001			
HYDROCHLOROTHIAZIDE	Diuretics	29300012810			
FLUCONAZOLE	Antifungals	00172541211			
IBUPROFEN	NSAIDS	69238110305			
VALACYCLOVIR	Antivirals	65862044830			
ATORVASTATIN CALCIUM	Lipid Lowering	00378395177			
VALACYCLOVIR	Antivirals	65862044930			
AZITHROMYCIN	Macrolides	59762306001			
METOPROLOL TARTRATE	Beta Blockers	00378003210			
NATURE-THROID	Thyroid/Parathyroid	64727330301			
AZITHROMYCIN	Macrolides	50111078766			
ESCITALOPRAM OXALATE	Antidepressants	31722025190			
CRESTOR	Lipid Lowering	00310075290			

IBUPROFEN	NSAIDS	53746046605			
SIMVASTATIN	Lipid Lowering	68180047903			
CRESTOR	Lipid Lowering	00310075190			
MONTELUKAST SODIUM	Asthma Related	00054025913			
CLOPIDOGREL	Anticoagulants	00093731456			
SIMVASTATIN	Lipid Lowering	68180048003			
MONTELUKAST SODIUM	Asthma Related	00054025922			
METFORMIN HCL	Hypoglycemics	43547035950			
LISINOPRIL	ACE/ARB	68180051503			
ALPRAZOLAM	Sedatives/Antianxiety	00228202796			
AMLODIPINE BESYLATE- BENAZEPRIL	ACE/ARB	68180076001			
PANTOPRAZOLE SODIUM	Antiulcer	59746028490			
AMOXICILLIN	Penicillins	67253014150			
HYDROCODONE-ACETAMINOPHEN	Narcotic Analgesics	00591320205			
FAMOTIDINE	Antiulcer	00172572860			
CHLORHEXIDINE GLUCONATE	Dental	00116200116			
NOVOLOG FLEXPEN	Insulins	00169633910			
HYDROCODONE-ACETAMINOPHEN	Narcotic Analgesics	00591261205			
CYCLOBENZAPRINE HCL	Muscular/Movement	59746017710			
TAMSULOSIN HCL	Kidney/Urinary	68382013210			
ATENOLOL	Beta Blockers	00378021810			
GILDESS FE	Contraceptives	00603760917			
FOLIC ACID	Vitamins	00603316232			
ONETOUCH ULTRA TEST STRIPS	Diabetic Supplies	53885024510			
METOPROLOL SUCCINATE	Beta Blockers	62037083101			
MUPIROCIN	Topical Antiinfectives	45802011222			
ATORVASTATIN CALCIUM	Lipid Lowering	00378395277			
AMOXICILLIN	Penicillins	00143988701			
OMEPRAZOLE	Antiulcer	68382050010			
TRUVADA	Antivirals, HIV Specific	61958070101			
METFORMIN HCL	Hypoglycemics	00093104801			
FENOFIBRATE	Lipid Lowering	45802013275			
SYNTHROID	Thyroid/Parathyroid	00074662490			
VENTOLIN HFA	Asthma Related	00173068220			
FENOFIBRATE	Lipid Lowering	00115552210			
NAPROXEN	NSAIDS	65162019050			
SULFAMETHOXAZOLE- TRIMETHOPRIM	Sulfonamides	65862042005			
DIAZEPAM	Sedatives/Antianxiety	00378034505			
DEXILANT	Antiulcer	64764017530			
VYVANSE	Stimulants	59417010310			
MELOXICAM	NSAIDS	68382005105			
PREN1 PEARL	Vitamins	50265019830			
RECLIPSEN	Contraceptives	52544095428			
SULFAMETHOXAZOLE- TRIMETHOPRIM	Sulfonamides	53746027205			
ZOLPIDEM TARTRATE	Sedatives/Antianxiety	16714062202			
LISINOPRIL	ACE/ARB	68180051503			

HYDROCHLOROTHIAZIDE	Diuretics	64125013110			
SYMBICORT	Asthma Related	00186037020			
CYANOCOBALAMIN INJECTION	Vitamins	63323004401			
HYDROCODONE-ACETAMINOPHEN	Narcotic Analgesics	00591260505			
NATURE-THROID	Thyroid/Parathyroid	64727330201			
NAPROXEN	NSAIDS	53746019005			
CEPHALEXIN	Cephalosporins	00093314705			
ALPRAZOLAM	Sedatives/Antianxiety	00228203150			
ALPRAZOLAM	Sedatives/Antianxiety	00781107710			
LANTUS SOLOSTAR	Insulins	00088221905			
OMEGA-3 ACID ETHYL ESTERS	Lipid Lowering	00093540189			
CIALIS	Impotency Related	00002446230			
VYVANSE	Stimulants	59417010710			
SIMVASTATIN	Lipid Lowering	68180047902			
OMEPRAZOLE	Antiulcer	68382041205			

GENERAL INFORMATION

1. Indicate the following summary client information for Broward, Miami-Dade, Palm Beach, Martin and Monroe Counties combined.

	Self-funded Open Access Network Only	Self-funded Open Access POS	Self-funded PPO	Consumer Driven Health Plan with HRA	TPA	EAP
Number of contracted commercial groups in excess of 1,000 covered employees						
Total number of commercial members						

2. For how many public employers does your firm currently provide medical TPA and PBM services in the State of Florida?
3. For how many members does your firm currently pay commercial claims (all products) nationally?
4. What is your network physician turnover ratio for the period January 1, 2015 through December 31, 2015 in Broward, Miami-Dade, Palm Beach, Monroe and Martin Counties combined?

	HMO	POS	PPO
Primary Care	_____ %	_____ %	_____ %
Specialty Care	_____ %	_____ %	_____ %

5. What are your company's standards for considering that it has a satisfactory quantity and choice of providers under contract for a given service area?
- Specifically address the quantity of providers in proportion to membership and the required traveling distance and acceptable levels of choice.
 - Specifically address the southeast counties where the City's employees live i.e. Broward, Palm Beach, Miami-Dade, Monroe and Martin Counties.
6. Please provide your continuity of care policy with respect to the following medical conditions existing on the proposed effective date with care provided by non-network providers.
- Follow up care required for surgery performed prior to effective date
 - Pregnancies
 - Outpatient mental health
 - Treatment of dread diseases
 - Members currently participating in substance abuse programs
 - Cancer
7. What provisions are made for transition of care if a network provider is terminated?
8. What are your company's hours of operation for telephonic customer service representatives? For your nurse hotline? For account service?
9. Provide your company's web address and all services available at that site. Provide a demo ID number that will allow navigation through the employee and employer portals.
10. Describe in detail your out-of-area coverage for dependent students attending school. Include your procedures for non-emergency and emergency care including follow-up visits.

11. Are there any major changes anticipated over the next 12 months as it relates to your corporate organization, website and/or telephonic services, network access or other improvements as it relates to your proposed program?
12. Please confirm your company's ability to accept payment for administration fees via the City's P-Card program.

ADMINISTRATIVE QUESTIONS

13. Do you agree to have available plan representatives at all open enrollment and informational session meetings upon request?
14. Provide a timeline for a new client implementation. For each timeframe indicated transition tasks, include key milestones, deliverables and responsible parties. Be sure to include the milestones, deliverables and responsible parties to ensure mail delivery of all ID cards before January 1st.
15. How will you communicate with the city regarding the progress of the conversion and implementation effort? How do you propose to make the City's experience easy?
16. In order to complete Open Enrollment, specify what services/resources are you willing to commit to after award prior to contract effective date.
17. Does your company have a system to communicate changes in legislation or rules from the federal or state levels regarding the administration of the plan? How do you ensure the City's plan documents comply with all federal and state regulation i.e. HIPAA, FMLA, HCR, CHIPRA, COBRA, etc. on an annual basis?
18. How often is information updated on your website?
19. How frequently do you conduct plan member satisfaction surveys?

		COMPLY/AGREE YES/NO*	COMMENTS/EXPLANATION *If you answer NO, briefly explain why
GENERAL INFORMATION			
20.	Will you assign a dedicated full-time onsite customer service representative?		
21.	Is your company capable of providing online access for the purpose of determining member eligibility and claim status and to initiate enrollment changes?		
22.	If enrollment changes are made, are changes effective in real time or is there a delay (specify time for both medical and pharmacy)?		

GENERAL INFORMATION		
23.	Is your company willing to actively recruit specified providers currently utilized by City members that are not currently in your network? Describe your efforts to recruit, including an estimate of the number of days from initial contact to contract completion.	
24.	Does your company anticipate any changes in your physician and hospital networks in 2017 other than normal turnover? If yes, please describe these changes in general.	
25.	Is there any pending litigation regarding your firm as it relates to your proposed services? If so, please list the nature, date and amount of damages requested.	
26.	Is your company under review or currently subject to sanctions from the state health insurance department or consumer protection agencies in any state in which you service clients? If yes, please provide details including any corrective action taken.	
27.	Has your claims department been audited by a third party for accuracy and security? If yes, how recently and what type of audit(s)?	
28.	In the event of termination, is your company willing to provide specific disease management utilization information for the purpose of transitioning DM members from your program to the newly selected program with the appropriate authorizations?	
29.	Can your company's utilization reports provide comparisons between the City's utilization data and regional norms?	
30.	Between re-credentialing cycles, do you conduct ongoing monitoring of practitioner sanctions, complaints and quality issues?	
31.	Proposer agrees that no minimum participation requirements will apply to any proposed plan.	
32.	Proposer agrees to meet quarterly with City staff to review the status of the disease management and wellness programs.	
33.	Will your company attend meetings, at least quarterly, to review plan performance and ongoing service issues?	

34.	Proposer agrees to provide a Summary Plan Description (SPD) within 90 days of effective date.		
35.	Proposer agrees that no commission or remuneration of any kind is included in the quoted premiums or will be paid out in connection with the bid proposal.		

OPEN ACCESS PLANS (HMO & POS)

36. What is your company's current average length of stay for hospitalization for your proposed network located in Broward, Palm Beach, Miami-Dade, Martin and Monroe Counties?

37. Who is financially responsible if a network only physician refers to a non-network provider?

		COMPLY/AGREE YES/NO*	COMMENTS/EXPLANATION *If you answer NO, briefly explain why
OPEN ACCESS PLANS			
38.	Does your company contract with a separate company to provide lab tests and durable medical equipment? If yes please provide the name of the company(ies).		
39.	Are physicians required to exclusively order testing, labs and durable medical equipment through network providers?		
40.	If your company contracts with a company to provide lab services, are members required to use that lab service if the participating physician's office has a lab?		

CASE MANAGEMENT

41. Describe the circumstances under which case management is engaged. Is it based on diagnosis, paid claim amount or both? Be specific.

42. What are the criteria for members to be discharged from case management?

		COMPLY/AGREE YES/NO*	COMMENTS/EXPLANATION *If you answer NO, briefly explain why
CASE MANAGEMENT			
43.	Are there any types of cases the case management program does not manage? If yes, describe.		
44.	Is the case management/utilization management function a part of your company or is it subcontracted to a vendor?		

TPA SERVICES

Claims Administration

45. Describe your internal claim audit function.

46. The City currently pays claims through a weekly wire transfer with an imprest account being held by the

carrier. If your company is selected to provide TPA services, what is the standard banking arrangement that the City would be expected to follow? Include information on how and when the account is funded and the options available for reimbursement frequency.

47. Describe your policy regarding claim subrogation. Include fee basis if billed separately from the administration fee.
48. Please provide a list of reinsurers for which your firm is approved to pay claims.
49. Describe your procedures for tracking and reporting specific stop-loss claims. What system capabilities do you have for such tracking and reporting?
50. What is your average length of time to process "clean" claims? The process includes the time from actual receipt to the date an EOB is mailed.
51. a. What is your current backlog of claims in calendar days?
b. What is your goal for backlog in calendar days? What provisions or systems do you have in place to assure that you meet your clients' needs with respect to timely claims processing?
52. Describe any software edits you have in place that automatically flag errors or the need for additional information before a claim can be processed.
53. a. What is your claim accuracy rate over the past 12 months?
b. How do you calculate this rate?
c. How frequently do you calculate this rate? What is your accuracy goal?
54. Describe any software or manual procedures you have in place to identify provider fraud or abuse with respect to services, procedure coding, etc.
55. What percentage of services requested were denied due to lack of medical necessity in 2014 and 2015? Of those denials, what percentage were appealed and subsequently approved? Use the following chart to summarize the information. Please describe what types of services are most frequently denied and why these services are denied.

	2014	2015
% Denied		
% Appealed		
Subsequently approved		

56. Provide a list of all medical services that require prior authorization. What is the average turn-around time as well as the maximum allowed time for providing authorizations?
57. Describe the claims appeal role your company will assume including your defense of member claims appeals through Level Two of a grievance procedure for both medical and pharmacy claims.

		COMPLY/AGREE YES/NO*	COMMENTS/EXPLANATION *If you answer NO, briefly explain why
TPA SERVICES			
58.	Does your company agree to expedite the credentialing process for the physician and nurse's assistant hired by the City's near-site health center?		
59.	As the selected proposer, will you comply with the following as it relates to the City's health center? a. Electronic transmission of lab data (for biometric import) and Health Risk Assessment completions		

	annually		
	b. Electronic transmission of claims data monthly		
	c. Assistance with referrals		
	d. Coordination of programs for outreach, wellness and other health services		
	e. Quarterly reporting on utilization and unit cost by category including primary care, specialty care, emergency department, hospital inpatient and outpatient and ancillary services. Reports will include utilization and per capita costs for members utilizing the health center versus members not utilizing the center and overall.		
	f. Access to the TPA account manager and dedicated onsite service representative to coordinate services, resolve problems and continually improve services to the City of Fort Lauderdale		
60.	As the single-source, managed care TPA, do you agree to provide the City with the components listed below?		
	a. Comprehensive administrative processes, claims adjudication for health and pharmacy claims, utilization review, managed care and member communications.		
	b. Assertive disease management programs that fully integrate with medical and pharmacy claims data and existing wellness plans and initiatives.		
	c. Competitive medical claim discounts.		
	d. Pharmacy benefit management using a transparent pricing model, with 100% of the discounted claims and rebates passed through to the City.		
	e. Large local and national provider network(s) with minimal disruption of the existing provider network.		
	f. A fully insured Employee Assistance Program (EAP) with convenient access to a diverse and broad network of mental health and substance dependency clinicians for short-term counseling, financial and legal		

	counseling and support, discounts on local work/life services and consultation on critical incidents and any other organization issues that may arise.		
	g. Performance Agreement		
	h. Minimum discount guarantees		
	i. Administrative fee guarantees		
	j. Performance service agreements		
	k. Ability to continue utilizing the ChoiceLinx Online Benefit Enrollment System with any applicable fees included in the proposed TPA fees.		
	l. Management wellness plan		
61.	Does your claim eligibility system have the ability to track different addresses for dependents?		
62.	Can the City provide City-specific 6-digit ID numbers to be used to identify members?		
63.	Does your software have a predictive modeling component? If so, describe it in detail and how and when the City would be provided with this information?		
64.	Proposed plan includes a network with national access.		
65.	Proposer will process all uncontested claims within 3 business days.		
66.	Proposer will assist City and Benefits Consultant with annual FLOIR and GASB OPEB reporting requirements for government entity self-insured plans.		
67.	Proposer will exchange all data (file transmission, e-mail, media, etc.) between Proposer, City and designated business associates in an encrypted format that will only be de-encrypted by the specified recipient. In addition, Proposer is required to use a secure venue to exchange files to and from third party vendors outside of the organization. All electronic files will be in the current HIPAA compliant format.		
68.	Proposer will provide an employer portal for online access to eligibility, claims and reporting (standard and ad-hoc).		

ELIGIBILITY			
69.	The City will determine eligibility for coverage.		
70.	The City will collect, determine and maintain dependent documentation and eligibility.		
71.	Proposer will accept City enrollment processes, including enrollment form and electronic enrollments, via Choicelinx or other designated enrollment system..		
72.	Proposer will accept retroactive enrollments/terminations back ninety (90) days from the eligibility or termination date.		
73.	The City must approve any member communication materials prior to distribution. Proposer is responsible for all costs of printing, producing and mailing/distributing adequate quantities of member information. Summary Plan Descriptions and Certificates of Coverage will be available on City website.		
74.	Proposer will provide quality enrollment and informative materials that fully explain the benefits, limitations and exclusions of each plan to participants in electronic format. Materials shall meet all requirements of the Affordable Care Act, and must be updated as needed.		
75.	Proposer will provide documents for posting on the City's website or distribution through electronic media in an ADA compliant format.		
76.	Proposer will provide assistance, technically and creatively, in the on-going development and preparation of various employee communication materials.		
77.	Proposer will provide at Proposer's expense one full-time onsite representative with the ability to travel to other City work sites as scheduled, Proposer will also provide onsite backup when full-time representative is scheduled to be away. Selection of representative will be subject to approval by the City.		
78.	Proposer will review and update applicable sections of the City's annual benefit summary book, (currently titled		

	Employee Handbook) to ensure information is compliant with the plan documents.		
79.	Proposer agrees to provide all the reports requested in Section 4 of this RFP.		
80.			
81.	Will your proposed contract allow for an annual audit by the City? List any limitations and specifically address the limits on claims samples and approval of City designated personnel conducting the audit.		
82.	Choicelinx Corp provides online benefit enrollment services for the City. As the successful proposer, you will be required to engage with Choicelinx and identify any related costs in the proposed ASO fees.		

WELLNESS AND DISEASE MANAGEMENT

83. Describe how your firm would take over and administer the City's management wellness program. Include the procedures your company will follow for monitoring the program and providing incentives and reward to participants for achieving their goals. The current program provides the following:
- Completion of a Health Risk Assessment (to be taken on your web portal) and biometric screening (provided through area providers) at the beginning and end of a 12-month period.
 - Ongoing telephonic mentoring calls by the carrier's coaches monthly or quarterly, depending on risk stratification.
 - Special programs and initiatives provided by the carrier to support smoking cessation, weight loss, exercise and nutrition counseling.
 - Individual web portal for each member to access and review their HRA and biometric results as well as general wellness information.
84. Describe how your firm would provide a wellness program to all non-Management employees that would expand and enhance the current HRA and biometric screenings.
85. Provide a method for expanding these initiatives as well as measuring, rewarding, and reporting these activities.
86. Describe your organization's dedicated wellness and health promotion internet and communications to employees provided during the term of the contract related to wellness, disease prevention and healthy lifestyles.
87. Describe the lifestyle management programs and wellness initiatives available to City members. Address the program's format, costs, completion criteria and ability to link completion with carrier-administered, City-designed incentives.
88. Describe additional wellness and health improvement programs and services that are available and any corresponding charges for such services. Include an approximation of costs of all programs listed.
89. Confirm that your company will provide the required \$87,000 annual wellness allowance (see Section _____ of this RFP).

		COMPLY/AGREE YES/NO*	COMMENTS/EXPLANATION *If you answer NO, briefly explain why
WELLNESS AND DISEASE MANAGEMENT			
90.	The City has a Management Wellness plan that provides management employees with a \$500 incentive based on completion of the defined activities. Will your company, along with the designated onsite service representative, track the activities of participants and provide a monthly report identifying the members who completed the activities required for incentive payout?		
91.	Do your services include smart phone applications? If so, please list them.		
92.	Proposer agrees to provide an \$87,000 annual wellness allowance.		
93.	Will your company allow the City to roll over unused funds to the following year?		
94.	Proposer agrees to complete and submit on a quarterly basis 45 days after end of quarter (paper copy and electronic), an Executive Summary Analysis, Dashboard, financial/trend analysis, membership and health utilization summary, high dollar claims, health management and wellness program key indicators, performance standards and guarantee measures, and accounting of completed and ongoing activities. Satisfaction of this requirement will be subject to performance guarantees.		
95.	Proposer agrees to provide cost and disease prevalence data, technical, creative, financial, clinical and wellness resources and program and performance metrics.		
96.	Proposer agrees to provide monthly, quarterly, and annual utilization reports broken down by employee, dependents and type of service. Such reports should also include details on the types of illnesses.		
97.	Proposer agrees to provide full monthly electronic claim extract files to any City designated vendor who has completed a BAA agreement within 20 days of the end of a month. There shall be no additional fees associated with the production of the extract files. Please indicate when the file will be available (i.e., how many days following the end		

	of the month)		
98.	Proposer agrees to provide a wellness portal on the member webpage where members can access an online wellness program including a Health Risk Assessment tool.		
99.	Proposer agrees to implement, at a minimum, the following six (6) disease management programs: Asthma, Chronic Obstructive Pulmonary Disease (COPD), Congestive Heart Failure (CHF), Coronary Artery Disease (CAD), Diabetes and Hypertension.		

NETWORK

100. a. How do you measure provider performance and quality - be specific and transparent in logic and rating scale?
- b. What metrics do you make available to members to identify and select "high performance / efficient" providers?
- c. What incentives do you offer providers that meet your performance criteria?
101. Describe any Accountable Care Organizations currently included in your proposed network(s).
102. a. How do you process claims for non-contracted hospital based providers and services when selection is beyond the control of the patient?
- b. How do you propose making this cost neutral for City members, and dependents?
- c. Additionally, how can you protect the member from being incorrectly billed and having to dispute claim(s)?
103. Describe how your organization will ensure that providers in your network utilize In-Network laboratory and diagnostic testing/services, or propose your plan for cost neutrality for City members, and their dependents?

		COMPLY/AGREE YES/NO*	COMMENTS/EXPLANATION *If you answer NO, briefly explain why
NETWORK			
104.	a. If covered services are not available within the contracted network, how will members obtain necessary services?		
	b. What fee schedule or payment approach do you utilize for these benefits and services?		

MENTAL HEALTH & SUBSTANCE ABUSE

105. Do you provide Mental Health & Substance Abuse services directly, through your own contracted and credentialed panel of providers and facilities, or do you sub-contract these services to a third party entity? If the latter, please indicate the third party and summarize the contracting and compensation in place.
106. Do enrollees call one telephone number for Mental Health/Substance Abuse needs including claim issues, benefit questions, network availability, and referral/authorization for care?

107. What are your customer service hours? Do you have a 24-hour crisis line? If so, describe staff levels of training, and expertise. How are callers triaged?

PBM

108. Will you agree to the proposed performance standards for claims adjudication accuracy, eligibility accuracy and payment to pharmacies?
109. List the tools available to assist members with obtaining information on medication options, medication pricing and education tools.
110. Is your pre-authorization process administered in house or by a third party?
111. If you can't offer the City's formulary listing, please provide a listing of how your formulary listing differs from the one shown in Attachment 4.
112. Is your company willing and able to adjust formulary to accommodate or minimize disruption from the existing formulary?
113. Provide information on your company's mail order pharmacy facility that will be used for City members. List the name, locations and years your company has used this facility.

		COMPLY/AGREE YES/NO*	COMMENTS/EXPLANATION *If you answer NO, briefly explain why
PBM			
114.	Do you agree to incorporate administration of the City's current benefits including but not limited to the following services?		
	a. Pharmacy benefit management with transparent pricing and 100% of the discounted claims and rebates passed on to the City.		
	b. Monthly reporting of claims, eligibility and utilization.		
	c. Comprehensive network of pharmacies including Walgreens and CVS specifically in tri-county area (Broward, Miami-Dade, Palm Beach) and statewide and national network.		
	d. Drug formulary should closely match the City's current formulary.		
	e. Exclusive specialty pharmacy service that includes patient education.		
	f. Program should include step therapy and prior authorization programs similar to the current plan.		
	g. Assistance with step therapy and prior authorization programs that include communicating with physicians and implementing a process that does not harm physician-patient relationship.		

	h. Procedures to encourage the utilization of mail order pharmacies for maintenance medications.		
	i. Monitoring of medication compliance and actions to ensure member adherence.		
	j. Outreach and assistance to members taking two or more medications on a regular basis.		
115.	Can your claims adjudication system administer brand drug deductibles, copays for generics along with copays and coinsurance for brand drugs and lower copays for specific individuals enrolled in health management programs?		
116.	Will your company make available a pharmacist for pharmacy management, ongoing clinical consultation and performance improvement activities? List any limitations.		
117.	Can pharmacies access your service representatives 24 hours a day? If not, what hours are available?		
118.	Can certain drugs be limited to specific diagnoses, specific specialty or require pre-authorization or step therapy? Describe.		
119.	Do you have your own mail service prescripion drug program? If so, is it fully integrated with your retail network?		

EAP

120. How long have you provided EAP services in Broward, Palm Beach and/or Miami-Dade counties? Of these, how many groups employ over 1,000 employees?

121. How many face-to-face service providers are in your local (tri-county) EAP network? Specify the number of providers by county.

	Broward	Miami-Dade	Palm Beach	Martin	Monroe
Licensed Marriage & Family Therapist					
Licensed Clinical Social Workers					
Licensed Mental Health Counselors					
Psychologists					
Substance Abuse Professionals					
Financial Counselors					
Legal Counselors					

122. Please describe the recruitment and selection criteria for providers in your network.

123. What are the minimum licensing requirements for the following providers:
- Mental Health Professionals
 - Substance Abuse Professionals
 - Financial Counseling
 - Legal Counseling
124. What promotional materials will you provide? Include format (hard copy or electronic). Will there be a limit on any promotional materials that are provided free of charge to the City? What is your guaranteed delivery time for any hard copy promotional materials after they are requested by the City? Detail any associated fees.
125. How much time does your Company require for plan implementation once approved? What will be the City's role in the process?
126. Please describe your reporting capabilities, including the frequency.
127. What discounts are available to employees/dependents for childcare, elder care, financial planning and legal services?
128. Provide the name and contact information for the Account Manager that would service the account.
129. Briefly describe your process for ensuring reasonable access for face to face assessment, evaluation, counseling, and referral for all City locations. Provide a list of any additional networks necessary for implementation that would allow all members access.
130. Describe your telephonic services for EAP counseling and support. Include the hours of operation and note if the initial assessment is counted toward the total number of sessions allowed per problem.
131. Describe the referral process beginning with the employee/dependent's first contact with your EAP program through termination of EAP services. Is the employee/dependent responsible for making initial contact with a local provider?
132. What is the average wait time for face-to-face counseling sessions and/or assessments?
133. Under what circumstances are more intensive services recommended for the employee/dependent?
134. Describe the referral process if additional or alternative services are required and any associated costs.
135. What capabilities do you have to refer to mental health providers that are in the City's health plan network? required to refer in network, what systems are in place
136. Please specify the number of Masters-level (LMFT, LMHC, LCSW) clinicians and psychologists (Ph.D., Psy.D.) available in your network by county (Broward, Miami-Dade, Palm Beach).

		COMPLY/AGREE YES/NO*	COMMENTS/EXPLANATION *If you answer NO, briefly explain why
EAP			
137.	As the successful vendor, will your company include a comprehensive fully-insured Employee Assistance Program proposal with benefits that mirror the current Cigna EAP?		
138.	Are you an active member of the Employee Assistance Trade Association (EASNA)? If so, how long have you been a member?		
139.	Is your Employee Assistance Program currently accredited by the Council of Accreditation? If so, please provide your initial accreditation date as well as		

	a tentative date for your next program review.		
140.	Please confirm your availability for attendance at health fairs, benefit meetings and open enrollment. Indicate how much notice will be required for your attendance at any such meeting.		
141.	Do you agree to incorporate administration of the City's current benefits including but not limited to the following services? a. Short-term counseling for 10 sessions per problem per year, with no maximum on the number of problems.		
	b. Referrals to community resources and appropriate mental health providers when continued and/or more intensive mental health services are required.		
	c. 24/7 access to telephonic and online services.		
	d. Unlimited telephonic management consultation.		
	e. Financial and legal information.		
	f. Employee training and informational seminars (onsite and/or web-based).		
	g. Utilization reporting on both a quarterly and annual basis.		
	h. Promotional and communication materials.		
142.	Do you offer confidential video EAP sessions (web-based)? Please describe.		
143.	Is there a maximum number of problem areas that can be addressed within a 12-month period?		
144.	Do you have the ability to provide on-site EAP counseling? If so, please describe the frequency of visits, requirements and any additional costs.		

EAP MANAGEMENT SERVICES

145. Describe your process for receiving and addressing management/supervisor referrals.
146. What information, if any, is disclosed to the employer in conjunction with a management referral?
147. Are management services provided face-to-face, telephonic or both?
148. Describe the consultation and counseling services provided in the event of a critical incident. Include information regarding any session and/or maximums per incident and any additional fees that may apply.

149. What capabilities do you have to provide seminars on the following topics and indicate if they are on-site, web-based or both. Specify any additional fees that apply.
- a. Management/Supervisor Training
 - b. Personal Development Workshops
 - c. Legal Guidance
 - d. Financial Planning
 - e. Parenting, Child & Elder Care
 - f. Other Life Management Coaching

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.

NAME

RELATIONSHIPS

_____	_____
_____	_____

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.

Include this form in **Tab VIII** of your proposal.

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:

_____ MasterCard

_____ Visa Card

Company Name: _____

Name (printed)

Signature

Date:

Title

**CITY OF FORT LAUDERDALE
GENERAL CONDITIONS**

These instructions are standard for all contracts for commodities or services issued through the City of Fort Lauderdale Procurement Services Division. The City may delete, supersede, or modify any of these standard instructions for a particular contract by indicating such change in the Invitation to Bid (ITB) Special Conditions, Technical Specifications, Instructions, Proposal Pages, Addenda, and Legal Advertisement. In this general conditions document, Invitation to Bid (ITB) and Request for Proposal (RFP) are interchangeable.

PART I BIDDER PROPOSAL PAGE(S) CONDITIONS:

- 1.01 BIDDER ADDRESS:** The City maintains automated vendor address lists that have been generated for each specific Commodity Class item through our bid issuing service, BidSync. Notices of Invitations to Bid (ITB'S) are sent by e-mail to the selection of bidders who have fully registered with BidSync or faxed (if applicable) to every vendor on those lists, who may then view the bid documents online. Bidders who have been informed of a bid's availability in any other manner are responsible for registering with BidSync in order to view the bid documents. There is no fee for doing so. If you wish bid notifications be provided to another e-mail address or fax, please contact BidSync. If you wish purchase orders sent to a different address, please so indicate in your bid response. If you wish payments sent to a different address, please so indicate on your invoice.
- 1.02 DELIVERY:** Time will be of the essence for any orders placed as a result of this ITB. The City reserves the right to cancel any orders, or part thereof, without obligation if delivery is not made in accordance with the schedule specified by the Bidder and accepted by the City.
- 1.03 PACKING SLIPS:** It will be the responsibility of the awarded Contractor, to attach all packing slips to the OUTSIDE of each shipment. Packing slips must provide a detailed description of what is to be received and reference the City of Fort Lauderdale purchase order number that is associated with the shipment. Failure to provide a detailed packing slip attached to the outside of shipment may result in refusal of shipment at Contractor's expense.
- 1.04 PAYMENT TERMS AND CASH DISCOUNTS:** Payment terms, unless otherwise stated in this ITB, will be considered to be net 45 days after the date of satisfactory delivery at the place of acceptance and receipt of correct invoice at the office specified, whichever occurs last. Bidder may offer cash discounts for prompt payment but they will not be considered in determination of award. If a Bidder offers a discount, it is understood that the discount time will be computed from the date of satisfactory delivery, at the place of acceptance, and receipt of correct invoice, at the office specified, whichever occurs last.
- 1.05 TOTAL BID DISCOUNT:** If Bidder offers a discount for award of all items listed in the bid, such discount shall be deducted from the total of the firm net unit prices bid and shall be considered in tabulation and award of bid.
- 1.06 BIDS FIRM FOR ACCEPTANCE:** Bidder warrants, by virtue of bidding, that the bid and the prices quoted in the bid will be firm for acceptance by the City for a period of one hundred twenty (120) days from the date of bid opening unless otherwise stated in the ITB.
- 1.07 VARIANCES:** For purposes of bid evaluation, Bidder's must indicate any variances, no matter how slight, from ITB General Conditions, Special Conditions, Specifications or Addenda in the space provided in the ITB. No variations or exceptions by a Bidder will be considered or deemed a part of the bid submitted unless such variances or exceptions are listed in the bid and referenced in the space provided on the bidder proposal pages. If variances are not stated, or referenced as required, it will be assumed that the product or service fully complies with the City's terms, conditions, and specifications.
- By receiving a bid, City does not necessarily accept any variances contained in the bid. All variances submitted are subject to review and approval by the City. If any bid contains material variances that, in the City's sole opinion, make that bid conditional in nature, the City reserves the right to reject the bid or part of the bid that is declared, by the City as conditional.
- 1.08 NO BIDS:** If you do not intend to bid please indicate the reason, such as insufficient time to respond, do not offer product or service, unable to meet specifications, schedule would not permit, or any other reason, in the space provided in this ITB. Failure to bid or return no bid comments prior to the bid due and opening date and time, indicated in this ITB, may result in your firm being deleted from our Bidder's registration list for the Commodity Class Item requested in this ITB.
- 1.09 MINORITY AND WOMEN BUSINESS ENTERPRISE PARTICIPATION AND BUSINESS DEFINITIONS:** The City of Fort Lauderdale wants to increase the participation of Minority Business Enterprises (MBE), Women Business Enterprises (WBE), and Small Business Enterprises (SBE) in its procurement activities. If your firm qualifies in accordance with the below definitions please indicate in the space provided in this ITB.

Minority Business Enterprise (MBE) "A Minority Business" is a business enterprise that is owned or controlled by one or more socially or economically disadvantaged persons. Such disadvantage may arise from cultural, racial, chronic economic circumstances or background or other similar cause. Such persons include, but are not limited to: Blacks, Hispanics, Asian Americans, and Native Americans.

The term "Minority Business Enterprise" means a business at least 51 percent of which is owned by minority group members or, in the case of a publicly owned business, at least 51 percent of the stock of which is owned by minority group members. For the purpose of the preceding sentence, minority group members are citizens of the United States who include, but are not limited to: Blacks, Hispanics, Asian Americans, and Native Americans.

Women Business Enterprise (WBE) a "Women Owned or Controlled Business" is a business enterprise at least 51 percent of which is owned by females or, in the case of a publicly owned business, at least 51 percent of the stock of which is owned by females.

Small Business Enterprise (SBE) "Small Business" means a corporation, partnership, sole proprietorship, or other legal entity formed for the purpose of making a profit, which is independently owned and operated, has either fewer than 100 employees or less than \$1,000,000 in annual gross receipts.

BLACK, which includes persons having origins in any of the Black racial groups of Africa.

WHITE, which includes persons whose origins are Anglo-Saxon and Europeans and persons of Indo-European decent including Pakistani and East Indian.

HISPANIC, which includes persons of Mexican, Puerto Rican, Cuban, Central and South American, or other Spanish culture or origin, regardless of race.

NATIVE AMERICAN, which includes persons whose origins are American Indians, Eskimos, Aleuts, or Native Hawaiians.

ASIAN AMERICAN, which includes persons having origin in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.

1.10 MINORITY-WOMEN BUSINESS ENTERPRISE PARTICIPATION

It is the desire of the City of Fort Lauderdale to increase the participation of minority (MBE) and women-owned (WBE) businesses in its contracting and procurement programs. While the City does not have any preference or set aside programs in place, it is committed to a policy of equitable participation for these firms. Proposers are requested to include in their proposals a narrative describing their past accomplishments and intended actions in this area. If proposers are considering minority or women owned enterprise participation in their proposal, those firms, and their specific duties have to be identified in the proposal. If a proposer is considered for award, he or she will be asked to meet with City staff so that the intended MBE/WBE participation can be formalized and included in the subsequent contract.

1.11 SCRUTINIZED COMPANIES

This Section applies to any contract for goods or services of \$1 million or more:

The Contractor certifies that it is not on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List and that it does not have business operations in Cuba or Syria as provided in section 287.135, Florida Statutes (2011), as may be amended or revised. The City may terminate this Contract at the City's option if the Contractor is found to have submitted a false certification as provided under subsection (5) of section 287.135, Florida Statutes (2011), as may be amended or revised, or been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List or has engaged in business operations in Cuba or Syria, as defined in Section 287.135, Florida Statutes (2011), as may be amended or revised.

1.12 DEBARRED OR SUSPENDED BIDDERS OR PROPOSERS

The bidder or proposer certifies, by submission of a response to this solicitation, that neither it nor its principals and subcontractors are presently debarred or suspended by any Federal department or agency.

PART II DEFINITIONS/ORDER OF PRECEDENCE:

2.01 BIDDING DEFINITIONS The City will use the following definitions in its general conditions, special conditions, technical specifications, instructions to bidders, addenda and any other document used in the bidding process:

INVITATION TO BID (ITB) when the City is requesting bids from qualified Bidders.

REQUEST FOR PROPOSALS (RFP) when the City is requesting proposals from qualified Proposers.

BID – a price and terms quote received in response to an ITB.

PROPOSAL – a proposal received in response to an RFP.

BIDDER – Person or firm submitting a Bid.

PROPOSER – Person or firm submitting a Proposal.

RESPONSIVE BIDDER – A person whose bid conforms in all material respects to the terms and conditions included in the ITB.

RESPONSIBLE BIDDER – A person who has the capability in all respects to perform in full the contract requirements, as stated in the ITB, and the integrity and reliability that will assure good faith performance.

FIRST RANKED PROPOSER – That Proposer, responding to a City RFP, whose Proposal is deemed by the City, the most advantageous to the City after applying the evaluation criteria contained in the RFP.

SELLER – Successful Bidder or Proposer who is awarded a Purchase Order or Contract to provide goods or services to the City.

CONTRACTOR – Successful Bidder or Proposer who is awarded a Purchase Order, award Contract, Blanket Purchase Order agreement, or Term Contract to provide goods or services to the City.

CONTRACT – A deliberate verbal or written agreement between two or more competent parties to perform or not to perform a certain act or acts, including all types of agreements, regardless of what they may be called, for the procurement or disposal of equipment, materials, supplies, services or construction.

CONSULTANT – Successful Bidder or Proposer who is awarded a contract to provide professional services to the City.

The following terms may be used interchangeably by the City: ITB and/or RFP; Bid or Proposal; Bidder, Proposer, or Seller; Contractor or Consultant; Contract, Award, Agreement or Purchase Order.

2.02 SPECIAL CONDITIONS: Any and all Special Conditions contained in this ITB that may be in variance or conflict with these General Conditions shall have precedence over these General Conditions. If no changes or deletions to General Conditions are made in the Special Conditions, then the General Conditions shall prevail in their entirety,

PART III BIDDING AND AWARD PROCEDURES:

3.01 SUBMISSION AND RECEIPT OF BIDS: To receive consideration, bids must be received prior to the bid opening date and time. Unless otherwise specified, Bidders should use the proposal forms provided by the City. These forms may be duplicated, but failure to use the forms may cause the bid to be rejected. Any erasures or corrections on the bid must be made in ink and initialed by Bidder in ink. All information submitted by the Bidder shall be printed, typewritten or filled in with pen and ink. Bids shall be signed in ink. Separate bids must be submitted for each ITB issued by the City in separate sealed envelopes properly marked. When a particular ITB or RFP requires multiple copies of bids or proposals they may be included in a single envelope or package properly sealed and identified. Only send bids via facsimile transmission (FAX) if the ITB specifically states that bids sent via FAX will be considered. If such a statement is not included in the ITB, bids sent via FAX will be rejected. Bids will be publicly opened in the Procurement Office, or other designated area, in the presence of Bidders, the public, and City staff. Bidders and the public are invited and encouraged to attend bid openings. Bids will be tabulated and made available for review by Bidder's and the public in accordance with applicable regulations.

3.02 MODEL NUMBER CORRECTIONS: If the model number for the make specified in this ITB is incorrect, or no longer available and replaced with an updated model with new specifications, the Bidder shall enter the correct model number on the bidder proposal page. In the case of an updated model with new specifications, Bidder shall provide adequate information to allow the City to determine if the model bid meets the City's requirements.

Form G-107 Rev. 02/15

- 3.03 PRICES QUOTED:** Deduct trade discounts, and quote firm net prices. Give both unit price and extended total. In the case of a discrepancy in computing the amount of the bid, the unit price quoted will govern. All prices quoted shall be F.O.B. destination, freight prepaid (Bidder pays and bears freight charges, Bidder owns goods in transit and files any claims), unless otherwise stated in Special Conditions. Each item must be bid separately. No attempt shall be made to tie any item or items contained in the ITB with any other business with the City.
- 3.04 TAXES:** The City of Fort Lauderdale is exempt from Federal Excise and Florida Sales taxes on direct purchase of tangible property. Exemption number for EIN is 59-6000319, and State Sales tax exemption number is 85-8013875578C-1.
- 3.05 WARRANTIES OF USAGE:** Any quantities listed in this ITB as estimated or projected are provided for tabulation and information purposes only. No warranty or guarantee of quantities is given or implied. It is understood that the Contractor will furnish the City's needs as they arise.
- 3.06 APPROVED EQUAL:** When the technical specifications call for a brand name, manufacturer, make, model, or vendor catalog number with acceptance of APPROVED EQUAL, it shall be for the purpose of establishing a level of quality and features desired and acceptable to the City. In such cases, the City will be receptive to any unit that would be considered by qualified City personnel as an approved equal. In that the specified make and model represent a level of quality and features desired by the City, the Bidder must state clearly in the bid any variance from those specifications. It is the Bidder's responsibility to provide adequate information, in the bid, to enable the City to ensure that the bid meets the required criteria. If adequate information is not submitted with the bid, it may be rejected. The City will be the sole judge in determining if the item bid qualifies as an approved equal.
- 3.07 MINIMUM AND MANDATORY TECHNICAL SPECIFICATIONS:** The technical specifications may include items that are considered minimum, mandatory, or required. If any Bidder is unable to meet or exceed these items, and feels that the technical specifications are overly restrictive, the bidder must notify the Procurement Services Division immediately. Such notification must be received by the Procurement Services Division prior to the deadline contained in the ITB, for questions of a material nature, or prior to five (5) days before bid due and open date, whichever occurs first. If no such notification is received prior to that deadline, the City will consider the technical specifications to be acceptable to all bidders.
- 3.08 MISTAKES:** Bidders are cautioned to examine all terms, conditions, specifications, drawings, exhibits, addenda, delivery instructions and special conditions pertaining to the ITB. Failure of the Bidder to examine all pertinent documents shall not entitle the bidder to any relief from the conditions imposed in the contract.
- 3.09 SAMPLES AND DEMONSTRATIONS:** Samples or inspection of product may be requested to determine suitability. Unless otherwise specified in Special Conditions, samples shall be requested after the date of bid opening, and if requested should be received by the City within seven (7) working days of request. Samples, when requested, must be furnished free of expense to the City and if not used in testing or destroyed, will upon request of the Bidder, be returned within thirty (30) days of bid award at Bidder's expense. When required, the City may request full demonstrations of units prior to award. When such demonstrations are requested, the Bidder shall respond promptly and arrange a demonstration at a convenient location. Failure to provide samples or demonstrations as specified by the City may result in rejection of a bid.
- 3.10 LIFE CYCLE COSTING:** If so specified in the ITB, the City may elect to evaluate equipment proposed on the basis of total cost of ownership. In using Life Cycle Costing, factors such as the following may be considered: estimated useful life, maintenance costs, cost of supplies, labor intensity, energy usage, environmental impact, and residual value. The City reserves the right to use those or other applicable criteria, in its sole opinion that will most accurately estimate total cost of use and ownership.
- 3.11 BIDDING ITEMS WITH RECYCLED CONTENT:** In addressing environmental concerns, the City of Fort Lauderdale encourages Bidders to submit bids or alternate bids containing items with recycled content. When submitting bids containing items with recycled content, Bidder shall provide documentation adequate for the City to verify the recycled content. The City prefers packaging consisting of materials that are degradable or able to be recycled. When specifically stated in the ITB, the City may give preference to bids containing items manufactured with recycled material or packaging that is able to be recycled.
- 3.12 USE OF OTHER GOVERNMENTAL CONTRACTS:** The City reserves the right to reject any part or all of any bids received and utilize other available governmental contracts, if such action is in its best interest.
- 3.13 QUALIFICATIONS/INSPECTION:** Bids will only be considered from firms normally engaged in providing the types of commodities/services specified herein. The City reserves the right to inspect the Bidder's facilities, equipment, personnel, and organization at any time, or to take any other action necessary to determine Bidder's ability to perform. The Procurement Director reserves the right to reject bids where evidence or evaluation is determined to indicate inability to perform.
- 3.14 BID SURETY:** If Special Conditions require a bid security, it shall be submitted in the amount stated. A bid security can be in the form of a bid bond or cashier's check. Bid security will be returned to the unsuccessful bidders as soon as practicable after opening of bids. Bid security will be returned to the successful bidder after acceptance of the performance bond, if required; acceptance of insurance coverage, if required; and full execution of contract documents, if required; or conditions as stated in Special Conditions.
- 3.15 PUBLIC RECORDS/TRADE SECRETS/COPYRIGHT:** The Proposer's response to the RFP is a public record pursuant to Florida law, which is subject to disclosure by the City under the State of Florida Public Records Law, Florida Statutes Chapter 119.07 ("Public Records Law"). The City shall permit public access to all documents, papers, letters or other material submitted in connection with this RFP and the Contract to be executed for this RFP, subject to the provisions of Chapter 119.07 of the Florida Statutes.

Any language contained in the Proposer's response to the RFP purporting to require confidentiality of any portion of the Proposer's response to the RFP, except to the extent that certain information is in the City's opinion a Trade Secret pursuant to Florida law, shall be void. If a Proposer submits any documents or other information to the City which the Proposer claims is Trade Secret information and exempt from Florida Statutes Chapter 119.07 ("Public Records Laws"), the Proposer shall clearly designate that it is a Trade Secret and that it is asserting that the document or information is exempt. The Proposer must specifically identify the exemption being claimed under Florida Statutes 119.07. The City shall be the final arbiter of whether any information contained in the Proposer's response to the RFP constitutes a Trade Secret. The city's determination of whether an exemption applies shall be final, and the proposer agrees to defend, indemnify, and hold

harmless the city and the city's officers, employees, and agent, against any loss or damages incurred by any person or entity as a result of the city's treatment of records as public records. Proposals purporting to be subject to copyright protection in full or in part will be rejected.

EXCEPT FOR CLEARLY MARKED PORTIONS THAT ARE BONA FIDE TRADE SECRETS PURSUANT TO FLORIDA LAW, DO NOT MARK YOUR RESPONSE TO THE RFP AS PROPRIETARY OR CONFIDENTIAL. DO NOT MARK YOUR RESPONSE TO THE RFP OR ANY PART THEREOF AS COPYRIGHTED.

3.16 PROHIBITION OF INTEREST: No contract will be awarded to a bidding firm who has City elected officials, officers or employees affiliated with it, unless the bidding firm has fully complied with current Florida State Statutes and City Ordinances relating to this issue. Bidders must disclose any such affiliation. Failure to disclose any such affiliation will result in disqualification of the Bidder and removal of the Bidder from the City's bidder lists and prohibition from engaging in any business with the City.

3.17 RESERVATIONS FOR AWARD AND REJECTION OF BIDS: The City reserves the right to accept or reject any or all bids, part of bids, and to waive minor irregularities or variations to specifications contained in bids, and minor irregularities in the bidding process. The City also reserves the right to award the contract on a split order basis, lump sum basis, individual item basis, or such combination as shall best serve the interest of the City. The City reserves the right to make an award to the responsive and responsible bidder whose product or service meets the terms, conditions, and specifications of the ITB and whose bid is considered to best serve the City's interest. In determining the responsiveness of the offer and the responsibility of the Bidder, the following shall be considered when applicable: the ability, capacity and skill of the Bidder to perform as required; whether the Bidder can perform promptly, or within the time specified, without delay or interference; the character, integrity, reputation, judgment, experience and efficiency of the Bidder; the quality of past performance by the Bidder; the previous and existing compliance by the Bidder with related laws and ordinances; the sufficiency of the Bidder's financial resources; the availability, quality and adaptability of the Bidder's supplies or services to the required use; the ability of the Bidder to provide future maintenance, service or parts; the number and scope of conditions attached to the bid.

If the ITB provides for a contract trial period, the City reserves the right, in the event the selected bidder does not perform satisfactorily, to award a trial period to the next ranked bidder or to award a contract to the next ranked bidder, if that bidder has successfully provided services to the City in the past. This procedure to continue until a bidder is selected or the contract is re-bid, at the sole option of the City.

3.18 LEGAL REQUIREMENTS: Applicable provisions of all federal, state, county laws, and local ordinances, rules and regulations, shall govern development, submittal and evaluation of all bids received in response hereto and shall govern any and all claims and disputes which may arise between person(s) submitting a bid response hereto and the City by and through its officers, employees and authorized representatives, or any other person, natural or otherwise; and lack of knowledge by any bidder shall not constitute a cognizable defense against the legal effect thereof.

3.19 BID PROTEST PROCEDURE: ANY PROPOSER OR BIDDER WHO IS NOT RECOMMENDED FOR AWARD OF A CONTRACT AND WHO ALLEGES A FAILURE BY THE CITY TO FOLLOW THE CITY'S PROCUREMENT ORDINANCE OR ANY APPLICABLE LAW MAY PROTEST TO THE DIRECTOR OF PROCUREMENT SERVICES DIVISION (DIRECTOR), BY DELIVERING A LETTER OF PROTEST TO THE DIRECTOR WITHIN FIVE (5) DAYS AFTER A NOTICE OF INTENT TO AWARD IS POSTED ON THE CITY'S WEB SITE AT THE FOLLOWING LINK: http://www.fortlauderdale.gov/purchasing/notices_of_intent.htm

THE COMPLETE PROTEST ORDINANCE MAY BE FOUND ON THE CITY'S WEB SITE AT THE FOLLOWING LINK: <http://www.fortlauderdale.gov/purchasing/protestordinance.pdf>

PART IV BONDS AND INSURANCE

4.01 PERFORMANCE BOND: If a performance bond is required in Special Conditions, the Contractor shall within fifteen (15) working days after notification of award, furnish to the City a Performance Bond, payable to the City of Fort Lauderdale, Florida, in the face amount specified in Special Conditions as surety for faithful performance under the terms and conditions of the contract. If the bond is on an annual coverage basis, renewal for each succeeding year shall be submitted to the City thirty (30) days prior to the termination date of the existing Performance Bond. The Performance Bond must be executed by a surety company of recognized standing, authorized to do business in the State of Florida and having a resident agent.

Acknowledgement and agreement is given by both parties that the amount herein set for the Performance Bond is not intended to be nor shall be deemed to be in the nature of liquidated damages nor is it intended to limit the liability of the Contractor to the City in the event of a material breach of this Agreement by the Contractor.

4.02 INSURANCE: If the Contractor is required to go on to City property to perform work or services as a result of ITB award, the Contractor shall assume full responsibility and expense to obtain all necessary insurance as required by City or specified in Special Conditions.

The Contractor shall provide to the Procurement Services Division original certificates of coverage and receive notification of approval of those certificates by the City's Risk Manager prior to engaging in any activities under this contract. The Contractor's insurance is subject to the approval of the City's Risk Manager. The certificates must list the City as an ADDITIONAL INSURED for General Liability Insurance, and shall have no less than thirty (30) days written notice of cancellation or material change. Further modification of the insurance requirements may be made at the sole discretion of the City's Risk Manager if circumstances change or adequate protection of the City is not presented. Bidder, by submitting the bid, agrees to abide by such modifications.

PART V PURCHASE ORDER AND CONTRACT TERMS:

5.01 COMPLIANCE TO SPECIFICATIONS, LATE DELIVERIES/PENALTIES: Items offered may be tested for compliance to bid specifications. Items delivered which do not conform to bid specifications may be rejected and returned at Contractor's expense. Any violation resulting in contract termination for cause or delivery of items not conforming to specifications, or late delivery may also result in:

- Bidders name being removed from the City's bidder's mailing list for a specified period and Bidder will not be recommended for any award during that period.
- All City Departments being advised to refrain from doing business with the Bidder.
- All other remedies in law or equity.

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- 5.02 ACCEPTANCE, CONDITION, AND PACKAGING:** The material delivered in response to ITB award shall remain the property of the Seller until a physical inspection is made and the material accepted to the satisfaction of the City. The material must comply fully with the terms of the ITB, be of the required quality, new, and the latest model. All containers shall be suitable for storage and shipment by common carrier, and all prices shall include standard commercial packaging. The City will not accept substitutes of any kind. Any substitutes or material not meeting specifications will be returned at the Bidder's expense. Payment will be made only after City receipt and acceptance of materials or services.
- 5.03 SAFETY STANDARDS:** All manufactured items and fabricated assemblies shall comply with applicable requirements of the Occupation Safety and Health Act of 1970 as amended, and be in compliance with Chapter 442, Florida Statutes. Any toxic substance listed in Section 38F-41.03 of the Florida Administrative Code delivered as a result of this order must be accompanied by a completed Safety Data Sheet (SDS).
- 5.04 ASBESTOS STATEMENT:** All material supplied must be 100% asbestos free. Bidder, by virtue of bidding, certifies that if awarded any portion of the ITB the bidder will supply only material or equipment that is 100% asbestos free.
- 5.05 OTHER GOVERNMENTAL ENTITIES:** If the Bidder is awarded a contract as a result of this ITB, the bidder may, if the bidder has sufficient capacity or quantities available, provide to other governmental agencies, so requesting, the products or services awarded in accordance with the terms and conditions of the ITB and resulting contract. Prices shall be F.O.B. delivered to the requesting agency.
- 5.06 VERBAL INSTRUCTIONS PROCEDURE:** No negotiations, decisions, or actions shall be initiated or executed by the Contractor as a result of any discussions with any City employee. Only those communications which are in writing from an authorized City representative may be considered. Only written communications from Contractors, which are assigned by a person designated as authorized to bind the Contractor, will be recognized by the City as duly authorized expressions on behalf of Contractors.
- 5.07 INDEPENDENT CONTRACTOR:** The Contractor is an independent contractor under this Agreement. Personal services provided by the Proposer shall be by employees of the Contractor and subject to supervision by the Contractor, and not as officers, employees, or agents of the City. Personnel policies, tax responsibilities, social security, health insurance, employee benefits, procurement policies unless otherwise stated in this ITB, and other similar administrative procedures applicable to services rendered under this contract shall be those of the Contractor.
- 5.08 INDEMNITY/HOLD HARMLESS AGREEMENT:** The Contractor agrees to protect, defend, indemnify, and hold harmless the City of Fort Lauderdale and its officers, employees and agents from and against any and all losses, penalties, damages, settlements, claims, costs, charges for other expenses, or liabilities of every and any kind including attorney's fees, in connection with or arising directly or indirectly out of the work agreed to or performed by Contractor under the terms of any agreement that may arise due to the bidding process. Without limiting the foregoing, any and all such claims, suits, or other actions relating to personal injury, death, damage to property, defects in materials or workmanship, actual or alleged violations of any applicable Statute, ordinance, administrative order, rule or regulation, or decree of any court shall be included in the indemnity hereunder.
- 5.09 TERMINATION FOR CAUSE:** If, through any cause, the Contractor shall fail to fulfill in a timely and proper manner its obligations under this Agreement, or if the Contractor shall violate any of the provisions of this Agreement, the City may upon written notice to the Contractor terminate the right of the Contractor to proceed under this Agreement, or with such part or parts of the Agreement as to which there has been default, and may hold the Contractor liable for any damages caused to the City by reason of such default and termination. In the event of such termination, any completed services performed by the Contractor under this Agreement shall, at the option of the City, become the City's property and the Contractor shall be entitled to receive equitable compensation for any work completed to the satisfaction of the City. The Contractor, however, shall not be relieved of liability to the City for damages sustained by the City by reason of any breach of the Agreement by the Contractor, and the City may withhold any payments to the Contractor for the purpose of setoff until such time as the amount of damages due to the City from the Contractor can be determined.
- 5.10 TERMINATION FOR CONVENIENCE:** The City reserves the right, in its best interest as determined by the City, to cancel contract by giving written notice to the Contractor thirty (30) days prior to the effective date of such cancellation.
- 5.11 CANCELLATION FOR UNAPPROPRIATED FUNDS:** The obligation of the City for payment to a Contractor is limited to the availability of funds appropriated in a current fiscal period, and continuation of the contract into a subsequent fiscal period is subject to appropriation of funds, unless otherwise authorized by law.
- 5.12 RECORDS/AUDIT:** The Contractor shall maintain during the term of the contract all books of account, reports and records in accordance with generally accepted accounting practices and standards for records directly related to this contract. The Contractor agrees to make available to the City Auditor or designee, during normal business hours and in Broward, Miami-Dade or Palm Beach Counties, all books of account, reports and records relating to this contract should be retained for the duration of the contract and for three years after the final payment under this Agreement, or until all pending audits, investigations or litigation matters relating to the contract are closed, whichever is later.
- 5.13 PERMITS, TAXES, LICENSES:** The successful Contractor shall, at their own expense, obtain all necessary permits, pay all licenses, fees and taxes, required to comply with all local ordinances, state and federal laws, rules and regulations applicable to business to be carried out under this contract.
- 5.14 LAWS/ORDINANCES:** The Contractor shall observe and comply with all Federal, state, local and municipal laws, ordinances rules and regulations that would apply to this contract.
- 5.15 NON-DISCRIMINATION:** There shall be no discrimination as to race, sex, color, creed, age or national origin in the operations conducted under this contract.
- 5.16 UNUSUAL CIRCUMSTANCES:** If during a contract term where costs to the City are to remain firm or adjustments are restricted by a percentage or CPI cap, unusual circumstances that could not have been foreseen by either party of the contract occur, and those circumstances significantly affect the Contractor's cost in providing the required prior items or services, then the Contractor may request adjustments to the costs to the City to reflect the changed circumstances. The circumstances must be beyond the control of the Contractor, Form G-107 Rev. 02/15

and the requested adjustments must be fully documented. The City may, after examination, refuse to accept the adjusted costs if they are not properly documented, increases are considered to be excessive, or decreases are considered to be insufficient. In the event the City does not wish to accept the adjusted costs and the matter cannot be resolved to the satisfaction of the City, the City will reserve the following options:

1. The contract can be canceled by the City upon giving thirty (30) days written notice to the Contractor with no penalty to the City or Contractor. The Contractor shall fill all City requirements submitted to the Contractor until the termination date contained in the notice.
2. The City requires the Contractor to continue to provide the items and services at the firm fixed (non-adjusted) cost until the termination of the contract term then in effect.
3. If the City, in its interest and in its sole opinion, determines that the Contractor in a capricious manner attempted to use this section of the contract to relieve them of a legitimate obligation under the contract, and no unusual circumstances had occurred, the City reserves the right to take any and all action under law or equity. Such action shall include, but not be limited to, declaring the Contractor in default and disqualifying him for receiving any business from the City for a stated period of time.

If the City does agree to adjusted costs, these adjusted costs shall not be invoiced to the City until the Contractor receives notice in writing signed by a person authorized to bind the City in such matters.

- 5.17 ELIGIBILITY:** If applicable, the Contractor must first register with the Department of State of the State of Florida, in accordance with Florida State Statutes, prior to entering into a contract with the City.
- 5.18 PATENTS AND ROYALTIES:** The Contractor, without exception, shall indemnify and save harmless the City and its employees from liability of any nature and kind, including cost and expenses for or on account of any copyrighted, patented or un-patented invention, process, or article manufactured or used in the performance of the contract, including its use by the City. If the Contractor uses any design, device, or materials covered by letters, patent or copyright, it is mutually agreed and understood without exception that the bid prices shall include all royalties or costs arising from the use of such design, device, or materials in any way involved in the work.
- 5.19 ASSIGNMENT:** Contractor shall not transfer or assign the performance required by this ITB without the prior written consent of the City. Any award issued pursuant to this ITB, and the monies, which may become due hereunder, are not assignable except with the prior written approval of the City Commission or the City Manager or City Manager's designee, depending on original award approval.
- 5.20 LITIGATION VENUE:** The parties waive the privilege of venue and agree that all litigation between them in the state courts shall take place in Broward County, Florida and that all litigation between them in the federal courts shall take place in the Southern District in and for the State of Florida.
- 5.21 LOCATION OF UNDERGROUND FACILITIES:** If the Contractor, for the purpose of responding to this solicitation, requests the location of underground facilities through the Sunshine State One-Call of Florida, Inc. notification system or through any person or entity providing a facility locating service, and underground facilities are marked with paint, stakes or other markings within the City pursuant to such a request, then the Contractor, shall be deemed non-responsive to this solicitation in accordance with Section 2-184(5) of the City of Fort Lauderdale Code of Ordinances.
- 5.22 PUBLIC AGENCY CONTRACTS FOR SERVICES:** if applicable, for each public agency contract for services, Contractor is required to comply with F.S. 119.0701, which includes the following:
- a) Keep and maintain public records that ordinarily and necessarily would be required by the public agency in order to perform the service.
 - (b) Provide the public with access to public records on the same terms and conditions that the public agency would provide the records and at a cost that does not exceed the cost provided in this chapter 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 public agency, all public records in possession of the contractor upon termination of the contract 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 public agency in a format that is compatible with the information technology systems of the public agency.

**City of Fort Lauderdale
Employee Census - March 2016**

Relation	Gender	Birth Date	Branch	Benefit	City	State	Zip
EE	M	01/13/1965	GENA	HDHP	COCONUT CREEK	FL	33073-0000
CH	M	02/28/2011	GENA	HDHP	DAVIE	FL	33324-0000
CH	M	06/30/2005	GENA	HDHP	DAVIE	FL	33324-0000
EE	M	01/06/1966	FIRA	HDHP	WEST PALM BEACH	FL	33412-0000
EE	M	12/27/1988	GENA	HDHP	POMPANO BEACH	FL	33062-0000
SP	F	08/30/1990	GENA	HDHP	POMPANO BEACH	FL	33062-0000
EE	M	03/16/1953	GENA	HDHP	TAMARAC	FL	33321-0000
EE	M	11/24/1980	FIRA	HDHP	TAMARAC	FL	33321-0000
CH	M	01/20/2007	FIRA	HDHP	TAMARAC	FL	33321-0000
CH	M	10/02/2008	FIRA	HDHP	TAMARAC	FL	33321-0000
EE	M	05/22/1992	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	M	11/11/1985	GENA	HMO 1	POMPANO BEACH	FL	33064-0000
EE	M	09/24/1977	PASA	HMO 1	HIALEAH	FL	33015-0000
SP	F	07/09/1970	GENA	HDHP	HIALEAH	FL	33010-0000
EE	F	02/28/1962	GENA	HMO 1	FORT LAUDERDALE	FL	33309-0000
SP	M	06/19/1970	GENA	HMO 1	FORT LAUDERDALE	FL	33309-0000
CH	F	08/11/1995	PASU65	HMO 1	CORAL SPRINGS	FL	33071-0000
EE	M	09/16/1952	MGTU65	HMO 1	CORAL SPRINGS	FL	33071-0000
EE	M	09/30/1965	MGTA	HMO 1	WEST PALM BCH	FL	33405-0000
SP	F	11/16/1971	MGTA	HMO 1	WEST PALM BCH	FL	33405-0000
CH	F	05/19/2005	MGTA	HMO 1	WEST PALM BCH	FL	33405-0000
CH	F	11/29/2001	MGTA	HMO 1	WEST PALM BCH	FL	33405-0000
EE	M	10/17/1975	FIRA	HDHP	PALM BCH GARDENS	FL	33418-0000
SP	F	08/16/1960	FIRA	HDHP	PALM BCH GARDENS	FL	33418-0000
CH	F	02/01/2006	FIRA	HDHP	PALM BCH GARDENS	FL	33418-0000
CH	F	02/13/2002	FIRA	HDHP	PALM BCH GARDENS	FL	33418-0000
EE	F	01/17/1975	CONA	HMO 1	PARKLAND	FL	33067-0000
CH	M	08/27/2004	CONA	HMO 1	PARKLAND	FL	33067-0000
CH	M	04/05/2012	CONA	HMO 1	PARKLAND	FL	33067-0000
EE	M	01/31/1959	PASA	HDHP	BOYNTON BEACH	FL	33472-0000
EE	M	05/05/1973	GENA	HDHP	PEMBROKE PINES	FL	33029-0000
CH	F	04/14/2004	GENA	HDHP	PEMBROKE PINES	FL	33029-0000
CH	M	04/17/2009	GENA	HDHP	PEMBROKE PINES	FL	33029-0000
CH	M	04/17/2010	GENA	HDHP	PEMBROKE PINES	FL	33029-0000
EE	M	02/25/1968	FIRA	HMO 2	MIAMI	FL	33178-0000
EE	F	08/18/1967	GENA	HMO 1	PLANTATION	FL	33324-0000
EE	M	01/19/1975	MGTA	HDHP	PEMBROKE PINES	FL	33029-0000
SP	F	08/09/1976	MGTA	HDHP	PEMBROKE PINES	FL	33029-0000
CH	F	03/31/2003	MGTA	HDHP	PEMBROKE PINES	FL	33029-0000

Membership Listing

CH	F	12/01/2005	MGTA	HDHP	PEMBROKE PINES	FL	33029-0000
CH	F	05/11/2009	MGTA	HDHP	PEMBROKE PINES	FL	33029-0000
EE	M	08/29/1953	GENA	HMO 1	MIRAMAR	FL	33023-0000
EE	F	02/22/1964	MGTA	HDHP	PLANTATION	FL	33322-0000
SP	M	02/15/1969	MGTA	HDHP	PLANTATION	FL	33322-0000
CH	M	01/08/1999	MGTA	HDHP	PLANTATION	FL	33322-0000
EE	M	09/23/1958	GENA	HMO 1	DAVIE	FL	33314-0000
SP	F	04/25/1967	GENA	HMO 1	DAVIE	FL	33314-0000
EE	M	08/12/1993	GENA	HDHP	HOLLYWOOD	FL	33020-0000
EE	M	08/06/1966	GENA	HDHP	TAMARAC	FL	33321-0000
SP	F	03/05/1970	GENA	HDHP	TAMARAC	FL	33321-0000
CH	M	07/22/1991	GENA	HDHP	TAMARAC	FL	33321-0000
CH	M	03/24/1995	GENA	HDHP	TAMARAC	FL	33321-0000
CH	F	11/09/1993	GENA	HDHP	TAMARAC	FL	33321-0000
EE	M	04/12/1989	GENA	HMO 2	FORT LAUDERDALE	FL	33312-0000
EE	M	07/18/1985	FIRA	HDHP	HOLLYWOOD	FL	33024-0000
SP	F	05/12/1960	MGTA	HDHP	PARKLAND	FL	33067-0000
CH	F	07/30/1998	GENA	HMO 1	SUNRISE	FL	33322-0000
CH	M	04/29/1993	GENA	HMO 1	SUNRISE	FL	33322-0000
SP	F	11/30/1971	FIRA	HMO 1	PLANTATION	FL	33322-0000
EE	M	07/03/1956	FIRA	HMO 1	MIAMI	FL	33169-0000
CH	F	04/18/1996	FIRA	HMO 1	MIAMI	FL	33169-0000
CH	M	08/20/1998	FIRA	HMO 1	MIAMI	FL	33169-0000
EE	M	03/08/1941	PASA	HMO 1	FORT LAUDERDALE	FL	33311-0000
SP	F	04/20/1944	PASA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	F	05/02/1976	PASA	HMO 1	HOLLYWOOD	FL	33021-0000
EE	F	05/30/1960	CONA	HMO 1	HIALEAH	FL	33018-0000
EE	F	04/21/1980	MGTA	HMO 1	HOLLYWOOD	FL	33020-0000
EE	M	03/01/1963	FIRA	HDHP	PORT ST LUCIE	FL	34953-0000
SP	F	03/04/1964	FIRA	HDHP	PORT ST LUCIE	FL	34953-0000
CH	F	02/07/1995	PASA	HDHP	COCONUT CREEK	FL	33066-0000
EE	M	04/05/1983	FIRA	HMO 1	LAKE WORTH	FL	33449-0000
SP	F	02/20/1985	FIRA	HMO 1	LAKE WORTH	FL	33449-0000
CH	M	02/07/2015	FIRA	HMO 1	LAKE WORTH	FL	33449-0000
EE	F	09/22/1955	GENA	HDHP	MIRAMAR	FL	33025-0000
SP	M	05/30/1955	GENA	HDHP	MIRAMAR	FL	33025-0000
CH	M	02/20/1991	GENA	HDHP	MIRAMAR	FL	33025-0000
EE	M	12/24/1965	MGTA	HDHP	FORT LAUDERDALE	FL	33311-0000
SP	F	12/24/1958	MGTA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	F	04/28/1993	MGTA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	F	04/10/1995	MGTA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	F	06/13/1964	GENA	HDHP	FORT LAUDERDALE	FL	33309-0000
EE	F	11/20/1952	PASA	HDHP	HOLLYWOOD	FL	33023-0000

Membership Listing

EE	M	01/04/1956	GENA	HDHP	WEST PARK	FL	33023-0000
EE	M	10/17/1982	FIRA	HMO 1	MIAMI	FL	33173-0000
SP	F	03/08/1983	FIRA	HMO 1	MIAMI	FL	33173-0000
CH	M	05/14/2013	FIRA	HMO 1	MIAMI	FL	33173-0000
CH	F	02/06/2015	FIRA	HMO 1	MIAMI	FL	33173-0000
EE	F	08/04/1975	MGTA	HMO 1	MIAMI LAKES	FL	33014-0000
EE	M	08/12/1970	PASA	HMO 2	NORTH MIAMI BEACH	FL	33162-0000
EE	M	06/11/1967	GENA	HDHP	MIRAMAR	FL	33025-0000
EE	F	12/10/1972	GENA	HMO 1	COCONUT CREEK	FL	33073-0000
CH	F	05/26/1990	GENA	HMO 1	PLANTATION	FL	33317-0000
EE	F	02/15/1957	GENA	HMO 1	MARGATE	FL	33063-0000
CH	F	10/16/1993	MGTA	HMO 1	CORAL SPRINGS	FL	33071-0000
EE	M	01/07/1960	FIRA	HMO 1	LAUDERDALE LAKES	FL	33311-0000
CH	F	03/15/1991	FIRA	HMO 1	LAUDERDALE LAKES	FL	33311-0000
CH	M	11/27/2000	FIRA	HMO 1	LAUDERDALE LAKES	FL	33311-0000
CH	M	11/03/1993	FIRA	HMO 1	LAUDERDALE LAKES	FL	33311-0000
SP	F	12/30/1965	GENA	HDHP	POMPANO BEACH	FL	33060-0000
EE	M	08/13/1952	GENU65	HMO 1	MARGATE	FL	33063-0000
EE	F	04/08/1963	PASA	HDHP	DAVIE	FL	33325-0000
SP	M	11/28/1965	PASA	HDHP	DAVIE	FL	33325-0000
CH	M	01/11/1994	PASA	HDHP	DAVIE	FL	33325-0000
CH	F	08/08/1997	PASA	HDHP	DAVIE	FL	33325-0000
SP	F	11/29/1971	GENA	HDHP	PLANTATION	FL	33324-0000
SP	F	08/07/1974	FIRA	HDHP	DAVIE	FL	33328-0000
EE	M	05/28/1981	GENA	HDHP	SUNRISE	FL	33322-0000
SP	F	08/09/1979	GENA	HDHP	SUNRISE	FL	33322-0000
CH	F	07/12/2007	GENA	HDHP	SUNRISE	FL	33322-0000
CH	F	02/09/2010	GENA	HDHP	SUNRISE	FL	33322-0000
CH	F	09/10/2004	GENA	HDHP	SUNRISE	FL	33322-0000
EE	M	07/15/1950	PASA	HMO 1	LAUDERHILL	FL	33319-0000
SP	F	12/19/1950	PASA	HMO 1	LAUDERHILL	FL	33319-0000
EE	F	05/18/1971	FIRA	HMO 1	COOPER CITY	FL	33328-0000
CH	M	12/14/2009	FIRA	HMO 1	COOPER CITY	FL	33328-0000
EE	M	10/30/1953	GENA	HDHP	CORAL SPRINGS	FL	33067-0000
EE	M	04/24/1988	FIRA	HDHP	PLANTATION	FL	33317-0000
EE	F	07/07/1966	MGTA	HMO 1	MIAMI	FL	33147-0000
EE	F	04/27/1982	GENA	HMO 1	FORT LAUDERDALE	FL	33312-0000
CH	M	03/26/1997	GENA	HMO 1	FORT LAUDERDALE	FL	33312-0000
EE	M	09/03/1959	PASA	HMO 1	MARGATE	FL	33063-0000
SP	F	03/17/1960	PASA	HMO 1	MARGATE	FL	33063-0000
CH	M	03/04/1999	PASA	HMO 1	MARGATE	FL	33063-0000
EE	M	08/27/1970	FIRA	HDHP	PEMBROKE PINES	FL	33026-0000
SP	F	10/28/1972	FIRA	HDHP	PEMBROKE PINES	FL	33026-0000

Membership Listing

CH	M	10/27/2011	GENA	HDHP	LAUDERHILL	FL	33313-0000
EE	M	02/28/1982	GENA	HDHP	LAUDERHILL	FL	33313-0000
EE	M	08/16/1950	GENA	HMO 1	DANIA BEACH	FL	33312-0000
EE	M	05/30/1958	MGTA	HMO 1	MIAMI BEACH	FL	33139-0000
SP	F	03/01/1963	MGTA	HMO 1	MIAMI BEACH	FL	33139-0000
CH	M	06/15/1996	MGTA	HMO 1	WESTON	FL	33327-0000
EE	F	06/20/1957	PASA	HDHP	FORT LAUDERDALE	FL	33328-0000
EE	F	01/28/1976	GENA	HMO 2	LAUDERDALE LAKES	FL	33319-0000
EE	F	06/10/1967	MGTA	HMO 1	LAUDERHILL	FL	33319-0000
EE	M	05/06/1958	PASU65	HMO 1	FT LAUD	FL	33304-0000
EE	F	09/06/1963	GENA	HMO 1	CORAL SPRINGS	FL	33067-0000
SP	F	12/18/1990	GENA	HDHP	HOLLYWOOD	FL	33020-0000
EE	F	12/16/1986	GENA	HDHP	MIAMI	FL	33162-0000
EE	M	12/28/1967	PASA	HDHP	BOYNTON BEACH	FL	33435-0000
EE	M	12/01/1981	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
SP	F	05/06/1968	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
CH	F	01/12/2006	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
CH	M	04/23/1994	GENA	HMO 1	TAMARAC	FL	33321-0000
EE	M	04/20/1969	MGTA	HDHP	HOLLYWOOD	FL	33021-0000
SP	F	06/01/1971	MGTA	HDHP	HOLLYWOOD	FL	33021-0000
CH	F	02/27/2007	MGTA	HDHP	HOLLYWOOD	FL	33021-0000
CH	M	03/25/2009	MGTA	HDHP	HOLLYWOOD	FL	33021-0000
EE	M	10/13/1959	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
SP	F	09/20/1962	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	M	10/18/1962	GENA	HMO 2	HOLLYWOOD	FL	33021-0000
SP	F	06/17/1966	GENA	HMO 2	HOLLYWOOD	FL	33021-0000
CH	F	02/26/1990	GENA	HMO 2	HOLLYWOOD	FL	33021-0000
CH	M	07/25/1999	GENA	HMO 2	HOLLYWOOD	FL	33021-0000
SP	M	05/01/1958	PASA	HDHP	HOLLYWOOD	FL	33019-0000
SP	F	11/29/1973	GENA	HMO 1	TAMARAC	FL	33319-0000
EE	M	01/12/1962	FIRA	HDHP	LAKE WORTH	FL	33463-0000
CH	F	08/01/1992	FIRA	HDHP	LAKE WORTH	FL	33463-0000
CH	F	01/15/1998	FIRA	HDHP	LAKE WORTH	FL	33463-0000
EE	M	12/05/1950	GENA	HDHP	HOLLYWOOD	FL	33024-0000
SP	F	10/24/1951	GENA	HDHP	HOLLYWOOD	FL	33024-0000
EE	M	07/09/1963	MGTA	HMO 1	PEMBROKE PINES	FL	33028-0000
EE	F	08/10/1982	GENA	HMO 1	NORTH LAUDERDALE	FL	33068-0000
EE	M	11/21/1953	GENA	HMO 1	FORT LAUDERDALE	FL	33315-0000
CH	F	08/27/1993	GENA	HMO 1	FORT LAUDERDALE	FL	33315-0000
EE	F	11/08/1978	PASA	HMO 1	CORAL SPRINGS	FL	33071-0000
CH	F	10/27/1993	PASA	HMO 2	FORT LAUDERDALE	FL	33311-0000
EE	F	10/29/1976	GENA	HDHP	MIRAMAR	FL	33023-0000
EE	M	09/07/1966	PASA	HDHP	FORT LAUDERDALE	FL	33309-0000

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SP	F	02/26/1966	PASA	HDHP	FORT LAUDERDALE	FL	33308-0000
CH	M	02/23/1998	PASA	HDHP	FORT LAUDERDALE	FL	33308-0000
CH	M	01/15/1996	PASA	HDHP	GAINESVILLE	FL	32612-0000
EE	M	04/24/1961	MGTA	HMO 1	OAKLAND PARK	FL	33334-0000
EE	M	09/11/1958	MGTA	HDHP	FORT LAUDERDALE	FL	33315-0000
EE	F	05/31/1965	GENA	HMO 1	FORT LAUDERDALE	FL	33309-0000
SP	M	05/13/1960	GENA	HMO 1	FORT LAUDERDALE	FL	33309-0000
EE	F	09/12/1967	MGTA	HMO 1	LAUDERDALE LAKES	FL	33311-0000
SP	M	06/07/1967	MGTA	HMO 1	LAUDERDALE LAKES	FL	33311-0000
CH	F	11/11/1996	MGTA	HMO 1	LAUDERDALE LAKES	FL	33311-0000
CH	F	08/29/1991	MGTA	HMO 1	LAUDERDALE LAKES	FL	33311-0000
EE	M	09/07/1976	FIRA	HDHP	CORAL SPRINGS	FL	33067-0000
SP	F	07/07/1966	FIRA	HDHP	FORT LAUDERDALE	FL	33308-0000
EE	M	10/10/1955	MGTA	HMO 1	FORT LAUDERDALE	FL	33304-0000
EE	M	01/25/1964	GENA	HMO 1	FORT LAUDERDALE	FL	33315-0000
EE	M	02/20/1987	FIRA	HDHP	LAKE WORTH	FL	33463-0000
SP	F	04/09/1981	FIRA	HDHP	LAKE WORTH	FL	33463-0000
CH	M	09/08/2011	FIRA	HDHP	LAKE WORTH	FL	33463-0000
CH	M	12/06/2012	FIRA	HDHP	LAKE WORTH	FL	33463-0000
SP	M	06/11/1953	GENA	HMO 1	PLANTATION	FL	33324-0000
CH	M	07/11/1991	GENA	HMO 1	PLANTATION	FL	33324-0000
CH	M	05/19/1996	GENA	HMO 1	PLANTATION	FL	33324-0000
EE	M	01/07/1964	GENA	HMO 2	FORT LAUDERDALE	FL	33316-0000
EE	M	01/19/1970	GENA	HMO 1	FORT LAUDERDALE	FL	33304-0000
SP	F	10/15/1978	GENA	HDHP	MIRAMAR	FL	33023-0000
EE	M	02/13/1968	FIRA	HDHP	ROYAL PALM BCH	FL	33411-0000
SP	F	02/26/1967	FIRA	HDHP	ROYAL PALM BCH	FL	33411-0000
CH	M	09/23/2003	FIRA	HDHP	ROYAL PALM BCH	FL	33411-0000
CH	M	01/13/2005	FIRA	HDHP	ROYAL PALM BCH	FL	33411-0000
SP	M	03/19/1973	MGTA	HMO 1	LAUDERDALE LAKES	FL	33309-0000
CH	F	11/22/2004	MGTA	HMO 1	LAUDERDALE LAKES	FL	33309-0000
CH	F	09/10/2003	MGTA	HMO 1	LAUDERDALE LAKES	FL	33309-0000
EE	F	10/01/1988	GENA	HDHP	POMPANO BEACH	FL	33060-0000
EE	F	11/23/1951	GENA	HDHP	FORT LAUDERDALE	FL	33302-0000
EE	M	05/05/1981	FIRA	HDHP	PALM CITY	FL	34990-0000
SP	F	10/22/1980	FIRA	HDHP	PALM CITY	FL	34990-0000
CH	F	12/09/2007	FIRA	HDHP	PALM CITY	FL	34990-0000
CH	F	03/27/2009	FIRA	HDHP	PALM CITY	FL	34990-0000
CH	M	04/20/2012	FIRA	HDHP	PALM CITY	FL	34990-0000
EE	F	12/02/1981	GENA	HDHP	BOYNTON BEACH	FL	33473-0000
CH	F	11/14/2012	GENA	HDHP	BOYNTON BEACH	FL	33473-0000
EE	M	11/27/1958	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
SP	F	08/16/1962	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000

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CH	M	04/05/1993	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
SP	F	10/24/1973	PASA	HMO 1	MIRAMAR	FL	33027-0000
EE	F	06/04/1964	GENA	HMO 1	POMPANO BEACH	FL	33069-0000
SP	M	09/09/1960	GENA	HMO 1	POMPANO BEACH	FL	33069-0000
CH	M	02/07/1986	GENA	HMO 1	POMPANO BEACH	FL	33069-0000
EE	M	10/11/1968	MGTA	HMO 1	SUNRISE	FL	33351-0000
SP	F	10/02/1972	MGTA	HMO 1	SUNRISE	FL	33351-0000
CH	F	06/02/2005	MGTA	HMO 1	SUNRISE	FL	33351-0000
CH	M	09/11/2000	MGTA	HMO 1	SUNRISE	FL	33351-0000
CH	M	12/15/1994	MGTA	HMO 1	SUNRISE	FL	33351-0000
EE	F	03/11/1958	GENA	HMO 1	HOLLYWOOD	FL	33023-0000
CH	F	02/10/1994	GENA	HMO 1	HOLLYWOOD	FL	33023-0000
EE	M	01/26/1979	FIRA	HDHP	DAVIE	FL	33328-0000
SP	F	01/10/1974	FIRA	HDHP	DAVIE	FL	33328-0000
CH	F	12/16/2009	FIRA	HDHP	DAVIE	FL	33328-0000
CH	M	07/21/2012	FIRA	HDHP	DAVIE	FL	33328-0000
EE	M	02/26/1962	GENA	HMO 1	POMPANO BEACH	FL	33064-0000
EE	F	05/07/1977	PASA	HDHP	CORAL SPRINGS	FL	33076-0000
SP	M	10/08/1973	PASA	HDHP	CORAL SPRINGS	FL	33076-0000
CH	F	10/05/2006	PASA	HDHP	CORAL SPRINGS	FL	33076-0000
CH	F	07/31/2008	PASA	HDHP	CORAL SPRINGS	FL	33076-0000
EE	M	11/24/1970	GENA	HMO 1	COCONUT CREEK	FL	33073-0000
CH	F	05/23/2003	GENA	HMO 1	COCONUT CREEK	FL	33073-0000
CH	F	10/20/2000	GENA	HMO 1	COCONUT CREEK	FL	33073-0000
EE	M	02/16/1953	GENA	HMO 2	FORT LAUDERDALE	FL	33348-0000
EE	F	10/03/1955	CONU65	HMO 1	FT LAUD	FL	33334-0000
EE	M	11/11/1963	FIRA	HDHP	FORT LAUDERDALE	FL	33315-0000
EE	M	11/06/1989	MGTA	HDHP	OAKLAND PARK	FL	33309-0000
EE	M	01/09/1986	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	F	12/13/1952	PASC	HMO 1	WILTON MANORS	FL	33311-0000
CH	M	08/04/1992	SPEC	HMO 1	LIGHTHOUSE POINT	FL	33064-0000
CH	M	03/18/1995	SPEC	HMO 1	LIGHTHOUSE POINT	FL	33064-0000
EE	F	02/12/1962	GENA	HMO 1	LIGHTHOUSE POINT	FL	33074-0000
EE	F	09/23/1959	SPEC	HMO 1	LIGHTHOUSE POINT	FL	33064-0000
SP	M	07/31/1985	GENA	HMO 2	WESTON	FL	33331-0000
EE	F	11/29/1984	GENA	HMO 2	WESTON	FL	33331-0000
EE	M	08/19/1971	GENA	HMO 2	POMPANO BEACH	FL	33064-0000
CH	F	12/13/2000	GENA	HMO 2	POMPANO BEACH	FL	33064-0000
CH	F	03/24/1997	GENA	HMO 2	POMPANO BEACH	FL	33064-0000
CH	M	08/25/2004	GENA	HMO 2	POMPANO BEACH	FL	33064-0000
EE	M	03/01/1953	MGTU65	HMO 1	FLAT ROCK	NC	28731-0000
EE	M	01/14/1976	PASA	HDHP	NORTH LAUDERDALE	FL	33068-0000
EE	M	01/14/1981	PASA	HMO 1	DAVIE	FL	33314-0000

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EE	M	07/22/1950	MGTA	HMO 1	PLANTATION	FL	33317-0000
SP	F	04/17/1953	MGTA	HMO 1	PLANTATION	FL	33317-0000
SP	F	12/13/1953	GENA	HMO 2	DAVIE	FL	33324-0000
SP	M	10/06/1953	PASA	HMO 1	MIAMI BEACH	FL	33141-0000
EE	M	09/28/1982	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	M	09/30/2004	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	F	09/30/1972	GENA	HMO 1	SUNRISE	FL	33345-0000
EE	M	09/03/1966	GENA	HMO 2	LAUDERHILL	FL	33311-0000
SP	F	09/03/1969	GENA	HMO 2	LAUDERHILL	FL	33311-0000
EE	M	05/12/1973	FIRA	HDHP	MIRAMAR	FL	33029-0000
CH	F	03/21/2001	FIRA	HDHP	MIRAMAR	FL	33029-0000
EE	F	12/21/1958	MGTA	HDHP	DAVIE	FL	33324-0000
EE	M	12/29/1941	GENA	HMO 1	FORT LAUDERDALE	FL	33315-0000
EE	F	11/03/1945	CONA	HDHP	TAMARAC	FL	33321-0000
EE	M	02/02/1954	MGTU65	HMO 1	PALMETTO BAY	FL	33157-0000
EE	M	06/12/1965	PASA	HDHP	TAMARAC	FL	33319-0000
CH	M	05/09/2000	PASA	HDHP	TAMARAC	FL	33319-0000
CH	M	12/05/1994	PASA	HDHP	TAMARAC	FL	33319-0000
EE	M	03/07/1972	GENA	HDHP	COOPER CITY	FL	33328-0000
SP	F	02/16/1974	GENA	HDHP	COOPER CITY	FL	33328-0000
CH	M	06/01/2000	GENA	HDHP	COOPER CITY	FL	33328-0000
CH	M	03/07/2002	GENA	HDHP	COOPER CITY	FL	33328-0000
EE	M	06/09/1982	GENA	HMO 1	FORT LAUDERDALE	FL	33315-0000
EE	M	07/22/1966	MGTA	HMO 1	WESTON	FL	33327-0000
SP	F	01/07/1978	MGTA	HMO 1	WESTON	FL	33327-0000
CH	M	01/31/1996	MGTA	HMO 1	WESTON	FL	33327-0000
CH	F	07/29/2011	MGTA	HMO 1	WESTON	FL	33327-0000
SP	M	03/23/1979	PASA	HMO 1	WEST PALM BEACH	FL	33406-0000
CH	M	06/15/2006	PASA	HMO 1	WEST PALM BEACH	FL	33406-0000
CH	F	03/12/2014	PASA	HMO 1	WEST PALM BEACH	FL	33406-0000
EE	F	04/03/1971	GENA	HMO 2	PLANTATION	FL	33324-0000
CH	M	11/07/1995	FIRA	HDHP	BOCA RATON	FL	33431-0000
EE	M	09/14/1979	FIRA	HDHP	POMPANO BEACH	FL	33062-0000
SP	F	06/25/1982	FIRA	HDHP	POMPANO BEACH	FL	33062-0000
CH	M	12/25/2015	FIRA	HDHP	POMPANO BEACH	FL	33062-0000
EE	M	03/09/1961	FIRA	HDHP	PORT ST LUCIE	FL	34953-0000
SP	F	07/31/1958	FIRA	HDHP	PORT ST LUCIE	FL	34953-0000
CH	M	05/18/1995	FIRA	HDHP	PORT ST LUCIE	FL	34953-0000
EE	F	07/19/1951	GENU65	HDHPR	POWDER SPRINGS	GA	30127-0000
CH	M	07/17/2006	FIRA	HDHP	COOPER CITY	FL	33328-0000
EE	M	10/27/1974	MGTA	HMO 1	PLANTATION	FL	33323-0000
CH	F	06/01/2006	MGTA	HMO 1	PLANTATION	FL	33323-0000
CH	F	02/28/2011	MGTA	HMO 1	PLANTATION	FL	33323-0000

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EE	M	12/06/1957	MGTU65	HMO 1	CAROGA LAKE	NY	12032-0000
CH	F	10/17/1993	MGTU65	HMO 1	CAROGA LAKE	NY	12032-0000
EE	F	10/09/1957	MGTU65	HMO 1	CAROGA LAKE	NY	12032-0000
EE	M	11/30/1969	MGTA	HMO 1	BOCA RATON	FL	33498-0000
EE	M	11/18/1958	FIRA	HMO 1	STUART	FL	34997-0000
EE	M	04/04/1990	PASA	HDHP	FORT LAUDERDALE	FL	33312-0000
EE	M	06/21/1983	FIRA	HMO 1	FORT LAUDERDALE	FL	33304-0000
SP	F	05/03/1987	FIRA	HMO 1	FORT LAUDERDALE	FL	33304-0000
EE	F	07/26/1973	MGTA	HMO 1	CORAL SPRINGS	FL	33065-0000
CH	F	12/19/2008	MGTA	HMO 1	CORAL SPRINGS	FL	33065-0000
CH	M	06/28/2006	MGTA	HMO 1	CORAL SPRINGS	FL	33065-0000
EE	F	06/01/1971	CONA	HMO 1	SUNRISE	FL	33351-0000
CH	M	08/27/1994	PASA	HDHP	MIAMI	FL	33185-0000
EE	F	06/26/1972	GENA	HMO 1	TAMARAC	FL	33321-0000
EE	M	03/19/1987	FIRA	HDHP	DELRAY BEACH	FL	33483-0000
EE	M	05/13/1985	MGTA	HDHP	FORT LAUDERDALE	FL	33306-0000
SP	F	04/02/1985	MGTA	HDHP	FORT LAUDERDALE	FL	33306-0000
CH	F	02/27/2016	MGTA	HDHP	FORT LAUDERDALE	FL	33306-0000
EE	M	01/05/1988	MGTA	HDHP	FORT LAUDERDALE	FL	33312-0000
EE	F	02/21/1956	MGTU65	HMO 1	VERO BEACH	FL	32964-0000
EE	M	06/03/1982	GENA	HDHP	TAMARAC	FL	33321-0000
CH	F	07/19/2015	FIRA	HDHP	LOXAHATCHEE	FL	33470-0000
CH	F	09/24/1997	FIRA	HDHP	LOXAHATCHEE	FL	33470-0000
EE	F	12/22/1974	PASA	HMO 1	BOYNTON BEACH	FL	33437-0000
EE	M	02/18/1983	GENA	HMO 2	ROYAL PALM BEACH	FL	33411-0000
CH	F	07/28/2007	GENA	HMO 2	ROYAL PALM BEACH	FL	33411-0000
EE	M	12/15/1962	GENA	HDHP	MIRAMAR	FL	33027-0000
SP	F	01/01/1966	GENA	HDHP	MIRAMAR	FL	33027-0000
EE	M	03/08/1981	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
CH	M	12/29/1998	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
CH	M	10/01/2002	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
CH	M	10/27/1997	PASA	HMO 1	COOPER CITY	FL	33328-0000
EE	F	05/29/1960	SPEC	HMO 1	HERMITAGE	TN	37076-0000
CH	F	07/02/1996	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
EE	M	07/04/1976	GENA	HMO 1	FORT LAUDERDALE	FL	33308-0000
EE	M	12/17/1975	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	F	02/06/1957	CONU65	HMO 1	BOCA RATON	FL	33428-0000
EE	F	01/15/1973	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
EE	F	01/13/1944	GENA	HMO 1	LAUDERHILL	FL	33351-0000
CH	M	12/30/2000	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	M	04/14/1975	GENA	HMO 1	NORTH LAUDERDALE	FL	33068-0000
EE	F	11/04/1952	MGTU65	HMO 1	PLTN	FL	33317-0000
EE	M	10/06/1967	GENA	HDHP	NORTH LAUDERDALE	FL	33068-0000

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CH	M	06/06/1996	GENA	HDHP	NORTH LAUDERDALE	FL	33068-0000
CH	M	05/05/1998	GENA	HDHP	NORTH LAUDERDALE	FL	33068-0000
EE	M	09/02/1966	PASA	HMO 1	NORTH LAUDERDALE	FL	33068-0000
SP	F	06/19/1980	PASA	HMO 1	NORTH LAUDERDALE	FL	33068-0000
CH	F	02/05/2010	PASA	HMO 1	NORTH LAUDERDALE	FL	33068-0000
CH	M	12/16/2010	PASA	HMO 1	NORTH LAUDERDALE	FL	33068-0000
EE	M	09/21/1954	GENU65	HMO 1	FT LAUDERDALE	FL	33311-0000
EE	F	02/28/1965	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	M	06/21/1962	GENA	HMO 1	LAUDERHILL	FL	33313-0000
SP	F	03/17/1956	GENA	HMO 1	LAUDERHILL	FL	33313-0000
EE	M	01/02/1973	MGTA	HMO 1	WELLINGTON	FL	33414-0000
SP	F	12/19/1973	MGTA	HMO 1	WELLINGTON	FL	33414-0000
CH	F	04/23/2001	MGTA	HMO 1	WELLINGTON	FL	33414-0000
EE	M	04/18/1943	GENA	HMO 1	PLANTATION	FL	33317-0000
EE	F	08/30/1968	GENA	HDHP	DANIA	FL	33312-0000
SP	M	04/26/1965	GENA	HDHP	DANIA	FL	33312-0000
CH	F	10/30/1994	GENA	HDHP	DANIA	FL	33312-0000
CH	M	05/23/1997	GENA	HDHP	DANIA	FL	33312-0000
EE	M	01/16/1963	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
SP	F	06/30/1961	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
CH	M	10/27/1996	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	M	08/28/1962	GENA	HMO 1	POMPANO BEACH	FL	33060-0000
EE	M	04/05/1964	GENA	HMO 1	POMPANO BEACH	FL	33073-0000
SP	F	09/26/1971	GENA	HMO 1	POMPANO BEACH	FL	33073-0000
CH	M	09/30/2007	GENA	HMO 1	POMPANO BEACH	FL	33073-0000
CH	M	09/30/2007	GENA	HMO 1	POMPANO BEACH	FL	33073-0000
SP	F	03/16/1976	GENA	HDHP	OAKLAND PARK	FL	33309-0000
CH	M	11/03/1998	GENA	HDHP	OAKLAND PARK	FL	33309-0000
CH	M	01/01/1993	PASA	HDHP	POMPANO BEACH	FL	33064-0000
EE	M	04/30/1969	GENA	HDHP	MARGATE	FL	33063-0000
SP	F	11/07/1971	GENA	HDHP	MARGATE	FL	33063-0000
CH	F	08/01/2005	GENA	HDHP	MARGATE	FL	33063-0000
CH	F	01/26/2001	GENA	HDHP	MARGATE	FL	33063-0000
CH	M	12/21/1993	GENA	HDHP	MARGATE	FL	33063-0000
EE	M	07/17/1975	GENA	HDHP	LAUDERHILL	FL	33311-0000
CH	F	03/12/2003	GENA	HDHP	LAUDERHILL	FL	33311-0000
CH	M	10/11/2004	GENA	HDHP	LAUDERHILL	FL	33311-0000
CH	F	06/24/1996	GENA	HDHP	LAUDERHILL	FL	33311-0000
CH	M	12/22/2001	GENA	HDHP	LAUDERHILL	FL	33311-0000
EE	M	03/31/1988	GENA	HDHP	LAUDERHILL	FL	33311-0000
EE	M	08/23/1969	GENA	HMO 2	LAUDERHILL	FL	33311-0000
EE	M	09/04/1976	GENA	HDHP	POMPANO BEACH	FL	33069-0000
CH	M	11/25/2005	GENA	HDHP	POMPANO BEACH	FL	33069-0000

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CH	F	11/14/2000	GENA	HDHP	POMPANO BEACH	FL	33069-0000
CH	F	10/03/2015	GENA	HDHP	POMPANO BEACH	FL	33069-0000
CH	M	06/22/2012	GENA	HDHP	POMPANO BEACH	FL	33069-0000
EE	F	12/04/1955	GENA	HDHP	LAUDERHILL	FL	33351-0000
EE	F	07/19/1967	MGTA	HDHP	PEMBROKE PINES	FL	33029-0000
EE	M	06/12/1986	FIRA	HDHP	DANIA BEACH	FL	33004-0000
CH	M	09/09/2014	FIRA	HDHP	DANIA BEACH	FL	33004-0000
EE	M	07/12/1954	CONU65	HMO 1	MARGATE	FL	33063-0000
EE	F	03/11/1963	SPEC	HMO 1	FORT MYERS	FL	33901-0000
EE	M	01/04/1982	GENA	HMO 2	FORT LAUDERDALE	FL	33316-0000
CH	F	09/19/2000	GENA	HMO 2	FORT LAUDERDALE	FL	33311-0000
CH	F	01/18/2005	GENA	HMO 2	FORT LAUDERDALE	FL	33311-0000
EE	F	11/07/1952	GENA	HMO 1	FORT LAUDERDALE	FL	33312-0000
EE	M	11/30/1952	MGTU65	HMO 1	CORAL SPRINGS	FL	33071-0000
EE	M	03/27/1943	MGTA	HMO 1	MIAMI	FL	33179-0000
SP	F	06/18/1944	MGTA	HMO 1	MIAMI	FL	33179-0000
CH	M	10/12/1999	GENA	HDHP	FORT LAUDERDALE	FL	33304-0000
EE	M	08/01/1953	MGTA	HMO 1	LIGHTHOUSE POINT	FL	33064-0000
EE	M	06/23/1965	GENA	HMO 2	FORT LAUDERDALE	FL	33311-0000
CH	M	03/31/1999	GENA	HDHP	FORT LAUDERDALE	FL	33310-0000
CH	M	11/13/1997	GENA	HDHP	FORT LAUDERDALE	FL	33310-0000
EE	F	01/21/1989	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
CH	M	09/03/2012	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	M	10/29/1957	GENA	HMO 1	FORT LAUDERDALE	FL	33309-0000
SP	F	12/03/1960	GENA	HMO 1	FORT LAUDERDALE	FL	33309-0000
CH	M	01/23/2005	MGTA	HDHP	PLANTATION	FL	33322-0000
EE	M	07/24/1961	PASA	HMO 1	PLANTATION	FL	33317-0000
SP	F	09/10/1962	PASA	HMO 1	PLANTATION	FL	33317-0000
EE	F	10/10/1964	CONA	HMO 1	LAUDERHILL	FL	33313-0000
EE	F	05/29/1986	FIRA	HDHP	LIGHTHOUSE POINT	FL	33064-0000
EE	F	09/16/1950	PASA	HMO 1	DAVIE	FL	33314-0000
EE	F	10/03/1981	GENA	HDHP	OAKLAND PARK	FL	33309-0000
EE	M	07/15/1969	FIRA	HDHP	POMPANO BEACH	FL	33062-0000
EE	M	09/06/1970	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
CH	F	01/13/1999	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
SP	F	07/28/1964	FIRA	HDHP	COOPER CITY	FL	33328-0000
CH	F	04/23/2002	FIRA	HDHP	COOPER CITY	FL	33328-0000
EE	M	02/11/1972	FIRA	HDHP	COOPER CITY	FL	33328-0000
EE	F	10/27/1964	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	F	06/11/1963	PASA	HDHP	PEMBROKE PINES	FL	33025-0000
EE	M	04/18/1972	GENA	HDHP	FORT LAUDERDALE	FL	33302-0000
EE	M	03/13/1974	GENA	HMO 1	CORAL SPRINGS	FL	33065-0000
EE	M	09/11/1968	FIRA	HDHP	WILTON MANORS	FL	33334-0000

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SP	F	10/09/1968	FIRA	HDHP	WILTON MANORS	FL	33334-0000
CH	M	09/05/2000	FIRA	HDHP	WILTON MANORS	FL	33334-0000
CH	F	07/13/2002	FIRA	HDHP	WILTON MANORS	FL	33334-0000
EE	M	09/06/1976	GENA	HMO 2	FORT LAUDERDALE	FL	33311-0000
CH	M	02/28/2000	GENA	HMO 2	FORT LAUDERDALE	FL	33311-0000
EE	M	04/02/1959	FIRA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	F	02/16/1958	PASA	HMO 1	FORT LAUDERDALE	FL	33334-0000
SP	M	09/06/1953	PASA	HMO 1	FORT LAUDERDALE	FL	33334-0000
EE	M	01/15/1971	GENA	HMO 1	PLANTATION	FL	33317-0000
CH	F	07/13/1990	GENA	HMO 1	PLANTATION	FL	33317-0000
CH	M	01/30/2000	GENA	HMO 1	PLANTATION	FL	33317-0000
CH	M	04/02/1992	MGTA	HMO 1	BOYNTON BCH	FL	33435-0000
EE	M	09/30/1989	FIRA	HMO 2	PEMBROKE PINES	FL	33028-0000
EE	F	11/02/1957	PASA	HMO 1	CORAL SPRINGS	FL	33076-0000
CH	M	10/23/1995	PASA	HMO 1	CORAL SPRINGS	FL	33076-0000
CH	M	10/09/2000	PASA	HMO 1	NORTH LAUDERDALE	FL	33068-0000
EE	F	09/02/1966	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
SP	M	08/31/1959	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
EE	M	10/05/1968	FIRA	HDHP	ROYAL PALM BCH	FL	33414-0000
EE	M	08/12/1970	MGTA	HMO 1	TAMARAC	FL	33319-0000
CH	F	10/14/1999	MGTA	HMO 1	TAMARAC	FL	33319-0000
EE	M	09/09/1974	GENA	HMO 2	COCONUT CREEK	FL	33073-0000
EE	F	02/05/1957	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
SP	M	10/27/1956	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
CH	F	01/05/1990	MGTA	HMO 1	LAUDERHILL	FL	33319-0000
SP	F	12/19/1960	GENA	HMO 1	CORAL SPRINGS	FL	33065-0000
EE	F	01/13/1964	GENA	HDHP	LAUDERDALE LAKES	FL	33309-0000
EE	M	01/03/1956	GENA	HMO 1	COOPER CITY	FL	33026-0000
SP	F	06/24/1955	GENA	HMO 1	COOPER CITY	FL	33026-0000
CH	F	07/24/2008	GENA	HMO 1	FORT LAUDERDALE	FL	33312-0000
CH	M	01/24/2013	GENA	HMO 1	FORT LAUDERDALE	FL	33312-0000
EE	M	09/21/1967	PASA	HMO 1	FORT LAUDERDALE	FL	33334-0000
CH	M	09/07/2001	PASA	HMO 1	FORT LAUDERDALE	FL	33334-0000
CH	M	01/05/2015	GENA	HMO 1	POMPANO BEACH	FL	33069-0000
EE	F	02/09/1977	GENA	HDHP	POMPANO BEACH	FL	33069-0000
EE	M	04/03/1988	GENA	HMO 1	MIAMI	FL	33145-0000
CH	M	02/24/2016	GENA	HMO 1	MIAMI	FL	33145-0000
EE	M	06/06/1978	PASA	HMO 2	HOLLYWOOD	FL	33020-0000
SP	F	05/05/1962	GENA	HDHP	TAMARAC	FL	33321-0000
EE	M	10/09/1968	GENA	HMO 2	WILTON MANORS	FL	33311-0000
SP	F	12/04/1970	GENA	HMO 2	WILTON MANORS	FL	33311-0000
CH	F	02/27/2004	GENA	HMO 2	WILTON MANORS	FL	33311-0000
CH	M	07/25/2006	GENA	HMO 2	WILTON MANORS	FL	33311-0000

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EE	M	08/11/1962	GENA	HMO 2	COOPER CITY	FL	33328-0000
EE	M	12/22/1971	FIRA	HDHP	DAVIE	FL	33325-0000
SP	F	07/24/1953	GENA	HDHP	PLANTATION	FL	33322-0000
SP	F	03/13/1964	PASA	HMO 2	FORT LAUDERDALE	FL	33304-0000
CH	F	04/19/1995	PASA	HMO 2	FORT LAUDERDALE	FL	33304-0000
EE	F	12/25/1953	PASU65	HMO 1	DANIA BEACH	FL	33004-0000
SP	M	11/28/1962	MGTA	HMO 1	DAVIE	FL	33328-0000
EE	M	12/29/1972	GENA	HDHP	MIRAMAR	FL	33025-0000
SP	F	08/20/1984	FIRA	HDHP	COOPER CITY	FL	33328-0000
CH	F	08/01/2013	FIRA	HDHP	COOPER CITY	FL	33328-0000
EE	M	08/05/1965	FIRA	HDHP	PORT ST LUCIE	FL	34953-0000
SP	F	08/03/1962	FIRA	HDHP	PORT ST LUCIE	FL	34953-0000
CH	F	02/20/1998	FIRA	HDHP	PORT ST LUCIE	FL	34953-0000
EE	M	12/24/1954	GENA	HDHP	TAMARAC	FL	33321-0000
SP	F	02/14/1963	GENA	HDHP	TAMARAC	FL	33321-0000
CH	M	12/10/1998	GENA	HDHP	TAMARAC	FL	33321-0000
EE	M	12/01/1966	MGTA	HDHP	WESTON	FL	33331-0000
EE	F	07/21/1989	GENA	HDHP	POMPANO BEACH	FL	33069-0000
EE	M	11/12/1960	FIRA	HDHP	FORT LAUDERDALE	FL	33312-0000
SP	F	05/12/1963	FIRA	HDHP	FORT LAUDERDALE	FL	33312-0000
CH	F	05/14/1991	FIRA	HDHP	FORT LAUDERDALE	FL	33308-0000
CH	F	10/16/1992	FIRA	HDHP	FORT LAUDERDALE	FL	33312-0000
EE	M	05/22/1992	GENA	HMO 2	DANIA	FL	33004-0000
EE	F	03/17/1958	GENA	HMO 1	NO MIAMI BEACH	FL	33179-0000
EE	M	05/30/1968	GENA	HMO 1	LAUDERHILL	FL	33313-0000
EE	M	01/26/1981	GENA	HMO 1	DEERFIELD BEACH	FL	33442-0000
CH	M	07/18/2013	GENA	HMO 1	DEERFIELD BEACH	FL	33442-0000
EE	F	12/27/1968	GENA	HMO 1	PEMBROKE PINES	FL	33024-0000
CH	M	10/10/1999	GENA	HMO 1	PEMBROKE PINES	FL	33024-0000
CH	M	08/13/2004	GENA	HMO 1	PEMBROKE PINES	FL	33024-0000
EE	M	03/03/1960	GENU65	HMO 1	FT LAUD	FL	33311-0000
EE	M	07/17/1958	MGTA	HMO 1	POMPANO BEACH	FL	33069-0000
EE	M	04/26/1981	FIRA	HMO 1	BOYNTON BEACH	FL	33426-0000
SP	F	11/11/1988	FIRA	HMO 1	BOYNTON BEACH	FL	33426-0000
CH	M	01/20/2014	FIRA	HMO 1	BOYNTON BEACH	FL	33426-0000
EE	M	09/23/1963	GENA	HDHP	FORT LAUDERDALE	FL	33301-0000
EE	M	07/13/1974	GENA	HDHP	PEMBROKE PINES	FL	33025-0000
SP	F	10/16/1968	GENA	HDHP	PEMBROKE PINES	FL	33025-0000
EE	M	06/30/1969	MGTA	HMO 1	DEERFIELD BEACH	FL	33442-0000
SP	F	12/23/1970	MGTA	HMO 1	DEERFIELD BEACH	FL	33442-0000
CH	M	01/13/1991	MGTA	HMO 1	DEERFIELD BEACH	FL	33442-0000
CH	F	03/30/1995	GENA	HMO 1	POMPANO BEACH	FL	33064-0000
EE	M	12/05/1979	GENA	HDHP	LAUDERHILL	FL	33311-0000

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CH	F	11/03/2005	GENA	HDHP	LAUDERHILL	FL	33311-0000
CH	F	05/20/2000	GENA	HDHP	LAUDERHILL	FL	33311-0000
CH	F	07/23/2001	GENA	HDHP	LAUDERHILL	FL	33311-0000
EE	M	02/23/1958	GENA	HMO 2	FORT LAUDERDALE	FL	33311-0000
EE	M	08/16/1962	PASA	HDHP	DELRAY BEACH	FL	33484-0000
SP	F	03/12/1960	PASA	HDHP	DELRAY BEACH	FL	33484-0000
CH	F	03/17/1995	PASA	HDHP	DELRAY BEACH	FL	33484-0000
CH	M	07/11/2000	PASA	HDHP	DELRAY BEACH	FL	33484-0000
CH	M	07/04/2003	PASA	HDHP	DELRAY BEACH	FL	33484-0000
EE	F	10/27/1972	GENA	HMO 1	NORTH LAUDERDALE	FL	33068-0000
EE	M	03/06/1949	GENA	HMO 1	FORT LAUDERDALE	FL	33308-0000
EE	M	11/18/1960	PASA	HDHP	PLANTATION	FL	33324-0000
SP	F	01/13/1962	PASA	HDHP	PLANTATION	FL	33324-0000
CH	F	07/25/1991	GENA	HMO 1	NORTH LAUDERDALE	FL	33068-0000
CH	M	11/14/1992	GENA	HMO 1	NORTH LAUDERDALE	FL	33068-0000
CH	F	04/20/1995	GENA	HMO 1	NORTH LAUDERDALE	FL	33068-0000
CH	M	11/13/2009	GENA	HMO 1	NORTH LAUDERDALE	FL	33068-0000
CH	M	01/19/2000	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
CH	M	08/25/1998	PASA	HMO 2	MIRAMAR	FL	33025-0000
CH	F	11/04/2003	PASA	HMO 2	MIRAMAR	FL	33025-0000
EE	M	09/19/1976	GENA	HMO 2	LAUDERDALE LAKES	FL	33311-0000
EE	M	08/09/1954	GENA	HMO 1	COCONUT CREEK	FL	33066-0000
SP	F	09/24/1953	GENA	HMO 1	COCONUT CREEK	FL	33066-0000
EE	M	01/05/1957	GENA	HDHP	OAKLAND PARK	FL	33334-0000
SP	F	10/29/1969	GENA	HDHP	OAKLAND PARK	FL	33334-0000
CH	M	10/06/2000	GENA	HDHP	OAKLAND PARK	FL	33334-0000
CH	F	06/22/2003	GENA	HDHP	OAKLAND PARK	FL	33334-0000
CH	M	10/03/1997	GENA	HDHP	OAKLAND PARK	FL	33334-0000
EE	M	08/09/1955	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
SP	F	06/24/1957	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	M	12/29/1957	GENA	HDHP	DEERFIELD BEACH	FL	33442-0000
SP	F	04/10/1980	GENA	HDHP	BOCA RATON	FL	33486-0000
EE	M	05/30/1973	GENA	HDHP	WESTON	FL	33326-0000
CH	M	07/29/2001	GENA	HDHP	WESTON	FL	33326-0000
CH	M	07/10/2003	GENA	HDHP	WESTON	FL	33326-0000
EE	M	10/18/1984	FIRA	HDHP	BOCA RATON	FL	33434-0000
SP	F	12/14/1985	FIRA	HDHP	BOCA RATON	FL	33434-0000
CH	F	12/07/2015	FIRA	HDHP	BOCA RATON	FL	33434-0000
EE	M	10/27/1985	FIRA	HDHP	SUNNY ISLES	FL	33160-0000
EE	F	02/20/1955	CONA	HMO 1	DAVIE	FL	33324-0000
EE	M	01/25/1965	GENA	HMO 2	OAKLAND PARK	FL	33334-0000
CH	M	12/15/2003	GENA	HMO 2	OAKLAND PARK	FL	33334-0000
CH	F	11/11/2001	GENA	HMO 2	OAKLAND PARK	FL	33334-0000

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CH	M	10/13/1995	MGTA	HMO 1	LAUDERHILL	FL	33319-0000
CH	F	06/21/2012	PASA	HDHP	DEERFIELD BEACH	FL	33442-0000
EE	F	05/07/1986	GENA	HDHP	HOLLYWOOD	FL	33020-0000
EE	M	08/19/1959	GENA	HDHP	LAUDERDALE LAKES	FL	33309-0000
SP	F	01/15/1967	GENA	HDHP	LAUDERDALE LAKES	FL	33309-0000
CH	M	04/27/1995	GENA	HDHP	LAUDERDALE LAKES	FL	33309-0000
CH	M	09/22/1997	GENA	HDHP	LAUDERDALE LAKES	FL	33309-0000
CH	M	04/12/1992	GENA	HDHP	LAUDERDALE LAKES	FL	33309-0000
SP	F	06/16/1970	GENA	HMO 1	LAUDERHILL	FL	33319-0000
EE	F	10/30/1957	PASA	HMO 1	PEMBROKE PINES	FL	33024-0000
EE	M	07/08/1975	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	F	08/16/2007	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	M	06/08/2003	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	M	09/16/1971	GENA	HMO 2	LAUDERHILL	FL	33319-0000
CH	M	06/13/2003	GENA	HMO 2	LAUDERHILL	FL	33319-0000
EE	F	03/02/1979	GENA	HMO 1	DEERFIELD BEACH	FL	33442-0000
EE	F	04/05/1958	MGTU65	HMO 1	FORT LAUDERDALE	FL	33308-0000
EE	F	01/28/1959	PASU65	HMO 1	CORAL SPRINGS	FL	33071-0000
EE	M	07/23/1973	GENA	HDHP	HALLANDALE BEACH	FL	33009-0000
CH	M	12/17/1994	GENA	HDHP	HALLANDALE BEACH	FL	33009-0000
EE	M	09/18/1978	MGTA	HDHP	HOLLYWOOD	FL	33024-0000
EE	M	05/24/1958	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
SP	F	12/10/1959	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	M	02/03/1969	FIRA	HDHP	PEMBROKE PINES	FL	33026-0000
CH	M	05/24/2001	FIRA	HDHP	PEMBROKE PINES	FL	33026-0000
CH	M	04/10/2004	FIRA	HDHP	PEMBROKE PINES	FL	33026-0000
CH	M	08/15/2007	FIRA	HDHP	PEMBROKE PINES	FL	33026-0000
EE	M	12/29/1970	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
SP	F	07/14/1961	FIRA	HDHP	LAKE WORTH	FL	33463-0000
EE	F	06/28/1987	GENA	HDHP	NORTH MIAMI BEACH	FL	33162-0000
EE	M	08/23/1969	GENA	HDHP	DAVIE	FL	33024-0000
CH	M	01/29/1994	GENA	HDHP	DAVIE	FL	33024-0000
EE	F	12/06/1953	CONU65	HMO 1	TAMARAC	FL	33321-0000
EE	F	01/16/1964	MGTA	HMO 1	FORT LAUDERDALE	FL	33305-0000
SP	M	06/05/1955	MGTA	HMO 1	FORT LAUDERDALE	FL	33305-0000
EE	M	03/03/1974	FIRA	HDHP	DAVIE	FL	33325-0000
SP	F	10/10/1972	FIRA	HDHP	DAVIE	FL	33325-0000
CH	M	03/08/2001	FIRA	HDHP	DAVIE	FL	33325-0000
CH	M	11/29/2007	FIRA	HDHP	DAVIE	FL	33325-0000
EE	M	12/23/1986	FIRA	HDHP	BOCA RATON	FL	33433-0000
SP	F	06/23/1988	FIRA	HDHP	BOCA RATON	FL	33433-0000
CH	F	03/03/2012	FIRA	HDHP	BOCA RATON	FL	33433-0000
CH	F	04/24/2014	FIRA	HDHP	BOCA RATON	FL	33433-0000

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EE	F	05/28/1963	MGTA	HDHP	PLANTATION	FL	33325-0000
EE	F	06/12/1982	CONA	HDHP	MARGATE	FL	33063-0000
EE	M	11/25/1993	GENA	HDHP	LAUDERHILL	FL	33313-0000
EE	F	11/14/1958	CONA	HDHP	LOXAHATCHEE	FL	33470-0000
CH	F	10/16/2004	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
CH	M	11/03/2012	GENA	HDHP	CORAL SPRINGS	FL	33067-0000
CH	M	06/28/2010	GENA	HDHP	CORAL SPRINGS	FL	33067-0000
EE	F	08/06/1992	CONA	HMO 1	NORTH MIAMI BEACH	FL	33162-0000
CH	M	03/18/1990	GENA	HDHP	FORT LAUDERDALE	FL	33309-0000
EE	M	09/13/1967	GENA	HMO 2	SUNRISE	FL	33351-0000
SP	F	03/20/1965	GENA	HMO 2	SUNRISE	FL	33351-0000
EE	M	04/11/1956	GENA	HMO 1	CORAL SPRINGS	FL	33092-0000
SP	F	09/25/1955	GENA	HMO 1	CORAL SPRINGS	FL	33092-0000
EE	M	03/10/1974	FIRA	HDHP	LAKE WORTH	FL	33463-0000
SP	F	05/21/1976	FIRA	HDHP	LAKE WORTH	FL	33463-0000
CH	F	01/11/1996	FIRA	HDHP	LAKE WORTH	FL	33463-0000
CH	F	02/16/1999	FIRA	HDHP	LAKE WORTH	FL	33463-0000
CH	M	03/16/2001	FIRA	HDHP	LAKE WORTH	FL	33463-0000
EE	M	06/04/1958	FIRA	HMO 1	WILTON MANORS	FL	33305-0000
SP	F	10/07/1962	FIRA	HMO 1	WILTON MANORS	FL	33305-0000
EE	M	11/04/1963	GENA	HDHP	LAUDERDALE LAKES	FL	33311-0000
SP	F	01/12/1965	GENA	HDHP	LAUDERDALE LAKES	FL	33311-0000
CH	M	11/03/2005	GENA	HDHP	LAUDERDALE LAKES	FL	33311-0000
EE	M	10/05/1981	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
SP	F	03/22/1985	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
CH	M	08/03/2007	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
CH	F	12/25/2001	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
CH	M	04/16/2004	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
CH	F	08/06/2005	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
EE	M	09/09/1965	FIRA	HMO 1	PLANTATION	FL	33318-0000
SP	F	01/28/1962	FIRA	HMO 1	PLANTATION	FL	33318-0000
CH	M	02/08/1996	FIRA	HMO 1	SUNRISE	FL	33321-0000
CH	F	04/16/1997	FIRA	HMO 1	SUNRISE	FL	33321-0000
CH	M	07/12/2005	FIRA	HMO 1	SUNRISE	FL	33321-0000
EE	M	06/12/1946	GENA	HMO 1	FORT LAUDERDALE	FL	33312-0000
SP	F	09/28/1963	GENA	HMO 1	FORT LAUDERDALE	FL	33312-0000
EE	M	12/28/1967	FIRA	HMO 1	PEMBROKE PINES	FL	33026-0000
CH	M	02/04/2008	FIRA	HMO 1	PEMBROKE PINES	FL	33026-0000
CH	F	02/04/2008	FIRA	HMO 1	PEMBROKE PINES	FL	33026-0000
EE	F	02/20/1954	PASA	HMO 1	MARGATE	FL	33063-0000
EE	F	06/18/1977	GENA	HMO 1	PEMBROKE PINES	FL	33029-0000
EE	F	05/13/1978	GENA	HMO 1	PEMBROKES PINES	FL	33023-0000
SP	M	05/18/1979	GENA	HMO 1	PEMBROKES PINES	FL	33023-0000

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CH	F	11/15/2007	GENA	HMO 1	PEMBROKES PINES	FL	33023-0000
CH	F	05/05/2010	GENA	HMO 1	PEMBROKES PINES	FL	33023-0000
CH	F	08/22/2014	GENA	HMO 1	PEMBROKES PINES	FL	33023-0000
EE	M	07/30/1973	MGTA	HDHP	BOYNTON BCH	FL	33436-0000
SP	F	10/25/1973	MGTA	HDHP	BOYNTON BCH	FL	33436-0000
CH	M	05/26/2000	MGTA	HDHP	BOYNTON BCH	FL	33436-0000
CH	M	04/03/2002	MGTA	HDHP	BOYNTON BCH	FL	33436-0000
EE	M	02/18/1971	GENA	HDHP	LAUDERHILL	FL	33351-0000
CH	M	09/14/2004	GENA	HDHP	LAUDERHILL	FL	33351-0000
EE	M	08/21/1981	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
SP	F	11/04/1984	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	F	10/04/2002	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	F	07/19/2012	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	F	10/06/2008	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
SP	F	03/20/1969	GENA	HMO 2	LAUDERHILL	FL	33319-0000
EE	M	09/30/1983	MGTA	HDHP	WESTON	FL	33326-0000
CH	M	07/20/2010	MGTA	HDHP	WESTON	FL	33326-0000
CH	M	04/25/2012	MGTA	HDHP	WESTON	FL	33326-0000
EE	M	11/19/1982	GENA	HDHP	LAUDERHILL	FL	33313-0000
CH	F	03/16/2009	GENA	HDHP	LAUDERHILL	FL	33313-0000
EE	M	03/01/1968	GENA	HMO 1	PEMBROKE PINES	FL	33029-0000
CH	F	08/31/1999	GENA	HMO 1	PEMBROKE PINES	FL	33029-0000
EE	F	08/14/1968	GENA	HDHP	DAVIE	FL	33325-0000
EE	M	06/02/1972	GENA	HMO 1	HALLANDALE	FL	33009-0000
CH	F	12/24/1998	FIRA	HDHP	PLANTATION	FL	33322-0000
CH	F	08/15/2004	FIRA	HDHP	PLANTATION	FL	33322-0000
CH	M	12/25/2007	FIRA	HDHP	PLANTATION	FL	33322-0000
EE	M	05/24/1982	FIRA	HDHP	HOLLYWOOD	FL	33020-0000
SP	F	03/03/1978	FIRA	HDHP	HOLLYWOOD	FL	33020-0000
CH	M	08/08/2011	FIRA	HDHP	HOLLYWOOD	FL	33020-0000
EE	M	11/09/1972	FIRA	HDHP	BOYNTON BEACH	FL	33437-0000
SP	F	05/03/1973	FIRA	HDHP	BOYNTON BEACH	FL	33437-0000
CH	M	08/03/2009	FIRA	HDHP	BOYNTON BEACH	FL	33437-0000
CH	F	08/03/2009	FIRA	HDHP	BOYNTON BEACH	FL	33437-0000
CH	F	02/02/2006	FIRA	HDHP	BOYNTON BEACH	FL	33437-0000
EE	F	04/06/1971	GENA	HDHP	COCONUT CREEK	FL	33073-0000
CH	M	09/20/1991	GENA	HDHP	COCONUT CREEK	FL	33073-0000
CH	M	04/22/1997	GENA	HDHP	COCONUT CREEK	FL	33073-0000
EE	M	05/15/1965	GENA	HDHP	FORT LAUDERDALE	FL	33306-0000
CH	F	09/12/1998	GENA	HDHP	FORT LAUDERDALE	FL	33306-0000
CH	F	09/28/2000	GENA	HDHP	FORT LAUDERDALE	FL	33306-0000
CH	F	06/18/2004	GENA	HMO 1	MIAMI GARDENS	FL	33054-0000
SP	F	07/02/1985	GENA	HMO 1	MIAMI GARDENS	FL	33054-0000

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EE	M	10/28/1974	GENA	HMO 2	HOLLYWOOD	FL	33024-0000
SP	F	04/11/1979	GENA	HMO 2	HOLLYWOOD	FL	33024-0000
EE	M	12/22/1986	GENA	HDHP	COOPER CITY	FL	33026-0000
EE	M	10/03/1992	FIRA	HDHP	COOPER CITY	FL	33026-0000
EE	M	12/01/1983	FIRA	HDHP	BOCA RATON	FL	33486-0000
CH	M	05/31/2013	FIRA	HDHP	BOCA RATON	FL	33486-0000
EE	F	09/01/1963	GENA	HMO 1	MARGATE	FL	33063-0000
SP	M	02/08/1967	GENA	HMO 1	MARGATE	FL	33063-0000
CH	F	11/09/1998	GENA	HMO 1	MARGATE	FL	33063-0000
CH	F	05/03/1996	GENA	HMO 1	MARGATE	FL	33063-0000
CH	F	01/03/1994	GENA	HMO 1	MARGATE	FL	33063-0000
EE	F	08/12/1957	GENA	HMO 1	FORT LAUDERDALE	FL	33315-0000
EE	M	02/07/1966	PASA	HMO 1	PLANTATION	FL	33324-0000
EE	F	02/17/1966	MGTA	HDHP	FORT LAUDERDALE	FL	33301-0000
EE	F	10/13/1965	GENA	HMO 1	POMPANO BEACH	FL	33069-0000
EE	F	09/10/1961	GENA	HDHP	FORT LAUDERDALE	FL	33346-0000
EE	F	12/16/1969	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
SP	M	07/03/1965	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
CH	F	03/24/1998	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
EE	F	07/07/1957	GENA	HMO 1	TAMARAC	FL	33321-0000
SP	M	09/21/1966	PASA	HMO 1	PLANTATION	FL	33324-0000
CH	F	07/24/2001	PASA	HMO 1	PLANTATION	FL	33324-0000
CH	F	12/04/1999	PASA	HMO 1	PLANTATION	FL	33324-0000
EE	M	06/09/1953	GENA	HMO 1	CORAL SPRINGS	FL	33071-0000
SP	F	07/03/1958	GENA	HMO 1	CORAL SPRINGS	FL	33071-0000
CH	M	03/17/2000	MGTA	HDHP	PLANTATION	FL	33324-0000
EE	M	09/24/1970	PASA	HDHP	LAUDERHILL	FL	33313-0000
EE	F	08/01/1962	GENA	HMO 1	PLANTATION	FL	33325-0000
CH	F	03/18/1995	MGTA	HMO 1	POMPANO BCH	FL	33062-0000
CH	F	08/21/1997	MGTA	HMO 1	POMPANO BCH	FL	33062-0000
CH	F	12/07/1999	MGTA	HMO 1	POMPANO BCH	FL	33062-0000
EE	F	04/26/1951	MGTU65	HMO 1	SEBRING	FL	33876-0000
EE	M	11/05/1970	GENA	HDHP	DANIA BEACH	FL	33004-0000
CH	M	08/24/2006	GENA	HDHP	DANIA BEACH	FL	33004-0000
CH	F	05/18/2009	GENA	HDHP	DANIA BEACH	FL	33004-0000
EE	M	10/05/1967	MGTA	HDHP	DAVIE	FL	33328-0000
SP	F	03/10/1979	MGTA	HDHP	DAVIE	FL	33328-0000
CH	F	08/24/2008	MGTA	HDHP	DAVIE	FL	33328-0000
CH	F	03/11/2010	MGTA	HDHP	DAVIE	FL	33328-0000
CH	M	08/13/2013	MGTA	HDHP	DAVIE	FL	33328-0000
EE	F	07/07/1971	GENA	HDHP	COCONUT CREEK	FL	33073-0000
EE	M	09/22/1968	GENA	HDHP	OAKLAND PARK	FL	33309-0000
EE	M	03/31/1959	GENA	HMO 1	LAUDERDALE LAKES	FL	33319-0000

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EE	M	04/07/1968	GENA	HDHP	HOLLYWOOD	FL	33020-0000
SP	F	12/31/1970	GENA	HDHP	HOLLYWOOD	FL	33020-0000
EE	M	10/14/1958	PASA	HMO 2	HALLANDALE	FL	33009-0000
SP	M	05/26/1974	PASA	HDHP	FORT LAUDERDALE	FL	33305-0000
CH	M	01/17/2012	PASA	HDHP	FORT LAUDERDALE	FL	33305-0000
EE	M	08/31/1982	FIRA	HMO 2	FORT LAUDERDALE	FL	33334-0000
SP	M	11/22/1956	PASA	HDHP	FORT LAUDERDALE	FL	33308-0000
EE	F	07/31/1966	FIRA	HMO 2	CORAL SPRINGS	FL	33071-0000
SP	M	12/24/1953	FIRA	HMO 2	CORAL SPRINGS	FL	33071-0000
CH	F	07/22/2003	FIRA	HMO 2	CORAL SPRINGS	FL	33071-0000
SP	M	10/04/1954	GENA	HDHP	SOUTHWEST RANCHES	FL	33330-0000
CH	M	09/05/1992	GENA	HDHP	SOUTHWEST RANCHES	FL	33330-0000
EE	M	01/11/1982	GENA	HDHP	DAVIE	FL	33328-0000
SP	F	06/02/1983	GENA	HDHP	DAVIE	FL	33328-0000
CH	M	07/24/2009	GENA	HDHP	DAVIE	FL	33328-0000
EE	F	10/25/1957	GENA	HMO 1	LAUDERHILL	FL	33311-0000
EE	M	10/05/1961	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
SP	F	10/29/1955	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	M	04/02/1951	GENA	HMO 1	PLANTATION	FL	33322-0000
EE	M	09/15/1955	PASA	HDHP	MIRAMAR	FL	33023-0000
SP	F	09/16/1973	PASA	HDHP	MIRAMAR	FL	33023-0000
CH	M	03/05/1994	PASA	HDHP	MIRAMAR	FL	33023-0000
CH	M	11/06/2008	PASA	HDHP	MIRAMAR	FL	33023-0000
CH	F	02/17/2010	PASA	HDHP	MIRAMAR	FL	33023-0000
CH	M	02/22/1993	PASA	HDHP	MIRAMAR	FL	33023-0000
EE	F	04/12/1979	MGTA	HMO 1	BOCA RATON	FL	33428-0000
EE	M	07/03/1984	FIRA	HDHP	CORAL SPRINGS	FL	33071-0000
CH	F	04/05/2010	FIRA	HDHP	CORAL SPRINGS	FL	33071-0000
CH	M	03/08/2013	FIRA	HDHP	CORAL SPRINGS	FL	33071-0000
CH	M	06/22/1998	FIRU65	HDHP retired	DANIA	FL	33004-0000
CH	M	09/12/2002	FIRA	HDHP	PORT ST LUCIE	FL	34983-0000
CH	F	06/07/1998	FIRA	HDHP	PORT ST LUCIE	FL	34983-0000
SP	F	04/12/1978	FIRA	HDHP	PORT ST LUCIE	FL	34983-0000
CH	M	07/10/2011	FIRA	HDHP	PORT ST LUCIE	FL	34983-0000
CH	F	08/15/2006	FIRA	HDHP	PORT ST LUCIE	FL	34983-0000
EE	F	10/23/1964	PASA	HMO 1	HOLLYWOOD	FL	33024-0000
EE	M	07/01/1985	PASA	HMO 1	COCONUT CREEK	FL	33073-0000
EE	M	09/25/1991	GENA	HDHP	PEMBROKE PINES	FL	33029-0000
EE	M	03/09/1971	FIRA	HDHP	MIAMI	FL	33168-0000
SP	F	02/20/1973	FIRA	HDHP	MIAMI	FL	33168-0000
CH	F	12/19/2000	FIRA	HDHP	MIAMI	FL	33168-0000
CH	F	02/13/2002	FIRA	HDHP	MIAMI	FL	33168-0000
CH	M	10/17/2005	FIRA	HDHP	MIAMI	FL	33168-0000

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EE	M	05/23/1968	GENA	HMO 2	PEMBROKE PINES	FL	33026-0000
SP	F	01/18/1964	GENA	HMO 2	PEMBROKE PINES	FL	33026-0000
CH	M	09/13/1994	GENA	HMO 2	PEMBROKE PINES	FL	33026-0000
CH	M	11/26/1998	GENA	HMO 2	PEMBROKE PINES	FL	33026-0000
SP	F	10/01/1961	GENA	HMO 1	FORT LAUDERDALE	FL	33308-0000
EE	M	03/30/1967	GENA	HMO 2	OAKLAND PARK	FL	33309-0000
EE	M	08/27/1961	GENA	HMO 2	LAUDERHILL	FL	33313-0000
EE	M	02/28/1964	MGTA	HDHP	LAUDERDALE LAKES	FL	33313-0000
CH	M	05/08/2000	MGTA	HDHP	LAUDERDALE LAKES	FL	33313-0000
EE	F	10/11/1978	MGTA	HDHP	CORAL SPRINGS	FL	33065-0000
CH	F	06/16/2006	MGTA	HDHP	CORAL SPRINGS	FL	33065-0000
CH	M	01/23/1999	MGTA	HDHP	CORAL SPRINGS	FL	33065-0000
CH	F	11/01/2015	MGTA	HDHP	CORAL SPRINGS	FL	33065-0000
EE	M	10/06/1971	GENA	HMO 2	FORT LAUDERDALE	FL	33311-0000
EE	M	08/05/1982	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
SP	F	05/13/1972	GENA	HMO 2	POMPANO	FL	33060-0000
EE	M	09/13/1984	FIRA	HDHP	ROYAL PALM BEACH	FL	33411-0000
EE	M	01/15/1965	MGTA	HMO 1	WILTON MANORS	FL	33311-0000
EE	M	09/09/1970	FIRA	HDHP	DAVIE	FL	33325-0000
SP	F	06/16/1967	FIRA	HDHP	DAVIE	FL	33325-0000
CH	M	07/02/1999	FIRA	HDHP	DAVIE	FL	33325-0000
CH	F	12/19/2001	FIRA	HDHP	DAVIE	FL	33325-0000
SP	F	05/25/1967	PASA	HDHP	BOCA RATON	FL	33428-0000
EE	M	09/10/1981	FIRA	HDHP	DEERFIELD BEACH	FL	33442-0000
SP	F	04/07/1984	FIRA	HDHP	DEERFIELD BEACH	FL	33442-0000
CH	M	02/06/2014	FIRA	HDHP	DEERFIELD BEACH	FL	33442-0000
EE	M	05/27/1949	MGTA	HMO 1	FORT LAUDERDALE	FL	33309-0000
EE	F	11/05/1980	FIRA	HMO 1	BOYNTON BEACH	FL	33436-0000
SP	M	03/19/1979	GENA	HDHP	TAMARAC	FL	33309-0000
EE	M	09/06/1989	FIRA	HMO 2	WEST PALM BEACH	FL	33405-0000
EE	M	08/02/1987	FIRA	HMO 2	COCONUT CREEK	FL	33073-0000
SP	F	11/04/1989	FIRA	HMO 2	COCONUT CREEK	FL	33073-0000
EE	M	07/19/1960	GENA	HMO 2	LAUDERHILL	FL	33313-0000
EE	M	07/01/1983	PASA	HDHP	FORT LAUDERDALE	FL	33312-0000
CH	M	04/25/2009	PASA	HDHP	FORT LAUDERDALE	FL	33312-0000
EE	F	02/24/1983	GENA	HDHP	OAKLAND PARK	FL	33334-0000
EE	M	09/06/1977	FIRA	HDHP	PLANTATION	FL	33374-0000
SP	F	01/29/1985	FIRA	HDHP	PLANTATION	FL	33374-0000
CH	F	09/07/2011	FIRA	HDHP	PLANTATION	FL	33374-0000
CH	M	09/24/2013	FIRA	HDHP	PLANTATION	FL	33374-0000
EE	F	03/24/1990	GENA	HMO 2	PLANTATION	FL	33324-0000
EE	M	08/01/1970	GENA	HDHP	PLANTATION	FL	33324-0000
EE	F	12/02/1959	GENA	HMO 1	DAVIE	FL	33314-0000

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EE	M	03/04/1962	MGTA	HMO 2	PLANTATION	FL	33322-0000
CH	M	04/12/1999	MGTA	HMO 2	PLANTATION	FL	33322-0000
CH	M	04/12/1999	MGTA	HMO 2	PLANTATION	FL	33322-0000
EE	M	02/17/1959	MGTA	HDHP	HOLLYWOOD	FL	33021-0000
SP	F	02/02/1962	MGTA	HDHP	HOLLYWOOD	FL	33021-0000
EE	M	05/04/1980	FIRA	HDHP	LAKE WORTH	FL	33467-0000
SP	F	11/09/1978	FIRA	HDHP	LAKE WORTH	FL	33467-0000
CH	F	04/14/2010	FIRA	HDHP	LAKE WORTH	FL	33467-0000
CH	F	11/27/2011	FIRA	HDHP	LAKE WORTH	FL	33467-0000
CH	F	07/15/2014	FIRA	HDHP	LAKE WORTH	FL	33467-0000
EE	M	03/09/1957	PASA	HMO 1	COOPER CITY	FL	33328-0000
CH	M	11/06/1996	PASA	HMO 1	COOPER CITY	FL	33328-0000
CH	M	02/20/2000	PASA	HMO 1	COOPER CITY	FL	33328-0000
EE	M	06/29/1988	FIRA	HDHP	BOYNTON BEACH	FL	33472-0000
SP	F	09/23/1975	FIRA	HMO 1	BOYNTON BEACH	FL	33472-0000
EE	M	03/04/1957	GENA	HMO 1	DAVIE	FL	33325-0000
EE	M	08/19/1983	GENA	HMO 1	FT LAUDERDALE	FL	33311-0000
EE	M	10/08/1974	FIRA	HMO 1	KEY LARGO	FL	33037-0000
CH	F	11/08/2003	FIRA	HMO 1	KEY LARGO	FL	33037-0000
CH	F	11/28/2008	FIRA	HMO 1	KEY LARGO	FL	33037-0000
EE	M	04/17/1966	PASA	HDHP	POMPANO BEACH	FL	33069-0000
CH	M	01/04/2010	CONA	HMO 1	SUNRISE	FL	33351-0000
CH	M	08/09/2001	GENA	HDHP	FORT LAUDERDALE	FL	33306-0000
SP	F	03/07/1972	GENA	HMO 2	LAUDERDALE LAKES	FL	33311-0000
EE	M	07/04/1954	GENA	HMO 2	FORT LAUDERDALE	FL	33315-0000
CH	M	01/06/1998	GENA	HMO 1	NORTH LAUDERDALE	FL	33068-0000
CH	M	01/09/2012	PASA	HDHP	LAUDERHILL	FL	33351-0000
EE	F	08/22/1965	GENA	HDHP	PORT ST LUCIE	FL	34953-0000
EE	M	07/24/1965	GENA	HDHP	FORT LAUDERDALE	FL	33316-0000
EE	M	07/24/1965	PASA	HDHP	PLANTATION	FL	33317-0000
SP	F	05/11/1965	PASA	HDHP	PLANTATION	FL	33317-0000
CH	F	10/05/1992	PASA	HDHP	PLANTATION	FL	33317-0000
CH	M	06/03/1998	PASA	HDHP	PLANTATION	FL	33317-0000
EE	M	01/05/1965	GENA	HMO 1	SUNRISE	FL	33322-0000
SP	F	01/21/1966	GENA	HMO 1	SUNRISE	FL	33322-0000
CH	F	11/23/1997	GENA	HMO 1	SUNRISE	FL	33322-0000
EE	F	09/25/1967	CONA	HMO 2	COCONUT CREEK	FL	33073-0000
EE	F	10/15/1962	GENA	HMO 1	COCONUT CREEK	FL	33073-0000
EE	M	05/07/1971	PASA	HDHP	BOCA RATON	FL	33428-0000
CH	M	10/31/2007	PASA	HDHP	BOCA RATON	FL	33428-0000
CH	M	10/31/2007	PASA	HDHP	BOCA RATON	FL	33428-0000
EE	M	01/22/1958	MGTU65	HMO 1	INVERNESS	FL	34450-0000
EE	M	01/01/1976	FIRA	HDHP	BOCA RATON	FL	33486-0000

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EE	M	08/28/1970	GENA	HMO 1	FORT LAUDERDALE	FL	33304-0000
EE	M	02/11/1961	GENA	HMO 1	MARGATE	FL	33063-0000
EE	F	06/02/1979	PASA	HDHP	DAVIE	FL	33324-0000
SP	M	11/11/1976	PASA	HDHP	DAVIE	FL	33324-0000
CH	F	09/09/2008	PASA	HDHP	DAVIE	FL	33324-0000
CH	F	08/29/2010	PASA	HDHP	DAVIE	FL	33324-0000
EE	M	08/02/1957	PASU65	HMO 1	TAMARAC	FL	33321-0000
EE	F	02/19/1961	GENA	HMO 1	LANTANA	FL	33465-0000
EE	M	06/25/1965	MGTA	HMO 1	FORT LAUDERDALE	FL	33312-0000
CH	F	01/29/1992	MGTA	HMO 1	AMHERST	MA	01002-0000
EE	M	07/14/1956	GENA	HMO 1	HALLANDALE	FL	33009-0000
SP	F	08/29/1956	GENA	HMO 1	HALLANDALE	FL	33009-0000
EE	M	04/20/1970	FIRA	HDHP	LIGHTHOUSE PT	FL	33064-0000
SP	F	05/27/1970	FIRA	HDHP	LIGHTHOUSE PT	FL	33064-0000
CH	M	11/19/2002	FIRA	HDHP	LIGHTHOUSE PT	FL	33064-0000
CH	M	02/25/2006	FIRA	HDHP	LIGHTHOUSE PT	FL	33064-0000
CH	M	02/25/2006	FIRA	HDHP	LIGHTHOUSE PT	FL	33064-0000
EE	F	10/19/1957	PASA	HDHP	MIAMI	FL	33167-0000
SP	M	12/13/1955	PASA	HDHP	MIAMI	FL	33167-0000
EE	M	05/24/1988	ADCH	HDHP	MIAMI	FL	33167-0000
EE	F	07/28/1982	FIRA	HMO 1	TAMARAC	FL	33321-0000
CH	F	09/29/2009	FIRA	HMO 1	TAMARAC	FL	33321-0000
EE	M	10/07/1971	FIRA	HDHP	COOPER CITY	FL	33331-0000
CH	M	03/17/2003	FIRA	HDHP	COOPER CITY	FL	33331-0000
EE	F	08/04/1980	MGTA	HMO 1	OAKLAND PARK	FL	33334-0000
EE	M	01/07/1963	MGTA	HDHP	WESTON	FL	33331-0000
SP	F	03/28/1967	MGTA	HDHP	WESTON	FL	33331-0000
CH	M	02/26/2000	MGTA	HDHP	WESTON	FL	33331-0000
CH	F	11/24/2005	MGTA	HDHP	WESTON	FL	33331-0000
EE	M	11/30/1962	GENA	HDHP	BOCA RATON	FL	33428-0000
EE	F	08/29/1961	PASA	HMO 1	SUNRISE	FL	33323-0000
SP	M	07/21/1959	PASA	HMO 1	SUNRISE	FL	33323-0000
CH	F	07/17/2008	PASA	HMO 2	CORAL SPRINGS	FL	33065-0000
EE	M	03/13/1965	MGTA	HDHP	SUNRISE	FL	33323-0000
SP	F	04/13/1965	MGTA	HDHP	SUNRISE	FL	33323-0000
CH	M	12/19/1998	MGTA	HDHP	SUNRISE	FL	33323-0000
CH	M	09/29/1996	MGTA	HDHP	SUNRISE	FL	33323-0000
EE	F	06/09/1963	MGTA	HMO 1	MIAMI SHORES	FL	33150-0000
EE	M	02/12/1952	GENA	HMO 2	LAKE WORTH	FL	33467-0000
SP	F	07/08/1952	GENA	HMO 2	LAKE WORTH	FL	33467-0000
EE	M	09/25/1967	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
CH	M	07/26/1993	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	F	11/04/1971	PASA	HMO 1	PEMBROKE PINES	FL	33026-0000

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CH	M	01/21/1997	PASA	HMO 1	PEMBROKE PINES	FL	33026-0000
EE	F	11/28/1952	MGTA	HMO 1	OAKLAND PARK	FL	33334-0000
EE	M	05/29/1956	GENA	HMO 1	COCONUT CREEK	FL	33073-0000
SP	F	02/19/1976	GENA	HMO 1	COCONUT CREEK	FL	33073-0000
CH	M	06/29/2007	GENA	HMO 1	COCONUT CREEK	FL	33073-0000
CH	F	06/18/2014	GENA	HMO 1	COCONUT CREEK	FL	33073-0000
EE	M	03/21/1965	MGTA	HMO 1	PEMBROKE PINES	FL	33026-0000
SP	F	02/03/1965	MGTA	HMO 1	PEMBROKE PINES	FL	33026-0000
CH	M	02/18/1991	MGTA	HMO 1	PEMBROKE PINES	FL	33026-0000
EE	M	06/08/1969	FIRA	HDHP	CORAL SPRINGS	FL	33071-0000
EE	F	10/25/1961	GENA	HMO 1	DAVIE	FL	33325-0000
CH	F	06/28/1993	GENA	HMO 1	FORT LAUDERDALE	FL	33334-0000
EE	M	01/11/1968	GENA	HDHP	FORT LAUDERDALE	FL	33317-0000
EE	M	06/09/1957	MGTA	HMO 2	MIRAMAR	FL	33025-0000
EE	M	04/10/1992	GENA	HMO 2	DANIA	FL	33004-0000
EE	M	11/27/1948	MGTA	HMO 1	FORT LAUDERDALE	FL	33305-0000
SP	F	09/22/1950	MGTA	HMO 1	FORT LAUDERDALE	FL	33305-0000
EE	M	05/17/1975	FIRA	HMO 1	COOPER CITY	FL	33328-0000
CH	M	09/17/2010	FIRA	HMO 1	COOPER CITY	FL	33328-0000
CH	M	01/17/2013	FIRA	HMO 1	COOPER CITY	FL	33328-0000
EE	M	01/02/1980	FIRA	HDHP	FORT LAUDERDALE	FL	33308-0000
SP	F	12/17/1984	FIRA	HDHP	FORT LAUDERDALE	FL	33308-0000
CH	M	11/05/2015	FIRA	HDHP	FORT LAUDERDALE	FL	33308-0000
CH	M	11/05/2015	FIRA	HDHP	FORT LAUDERDALE	FL	33308-0000
EE	F	09/30/1982	GENA	HDHP	LAUDERDALE LAKES	FL	33319-0000
EE	F	01/28/1959	CONA	HMO 1	FORT LAUDERDALE	FL	33312-0000
CH	F	11/16/1994	PASA	HDHP	WILTON MANORS	FL	33334-0000
EE	M	02/13/1960	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
SP	F	04/16/1957	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	F	04/16/1991	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	F	06/28/1952	MGTU65	HMO 1	PLANTATION	FL	33317-0000
EE	M	02/25/1974	MGTA	HMO 1	MIAMI	FL	33136-0000
SP	F	07/15/1977	MGTA	HMO 1	MIAMI	FL	33136-0000
EE	F	07/01/1967	GENA	HMO 1	PEMBROKE PINES	FL	33028-0000
CH	F	01/16/1999	GENA	HMO 1	PEMBROKE PINES	FL	33028-0000
CH	M	10/12/1994	GENA	HMO 1	PEMBROKE PINES	FL	33028-0000
CH	M	07/10/2002	GENA	HMO 1	PEMBROKE PINES	FL	33028-0000
EE	M	08/05/1953	PASA	HMO 1	FORT LAUDERDALE	FL	33305-0000
EE	F	10/21/1962	GENA	HDHP	WEST PARK	FL	33023-0000
CH	M	01/31/1995	GENA	HDHP	WEST PARK	FL	33023-0000
CH	F	05/13/1990	MGTA	HDHP	FORT LAUDERDALE	FL	33301-0000
CH	M	02/02/1993	MGTA	HDHP	FORT LAUDERDALE	FL	33301-0000
EE	M	11/27/1970	PASA	HMO 1	POMPANO BEACH	FL	33064-0000

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SP	F	02/10/1972	PASA	HMO 1	POMPANO BEACH	FL	33064-0000
CH	M	10/21/2003	PASA	HMO 1	POMPANO BEACH	FL	33064-0000
CH	M	10/05/2007	PASA	HMO 1	POMPANO BEACH	FL	33064-0000
EE	M	06/22/1952	MGTU65	HMO 1	BELLEFONTE	PA	16823-0000
EE	M	10/14/1984	FIRA	HDHP	COCONUT CREEK	FL	33073-0000
EE	M	11/30/1972	GENA	HMO 1	SUNRISE	FL	33351-0000
CH	F	09/19/2006	GENA	HMO 1	SUNRISE	FL	33351-0000
EE	M	07/26/1960	GENU65	HMO 1	NORTH LAUDERDALE	FL	33068-0000
EE	M	03/04/1952	GENA	HMO 1	CORAL SPRINGS	FL	33065-0000
CH	F	09/02/1995	GENA	HMO 1	CORAL SPRINGS	FL	33065-0000
EE	M	04/18/1964	GENA	HMO 2	LAUDERHILL	FL	33311-0000
CH	M	03/29/1997	GENA	HMO 2	LAUDERHILL	FL	33311-0000
EE	M	04/09/1955	PASA	HMO 1	LAUDERHILL	FL	33313-0000
EE	F	05/11/1975	PASA	HMO 1	OAKLAND PARK	FL	33334-0000
SP	F	11/01/1968	PASA	HMO 1	FORT LAUDERDALE	FL	33334-0000
EE	M	08/01/1965	GENA	HDHP	PLANTATION	FL	33317-0000
SP	F	03/12/1972	GENA	HDHP	PLANTATION	FL	33317-0000
CH	F	05/29/2009	GENA	HDHP	PLANTATION	FL	33317-0000
CH	F	08/24/2006	GENA	HDHP	PLANTATION	FL	33317-0000
EE	M	07/09/1982	FIRA	HMO 2	TALLAHASSEE	FL	32312-0000
EE	M	05/09/1977	GENA	HDHP	HOLLYWOOD	FL	33021-0000
SP	F	10/14/1962	GENA	HDHP	COCONUT CREEK	FL	33073-0000
EE	M	02/25/1956	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	M	01/17/1997	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	M	10/02/1999	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	F	08/26/2000	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	M	05/31/2002	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	M	03/17/2007	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	F	10/01/2011	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	F	06/15/1954	GENU65	HMO 1	TAMARAC	FL	33321-0000
EE	F	03/06/1965	MGTA	HDHP	LAUDERHILL	FL	33313-0000
EE	M	02/28/1988	ADCH	HDHP	FORT LAUDERDALE	FL	33316-0000
SP	M	03/13/1977	MGTA	HDHP	MIAMI	FL	33179-0000
EE	M	08/26/1980	GENA	HDHP	OAKLAND PARK	FL	33334-0000
EE	M	08/02/1982	PASA	HDHP	FT LAUDERDALE	FL	33316-0000
SP	M	03/09/1947	MGTA	HDHP	DAVIE	FL	33324-0000
EE	F	09/23/1987	GENA	HDHP	PLANTATION	FL	33324-0000
EE	M	02/13/1986	FIRA	HDHP	TAMARAC	FL	33321-0000
EE	M	02/07/1959	PASU65	HMO 2	SUNRISE	FL	33323-0000
SP	F	04/05/1953	PASU65	HMO 2	SUNRISE	FL	33323-0000
EE	F	01/10/1962	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	M	01/29/1965	PASA	HMO 1	LAUDERDALE LAKES	FL	33319-0000
SP	F	09/23/1959	PASA	HMO 1	LAUDERDALE LAKES	FL	33319-0000

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CH	M	03/02/1993	PASA	HMO 1	LAUDERDALE LAKES	FL	33319-0000
EE	M	08/26/1989	GENA	HMO 2	NORTH LAUDERDALE	FL	33068-0000
EE	M	03/06/1996	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	M	10/30/1960	GENA	HMO 2	SUNRISE	FL	33313-0000
SP	F	03/30/1956	PASU65	HMO 1	TAVARES	FL	32778-0000
EE	M	11/29/1963	GENA	HMO 1	FORT LAUDERDALE	FL	33315-0000
EE	F	02/27/1990	MGTA	HDHP	FORT LAUDERDALE	FL	33304-0000
EE	F	02/28/1958	MGTA	HDHP	FORT LAUDERDALE	FL	33304-0000
EE	M	10/04/1962	PASA	HDHP	BOYNTON BEACH	FL	33424-0000
SP	F	03/02/1970	PASA	HDHP	BOYNTON BEACH	FL	33424-0000
CH	M	12/30/1996	PASA	HDHP	BOYNTON BEACH	FL	33424-0000
CH	F	12/30/1999	PASA	HDHP	BOYNTON BEACH	FL	33424-0000
EE	M	03/11/1988	GENA	HDHP	NORTH MIAMI	FL	33161-0000
CH	F	07/04/2013	GENA	HDHP	NORTH MIAMI	FL	33161-0000
EE	F	08/08/1961	GENA	HMO 2	COCONUT CREEK	FL	33066-0000
CH	F	05/13/1994	GENA	HMO 2	COCONUT CREEK	FL	33066-0000
CH	F	09/22/1991	GENA	HMO 2	COCONUT CREEK	FL	33066-0000
EE	M	05/12/1967	GENA	HMO 1	FORT LAUDERDALE	FL	33312-0000
CH	M	04/15/1991	GENA	HMO 1	FORT LAUDERDALE	FL	33312-0000
EE	M	11/26/1971	MGTA	HDHP	OAKLAND PARK	FL	33334-0000
EE	M	08/04/1970	FIRA	HDHP	FORT LAUDERDALE	FL	33305-0000
CH	M	11/14/1996	FIRA	HDHP	FORT LAUDERDALE	FL	33305-0000
CH	F	03/31/1998	FIRA	HDHP	FORT LAUDERDALE	FL	33305-0000
SP	F	08/25/1971	FIRA	HDHP	FORT LAUDERDALE	FL	33305-0000
EE	M	01/29/1982	GENA	HMO 1	FORT LAUDERDALE	FL	33304-0000
EE	M	12/02/1983	GENA	HDHP	HOLLYWOOD	FL	33024-0000
EE	F	11/29/1974	GENA	HDHP	POMPANO BEACH	FL	33060-0000
CH	F	03/07/2005	GENA	HDHP	POMPANO BEACH	FL	33060-0000
EE	F	05/26/1977	PASA	HDHP	FORT LAUDERDALE	FL	33304-0000
SP	M	05/03/1976	PASA	HDHP	FORT LAUDERDALE	FL	33304-0000
CH	M	08/16/2006	PASA	HDHP	FORT LAUDERDALE	FL	33304-0000
CH	M	02/09/2011	PASA	HDHP	FORT LAUDERDALE	FL	33304-0000
CH	M	03/04/2008	PASA	HDHP	FORT LAUDERDALE	FL	33304-0000
EE	M	07/28/1953	GENA	HMO 1	MIRAMAR	FL	33023-0000
SP	F	05/19/1952	GENA	HMO 1	MIRAMAR	FL	33023-0000
SP	F	06/22/1987	PASA	HMO 1	AVENTURA	FL	33180-0000
EE	M	11/16/1965	FIRA	HDHP	JENSEN BEACH	FL	34957-0000
SP	F	06/09/1965	FIRA	HDHP	JENSEN BEACH	FL	34957-0000
CH	M	04/04/1994	FIRA	HDHP	JENSEN BEACH	FL	34957-0000
EE	M	05/30/1963	GENA	HMO 1	FORT LAUDERDALE	FL	33309-0000
SP	F	12/31/1969	GENA	HMO 1	FORT LAUDERDALE	FL	33309-0000
EE	F	12/18/1964	GENA	HMO 1	FORT LAUDERDALE	FL	33315-0000
EE	M	07/10/1963	GENA	HMO 1	DAVIE	FL	33325-0000

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SP	F	12/06/1964	GENA	HMO 1	DAVIE	FL	33325-0000
EE	M	09/06/1949	GENA	HMO 1	NORTH MIAMI BEACH	FL	33179-0000
SP	F	07/10/1955	GENA	HMO 1	NORTH MIAMI BEACH	FL	33179-0000
EE	F	10/31/1962	PASA	HDHP	MARGATE	FL	33063-0000
EE	M	11/03/1952	GENA	HMO 2	DAVIE	FL	33324-0000
EE	M	09/18/1961	GENA	HMO 1	TAMARAC	FL	33321-0000
EE	F	01/26/1978	GENA	HMO 1	PORT SAINT LUCIE	FL	34983-0000
SP	F	10/04/1969	GENA	HDHP	SUNRISE	FL	33323-0000
EE	F	09/03/1970	GENA	HDHP	HOLLYWOOD	FL	33020-0000
SP	M	02/26/1969	GENA	HDHP	HOLLYWOOD	FL	33020-0000
EE	M	09/01/1982	PASA	HMO 1	PEMBROKE PINES	FL	33026-0000
EE	F	12/16/1964	PASA	HMO 1	TAMARAC	FL	33319-0000
EE	M	01/17/1996	GENA	HDHP	MIAMI LAKES	FL	33014-0000
EE	M	02/03/1964	FIRA	HDHP	PALM CITY	FL	34990-0000
CH	M	05/30/1998	FIRA	HDHP	PALM CITY	FL	34990-0000
CH	F	12/18/1999	FIRA	HDHP	PALM CITY	FL	34990-0000
EE	F	02/24/1971	CONA	HDHP	COCONUT CREEK	FL	33066-0000
SP	M	05/20/1958	CONA	HDHP	COCONUT CREEK	FL	33066-0000
EE	M	01/11/1989	MGTA	HDHP	LAKE WORTH	FL	33467-0000
EE	M	02/28/1969	FIRA	HMO 1	PORT ST LUCIE	FL	34986-0000
SP	F	04/15/1971	FIRA	HMO 1	PORT ST LUCIE	FL	34986-0000
CH	F	10/04/2004	FIRA	HMO 1	PORT ST LUCIE	FL	34986-0000
CH	F	10/04/2004	FIRA	HMO 1	PORT ST LUCIE	FL	34986-0000
CH	M	11/25/2007	FIRA	HMO 1	PORT ST LUCIE	FL	34986-0000
SP	M	06/13/1977	PASA	HMO 1	FORT LAUDERDALE	FL	33312-0000
CH	F	08/01/2006	PASA	HMO 1	FORT LAUDERDALE	FL	33312-0000
EE	F	07/02/1954	GENA	HMO 2	FORT LAUDERDALE	FL	33305-0000
EE	M	04/05/1972	PASA	HDHP	GREENACRES	FL	33463-0000
CH	M	12/13/2002	PASA	HDHP	GREENACRES	FL	33463-0000
EE	M	06/16/1981	FIRA	HDHP	COOPER CITY	FL	33328-0000
EE	M	04/27/1986	FIRA	HDHP	COCONUT CREEK	FL	33063-0000
SP	F	09/09/1987	FIRA	HDHP	COCONUT CREEK	FL	33063-0000
EE	M	05/26/1966	GENA	HMO 1	POMPANO BEACH	FL	33064-0000
EE	M	11/19/1972	GENA	HMO 2	COCONUT CREEK	FL	33066-0000
SP	F	01/31/1975	GENA	HMO 2	COCONUT CREEK	FL	33066-0000
EE	F	09/14/1965	PASA	HDHP	FORT LAUDERDALE	FL	33313-0000
EE	M	01/07/1991	FIRA	HMO 1	DELRAY BEACH	FL	33445-0000
EE	M	11/03/1956	GENA	HDHP	NORTH LAUDERDALE	FL	33068-0000
SP	F	01/25/1967	GENA	HDHP	NORTH LAUDERDALE	FL	33068-0000
CH	M	01/13/1994	GENA	HDHP	NORTH LAUDERDALE	FL	33068-0000
EE	F	10/23/1974	GENA	HMO 2	MIRAMAR	FL	33027-0000
EE	F	02/21/1974	MGTA	HDHP	SUNRISE	FL	33322-0000
EE	F	11/16/1957	MGTA	HMO 1	FORT LAUDERDALE	FL	33305-0000

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EE	F	01/13/1955	GENA	HDHP	LAUDERHILL	FL	33313-0000
CH	F	07/28/1996	GENA	HDHP	NORTH LAUDERDALE	FL	33068-0000
EE	F	06/20/1970	GENA	HMO 2	TAMARAC	FL	33321-0000
EE	M	10/07/1963	FIRA	HDHP	JENSEN BEACH	FL	34957-0000
SP	F	07/08/1966	FIRA	HDHP	JENSEN BEACH	FL	34957-0000
CH	M	08/12/1997	FIRA	HDHP	JENSEN BEACH	FL	34957-0000
EE	F	06/19/1959	MGTU65	HMO 1	POMPANO BEACH	FL	33062-0000
EE	F	09/17/1963	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
EE	M	12/31/1959	GENA	HMO 1	DELRAY BEACH	FL	33446-0000
SP	F	11/07/1960	GENA	HMO 1	DELRAY BEACH	FL	33446-0000
CH	M	05/30/1994	GENA	HMO 1	DELRAY BEACH	FL	33446-0000
CH	F	12/26/1991	GENA	HMO 1	DELRAY BEACH	FL	33446-0000
EE	M	01/21/1963	PASA	HDHP	TAMARAC	FL	33321-0000
CH	F	01/25/1995	PASA	HDHP	TAMARAC	FL	33321-0000
EE	M	07/29/1990	FIRA	HDHP	BOCA RATON	FL	33433-0000
EE	F	11/21/1963	MGTA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	F	05/18/1964	GENA	HMO 1	POMPANO BEACH	FL	33069-0000
EE	M	04/16/1988	ADCH	HMO 1	POMPANO BEACH	FL	33069-0000
EE	M	05/29/1958	GENA	HDHP	FORT LAUDERDALE	FL	33304-0000
EE	M	02/01/1970	FIRA	HMO 2	JUPITER	FL	33478-0000
SP	F	08/26/1979	FIRA	HMO 2	JUPITER	FL	33478-0000
CH	M	02/17/2005	FIRA	HMO 2	JUPITER	FL	33478-0000
CH	M	01/22/2008	FIRA	HMO 2	JUPITER	FL	33478-0000
EE	M	07/25/1989	FIRA	HDHP	WEST PALM BEACH	FL	33412-0000
EE	F	02/22/1978	CONA	HDHP	WILTON MANORS	FL	33311-0000
EE	M	12/17/1981	FIRA	HMO 1	SOUTHWEST RANCHES	FL	33332-0000
SP	F	07/19/1980	FIRA	HMO 1	SOUTHWEST RANCHES	FL	33332-0000
EE	F	12/14/1972	PASA	HMO 1	MARGATE	FL	33063-0000
CH	M	02/14/2007	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	F	12/10/1970	FIRA	HDHP	WINTER GARDEN	FL	34787-0000
SP	F	02/18/1977	FIRA	HDHP	WINTER GARDEN	FL	34787-0000
CH	M	06/28/2007	FIRA	HDHP	WINTER GARDEN	FL	34787-0000
CH	M	12/06/2009	FIRA	HDHP	WINTER GARDEN	FL	34787-0000
EE	M	05/03/1976	MGTA	HMO 1	BOYNTON BCH	FL	33435-0000
CH	F	08/10/2006	MGTA	HMO 1	BOYNTON BCH	FL	33435-0000
CH	M	03/31/2008	MGTA	HMO 1	BOYNTON BCH	FL	33435-0000
CH	F	01/15/2010	MGTA	HMO 1	BOYNTON BCH	FL	33435-0000
CH	M	09/13/2011	MGTA	HMO 1	BOYNTON BCH	FL	33435-0000
CH	M	04/08/2014	MGTA	HMO 1	BOYNTON BCH	FL	33435-0000
EE	F	03/13/1977	PASA	HMO 1	FORT LAUDERDALE	FL	33312-0000
EE	M	08/27/1952	PASA	HDHP	POMPANO BEACH	FL	33060-0000
EE	M	05/24/1982	GENA	HDHP	POMPANO BEACH	FL	33060-0000
EE	M	07/27/1960	PASA	HDHP	TAMARAC	FL	33321-0000

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SP	F	06/06/1961	PASA	HDHP	TAMARAC	FL	33321-0000
EE	M	12/27/1967	FIRA	HDHP	PORT ST LUCIE	FL	34983-0000
SP	F	06/21/1971	PASA	HDHP	TAMARAC	FL	33321-0000
EE	M	04/09/1963	GENA	HMO 1	SUNRISE	FL	33323-0000
CH	M	07/16/2003	GENA	HMO 1	SUNRISE	FL	33323-0000
EE	F	03/16/1952	GENA	HMO 1	SUNRISE	FL	33326-0000
EE	F	12/13/1962	GENA	HMO 1	LIGHTHOUSE PT	FL	33064-0000
SP	M	05/25/1956	GENA	HMO 1	LIGHTHOUSE PT	FL	33064-0000
EE	M	01/17/1985	FIRA	HMO 1	PLANTATION	FL	33323-0000
EE	M	09/30/1964	GENA	HMO 1	POMPANO BEACH	FL	33064-0000
SP	F	06/18/1967	GENA	HMO 1	POMPANO BEACH	FL	33064-0000
EE	M	08/28/1971	FIRA	HDHP	WESTON	FL	33331-0000
SP	F	08/06/1967	FIRA	HDHP	WESTON	FL	33331-0000
CH	F	05/06/1999	FIRA	HDHP	WESTON	FL	33331-0000
CH	M	11/08/2002	FIRA	HDHP	WESTON	FL	33331-0000
EE	F	03/07/1964	MGTA	HDHP	MARGATE	FL	33063-0000
EE	M	05/22/1957	GENA	HMO 1	POMPANO BCH	FL	33060-0000
SP	F	11/14/1952	GENA	HMO 1	POMPANO BCH	FL	33060-0000
CH	F	12/05/1996	FIRA	HDHP	OAKLAND PARK	FL	33309-0000
CH	F	07/14/1999	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	M	01/17/1996	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	F	10/23/1964	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
SP	F	12/04/1974	GENA	HDHP	LAUDERHILL	FL	33313-0000
EE	M	08/14/1982	GENA	HDHP	OPA LOCKA	FL	33054-0000
EE	F	05/17/1973	MGTA	HMO 2	CORAL SPRINGS	FL	33065-0000
SP	M	05/18/1954	GENA	HMO 2	COCONUT CREEK	FL	33066-0000
EE	M	08/29/1971	FIRA	HDHP	SOUTHWEST RANCHES	FL	33332-0000
SP	F	03/04/1975	FIRA	HDHP	SOUTHWEST RANCHES	FL	33332-0000
CH	F	01/09/2002	FIRA	HDHP	SOUTHWEST RANCHES	FL	33332-0000
CH	F	02/03/2003	FIRA	HDHP	SOUTHWEST RANCHES	FL	33332-0000
CH	F	06/24/2004	FIRA	HDHP	SOUTHWEST RANCHES	FL	33332-0000
CH	F	03/17/2007	FIRA	HDHP	SOUTHWEST RANCHES	FL	33332-0000
EE	M	04/20/1950	GENA	HMO 1	FORT LAUDERDALE	FL	33315-0000
SP	F	04/19/1963	PASA	HDHP	BOYNTON BEACH	FL	33435-0000
CH	M	05/07/1990	GENA	HMO 1	MIAMI	FL	33179-0000
CH	M	02/01/1994	GENA	HMO 1	MIAMI	FL	33179-0000
EE	M	10/18/1967	GENA	HMO 2	PORT ST LUCIE	FL	34953-0000
EE	M	07/07/1966	CONA	HMO 2	OAKLAND PARK	FL	33309-0000
CH	M	06/23/1993	PASA	HMO 1	FORT LAUDERDALE	FL	33334-0000
EE	F	07/27/1963	MGTA	HMO 1	HOLLYWOOD	FL	33021-0000
EE	M	07/07/1969	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	M	03/13/2000	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	M	10/09/1970	GENA	HMO 1	POMPANO BEACH	FL	33062-0000

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EE	F	07/27/1956	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
CH	M	07/28/1990	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
CH	F	04/13/1993	GENA	HDHP	MORRISTOWN	NJ	07960-0000
EE	M	05/28/1977	FIRA	HDHP	LAKE WORTH	FL	33467-0000
SP	F	09/23/1979	FIRA	HDHP	LAKE WORTH	FL	33467-0000
CH	M	06/29/2010	FIRA	HDHP	LAKE WORTH	FL	33467-0000
CH	F	04/27/2013	FIRA	HDHP	LAKE WORTH	FL	33467-0000
EE	M	02/09/1989	GENA	HDHP	OAKLAND PARK	FL	33309-0000
EE	M	02/05/1965	GENA	HMO 1	DAVIE	FL	33328-0000
CH	M	11/08/2000	GENA	HMO 1	DAVIE	FL	33328-0000
CH	M	08/11/2002	GENA	HMO 1	DAVIE	FL	33328-0000
CH	F	08/11/2002	GENA	HMO 1	DAVIE	FL	33328-0000
EE	F	11/08/1959	PASA	HMO 1	OAKLAND PARK	FL	33309-0000
EE	M	04/12/1960	GENA	HMO 1	MIAMI	FL	33169-0000
SP	F	06/10/1976	GENA	HMO 1	MIAMI	FL	33169-0000
EE	M	11/11/1955	PASA	HDHP	FORT LAUDERDALE	FL	33312-0000
SP	F	01/07/1960	PASA	HDHP	FORT LAUDERDALE	FL	33312-0000
CH	M	02/27/1992	PASA	HDHP	FORT LAUDERDALE	FL	33312-0000
EE	M	10/19/1959	FIRU65	HMO 1	JENSEN BEACH	FL	34957-0000
EE	F	09/29/1976	PASA	HMO 1	OAKLAND PARK	FL	33334-0000
EE	F	11/20/1957	GENA	HMO 1	FORT LAUDERDALE	FL	33317-0000
SP	M	11/01/1952	GENA	HMO 1	FORT LAUDERDALE	FL	33317-0000
CH	F	12/02/1991	GENA	HMO 1	FORT LAUDERDALE	FL	33317-0000
EE	M	08/24/1987	GENA	HMO 1	COOPER CITY	FL	33328-0000
SP	F	11/17/1980	GENA	HMO 1	COOPER CITY	FL	33328-0000
CH	F	12/22/2014	GENA	HMO 1	COOPER CITY	FL	33328-0000
EE	M	09/13/1955	FIRA	HDHP	HOBE SOUND	FL	33455-0000
SP	F	07/08/1955	FIRA	HDHP	HOBE SOUND	FL	33455-0000
CH	F	01/29/1994	FIRA	HDHP	HOBE SOUND	FL	33455-0000
EE	F	03/04/1993	GENA	HMO 1	PLANTATION	FL	33324-0000
EE	M	09/23/1986	FIRA	HDHP	PLANTATION	FL	33322-0000
EE	F	10/11/1967	GENA	HDHP	SUNRISE	FL	33351-0000
CH	M	11/14/1994	GENA	HDHP	SUNRISE	FL	33351-0000
CH	M	07/21/2005	GENA	HDHP	SUNRISE	FL	33351-0000
EE	M	01/09/1971	FIRA	HMO 1	WEST PALM BEACH	FL	33406-0000
SP	F	06/27/1967	FIRA	HMO 1	WEST PALM BEACH	FL	33406-0000
CH	M	02/24/2001	FIRA	HMO 1	WEST PALM BEACH	FL	33406-0000
CH	M	04/21/2004	FIRA	HMO 1	WEST PALM BEACH	FL	33406-0000
EE	F	07/10/1955	GENA	HMO 1	FORT LAUDERDALE	FL	33304-0000
EE	M	10/18/1956	GENA	HMO 2	TAMARAC	FL	33309-0000
SP	F	01/22/1969	GENA	HMO 2	TAMARAC	FL	33309-0000
CH	F	01/18/1993	GENA	HMO 2	TAMARAC	FL	33309-0000
CH	F	01/18/1993	GENA	HMO 2	TAMARAC	FL	33309-0000

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CH	F	08/20/2004	GENA	HMO 2	TAMARAC	FL	33309-0000
EE	M	04/27/1958	GENA	HMO 1	COOPER CITY	FL	33330-0000
SP	F	02/03/1971	GENA	HMO 1	COOPER CITY	FL	33330-0000
CH	M	06/29/1991	GENA	HMO 1	COOPER CITY	FL	33330-0000
EE	M	05/12/1960	GENA	HMO 2	PORT ST LUCIE	FL	34953-0000
SP	F	07/07/1962	GENA	HMO 2	PORT ST LUCIE	FL	34953-0000
SP	M	07/16/1968	GENA	HMO 1	LAKE WORTH	FL	33463-0000
EE	F	02/21/1983	PASA	HMO 1	POMPANO BEACH	FL	33060-0000
EE	M	04/24/1978	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	F	12/13/1990	PASA	HMO 1	OAKLAND PARK	FL	33309-0000
CH	M	10/04/2012	PASA	HMO 1	OAKLAND PARK	FL	33309-0000
EE	F	03/26/1965	GENA	HMO 2	DAVIE	FL	33328-0000
SP	M	08/31/1968	GENA	HMO 2	DAVIE	FL	33328-0000
CH	F	11/21/2000	GENA	HMO 2	DAVIE	FL	33328-0000
EE	F	04/24/1957	MGTA	HMO 1	HOLLYWOOD	FL	33020-0000
SP	M	02/18/1957	MGTA	HMO 1	HOLLYWOOD	FL	33020-0000
EE	M	01/23/1954	GENA	HDHP	SUNRISE	FL	33322-0000
SP	F	01/25/1978	GENA	HDHP	SUNRISE	FL	33322-0000
CH	M	01/19/2012	GENA	HDHP	SUNRISE	FL	33322-0000
EE	F	03/25/1974	PASA	HMO 1	WEST PALM BEACH	FL	33406-0000
EE	F	02/12/1963	PASA	HMO 1	TAMARAC	FL	33321-0000
SP	M	08/24/1958	PASA	HMO 1	TAMARAC	FL	33321-0000
CH	M	11/19/1990	PASA	HMO 1	TAMARAC	FL	33321-0000
EE	M	01/20/1972	PASA	HDHP	MIAMI	FL	33179-0000
CH	F	11/16/2004	PASA	HDHP	AVENTURA	FL	33180-0000
EE	M	05/10/1986	GENA	HDHP	TAMARAC	FL	33309-0000
EE	M	11/21/1978	GENA	HDHP	SOUTHWEST RANCHES	FL	33332-0000
SP	F	11/27/1978	GENA	HDHP	SOUTHWEST RANCHES	FL	33332-0000
CH	F	09/22/2006	GENA	HDHP	SOUTHWEST RANCHES	FL	33332-0000
CH	M	09/17/2008	GENA	HDHP	SOUTHWEST RANCHES	FL	33332-0000
CH	M	04/04/2000	GENA	HDHP	SOUTHWEST RANCHES	FL	33332-0000
CH	M	11/09/2002	GENA	HDHP	SOUTHWEST RANCHES	FL	33332-0000
CH	M	01/29/1995	GENA	HMO 1	PLANTATION	FL	33317-0000
CH	M	01/10/1997	GENA	HMO 1	PLANTATION	FL	33317-0000
EE	F	04/04/1964	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	M	02/06/1995	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	F	01/18/1966	GENA	HMO 1	MIRAMAR	FL	33025-0000
SP	M	01/10/1965	GENA	HMO 1	MIRAMAR	FL	33025-0000
CH	F	01/09/1992	GENA	HMO 1	MIRAMAR	FL	33025-0000
EE	F	01/19/1978	GENA	HDHP	LAUDERHILL	FL	33313-0000
SP	M	07/29/1971	GENA	HDHP	LAUDERHILL	FL	33313-0000
EE	M	06/02/1969	GENA	HDHP	PLANTATION	FL	33322-0000
EE	F	07/23/1968	GENA	HDHP	OAKLAND PARK	FL	33309-0000

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EE	M	03/01/1975	FIRA	HDHP	MIRAMAR	FL	33029-0000
CH	F	02/10/2004	FIRA	HDHP	MIRAMAR	FL	33029-0000
CH	F	05/14/2010	FIRA	HDHP	MIRAMAR	FL	33029-0000
EE	F	08/26/1963	CONA	HDHP	DAVIE	FL	33325-0000
EE	M	11/28/1954	GENA	HDHP	FORT LAUDERDALE	FL	33304-0000
EE	M	01/12/1978	GENA	HMO 1	OAKLAND PARK	FL	33309-0000
CH	F	11/16/2011	GENA	HMO 1	OAKLAND PARK	FL	33309-0000
EE	F	09/14/1967	GENA	HDHP	MIAMI GARDENS	FL	33055-0000
EE	M	11/07/1953	FIRU65	HMO 1	DANIA BEACH	FL	33004-0000
EE	F	07/20/1963	GENA	HMO 1	FORT LAUDERDALE	FL	33312-0000
CH	M	09/13/1993	GENA	HMO 1	FORT LAUDERDALE	FL	33312-0000
CH	F	05/19/2001	GENA	HMO 1	FORT LAUDERDALE	FL	33312-0000
EE	F	11/02/1982	MGTA	HMO 1	SUNRISE	FL	33351-0000
EE	M	02/26/1985	GENA	HMO 2	FORT LAUDERDALE	FL	33311-0000
EE	M	09/28/1987	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
CH	F	12/31/2008	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	M	08/04/1966	GENA	HMO 1	PEMBROKE PINES	FL	33028-0000
CH	F	09/02/1999	GENA	HMO 1	PEMBROKE PINES	FL	33028-0000
EE	M	11/05/1965	GENA	HDHP	LAUDERDALE LAKES	FL	33309-0000
CH	M	09/15/2006	GENA	HDHP	LAUDERDALE LAKES	FL	33309-0000
CH	M	09/25/2000	GENA	HDHP	LAUDERDALE LAKES	FL	33309-0000
EE	M	08/06/1965	GENA	HDHP	FORT LAUDERDALE	FL	33313-0000
CH	F	05/29/2009	GENA	HDHP	FORT LAUDERDALE	FL	33313-0000
CH	F	02/21/1999	GENA	HDHP	FORT LAUDERDALE	FL	33313-0000
CH	F	11/03/1992	GENA	HDHP	FORT LAUDERDALE	FL	33313-0000
EE	F	12/17/1971	FIRA	HDHP	FORT LAUDERDALE	FL	33308-0000
SP	M	12/08/1978	FIRA	HDHP	FORT LAUDERDALE	FL	33308-0000
CH	F	08/22/2010	FIRA	HDHP	FORT LAUDERDALE	FL	33308-0000
CH	M	05/25/2012	FIRA	HDHP	FORT LAUDERDALE	FL	33308-0000
EE	F	01/08/1988	PASA	HDHP	LAUDERHILL	FL	33351-0000
EE	M	01/23/1960	GENA	HMO 1	LAUDERHILL	FL	33313-0000
SP	F	12/23/1961	GENA	HMO 1	LAUDERHILL	FL	33313-0000
EE	M	10/31/1954	MGTA	HMO 1	LAUDERHILL	FL	33319-0000
EE	M	07/28/1976	FIRA	HMO 2	CORAL SPRINGS	FL	33065-0000
SP	F	03/16/1974	FIRA	HMO 2	CORAL SPRINGS	FL	33065-0000
CH	F	12/30/1996	FIRA	HMO 2	CORAL SPRINGS	FL	33065-0000
CH	F	01/30/2009	FIRA	HMO 2	CORAL SPRINGS	FL	33065-0000
EE	M	02/15/1972	FIRA	HDHP	WEST PALM BEACH	FL	33406-0000
CH	M	04/16/1997	FIRA	HDHP	WEST PALM BEACH	FL	33406-0000
EE	M	01/07/1980	PASA	HMO 1	POMPANO BEACH	FL	33062-0000
SP	F	09/03/1977	PASA	HMO 1	POMPANO BEACH	FL	33062-0000
CH	F	11/25/2013	PASA	HMO 1	POMPANO BEACH	FL	33062-0000
CH	M	02/06/2016	PASA	HMO 1	POMPANO BEACH	FL	33062-0000

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EE	F	03/19/1984	GENA	HMO 1	PEMBROKE PINES	FL	33027-0000
EE	M	08/03/1973	MGTA	HDHP	CORAL SPRINGS	FL	33067-0000
EE	F	04/27/1963	GENA	HDHP	SUNRISE	FL	33313-0000
EE	M	08/16/1952	MGTU65	HDHPR	MARGATE	FL	33063-0000
EE	M	09/08/1955	GENA	HDHP	LAUDERHILL	FL	33313-0000
EE	F	10/28/1974	PASA	HMO 1	FORT LAUDERDALE	FL	33311-0000
SP	M	10/26/1975	GENA	HMO 1	PEMBROKE PINES	FL	33027-0000
CH	M	07/24/2013	GENA	HMO 1	PEMBROKE PINES	FL	33027-0000
EE	M	09/22/1961	FIRA	HMO 1	PLANTATION	FL	33317-0000
SP	F	09/12/1969	FIRA	HMO 1	PLANTATION	FL	33317-0000
CH	M	09/11/2003	FIRA	HMO 1	PLANTATION	FL	33317-0000
CH	M	03/18/2006	FIRA	HMO 1	PLANTATION	FL	33317-0000
EE	F	04/15/1969	MGTA	HMO 1	MIAMI	FL	33183-0000
EE	F	09/28/1971	FIRA	HDHP	MARGATE	FL	33068-0000
EE	F	07/25/1960	GENA	HMO 1	NORTH LAUDERDALE	FL	33068-0000
SP	M	01/03/1958	GENA	HMO 1	NORTH LAUDERDALE	FL	33068-0000
EE	M	11/28/1989	ADCH	HMO 1	NORTH LAUDERDALE	FL	33068-0000
CH	F	01/09/1998	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	M	05/07/1999	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	M	08/04/1983	FIRA	HMO 1	SANFORD	FL	32773-0000
CH	F	07/20/2014	FIRA	HMO 1	SANFORD	FL	32773-0000
EE	F	01/16/1966	GENA	HMO 1	HOLLYWOOD	FL	33021-0000
EE	F	03/26/1964	GENA	HMO 1	HOLLYWOOD	FL	33019-0000
EE	M	04/24/1969	FIRA	HDHP	LOXAHATCHEE	FL	33470-0000
EE	F	09/05/1966	FIRA	HDHP	LOXAHATCHEE	FL	33470-0000
EE	M	12/04/1959	FIRA	HDHP	PLANTATION	FL	33317-0000
CH	F	05/04/1994	FIRA	HDHP	PLANTATION	FL	33317-0000
CH	M	07/25/1996	FIRA	HDHP	PLANTATION	FL	33317-0000
EE	M	04/27/1966	MGTA	HMO 1	DORAL	FL	33178-0000
SP	F	04/01/1969	MGTA	HMO 1	DORAL	FL	33178-0000
CH	F	11/30/1999	MGTA	HMO 1	DORAL	FL	33178-0000
CH	F	03/18/2002	MGTA	HMO 1	DORAL	FL	33178-0000
EE	F	03/11/1951	GENA	HMO 2	SUNRISE	FL	33323-0000
SP	F	01/07/1983	PASA	HDHP	FORT LAUDERDALE	FL	33308-0000
EE	M	10/16/1978	PASA	HDHP	POMPANO BEACH	FL	33060-0000
EE	F	04/19/1961	GENA	HDHP	FORT LAUDERDALE	FL	33309-0000
EE	F	03/30/1972	GENA	HDHP	LAUDERHILL	FL	33351-0000
SP	M	04/21/1974	GENA	HDHP	LAUDERHILL	FL	33351-0000
CH	F	07/27/2008	GENA	HDHP	LAUDERHILL	FL	33351-0000
CH	M	05/08/2001	GENA	HDHP	LAUDERHILL	FL	33351-0000
CH	M	06/03/2004	GENA	HDHP	LAUDERHILL	FL	33351-0000
EE	M	12/07/1954	PASU65	HMO 1	PLANTATION	FL	33313-0000
EE	F	07/09/1992	GENA	HMO 2	PLANTATION	FL	33313-0000

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EE	M	07/17/1980	FIRA	HDHP	COOPER CITY	FL	33026-0000
SP	F	02/25/1982	FIRA	HDHP	COOPER CITY	FL	33026-0000
CH	F	12/08/2004	FIRA	HDHP	COOPER CITY	FL	33026-0000
CH	F	02/25/2008	FIRA	HDHP	COOPER CITY	FL	33026-0000
CH	F	10/23/2015	FIRA	HDHP	COOPER CITY	FL	33026-0000
EE	F	12/17/1978	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	M	09/02/1963	GENA	HDHP	CORAL SPRINGS	FL	33065-0000
SP	F	12/02/1959	GENA	HDHP	CORAL SPRINGS	FL	33065-0000
CH	F	12/29/1992	GENA	HDHP	CORAL SPRINGS	FL	33065-0000
EE	F	09/27/1962	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	M	09/27/1964	GENA	HMO 1	COCONUT CREEK	FL	33063-0000
EE	F	11/10/1957	MGTU65	HMO 1	POMPANO BCH	FL	33069-0000
EE	M	06/16/1951	GENU65	HMO 1	OAKLAND PK	FL	33309-0000
EE	F	08/16/1964	PASA	HDHP	MIRAMAR	FL	33025-0000
CH	F	06/03/1990	PASA	HDHP	MIRAMAR	FL	33025-0000
EE	M	07/16/1972	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	F	03/05/1994	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	F	04/16/1995	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	M	07/24/2000	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	M	03/18/1997	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	F	04/11/1963	GENA	HMO 1	TAMARAC	FL	33321-0000
EE	M	10/29/1955	GENA	HMO 1	FT LAUD	FL	33311-0000
SP	M	10/07/1956	GENA	HMO 1	FT LAUD	FL	33311-0000
CH	M	06/25/2015	PASA	HDHP	TAMARAC	FL	33319-0000
EE	M	12/31/1969	GENA	HDHP	FORT LAUDERDALE	FL	33316-0000
CH	M	01/25/2003	GENA	HDHP	FORT LAUDERDALE	FL	33316-0000
EE	M	06/16/1974	GENA	HDHP	FORT LAUDERDALE	FL	33309-0000
SP	F	01/12/1977	GENA	HDHP	FORT LAUDERDALE	FL	33309-0000
CH	F	02/15/2000	GENA	HDHP	FORT LAUDERDALE	FL	33309-0000
EE	F	09/29/1973	GENA	HMO 1	LAUDERHILL	FL	33319-0000
SP	F	07/24/1953	PASA	HMO 2	HALLANDALE	FL	33009-0000
EE	M	10/28/1973	MGTA	HMO 1	CORAL SPRINGS	FL	33071-0000
SP	F	11/30/1976	MGTA	HMO 1	CORAL SPRINGS	FL	33071-0000
CH	F	08/04/2011	MGTA	HMO 1	CORAL SPRINGS	FL	33071-0000
CH	M	09/17/2007	MGTA	HMO 1	CORAL SPRINGS	FL	33071-0000
EE	F	06/21/1988	PASA	HDHP	PLANTATION	FL	33317-0000
EE	M	08/22/1989	GENA	HDHP	CORAL GABLES	FL	33134-0000
EE	M	05/28/1952	PASU65	HMO 1	TAVARES	FL	32778-0000
EE	M	06/23/1992	GENA	HDHP	DAVIE	FL	33314-0000
EE	M	03/23/1963	GENA	HMO 1	TAMARAC	FL	33319-0000
SP	F	08/27/1972	GENA	HMO 1	TAMARAC	FL	33319-0000
EE	M	12/30/1974	GENA	HDHP	DAVIE	FL	33312-0000
EE	M	12/03/1960	MGTA	HMO 1	CORAL SPRINGS	FL	33071-0000

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SP	F	05/13/1959	MGTA	HMO 1	CORAL SPRINGS	FL	33071-0000
CH	F	10/30/1992	MGTA	HMO 1	CORAL SPRINGS	FL	33071-0000
EE	M	02/05/1962	PASA	HMO 1	OAKLAND PARK	FL	33309-0000
CH	M	07/13/2000	MGTA	HMO 1	BOCA RATON	FL	33428-0000
EE	F	11/30/1964	MGTA	HMO 1	DAVIE	FL	33330-0000
SP	M	07/11/1970	MGTA	HMO 1	DAVIE	FL	33330-0000
CH	F	08/02/2005	MGTA	HMO 1	DAVIE	FL	33330-0000
EE	M	05/16/1958	GENA	HDHP	COCONUT CREEK	FL	33073-0000
SP	F	04/23/1960	GENA	HDHP	COCONUT CREEK	FL	33073-0000
CH	M	06/14/1991	GENA	HDHP	COCONUT CREEK	FL	33073-0000
EE	F	09/27/1953	GENU65	HMO 1	PLANTATION	FL	33317-0000
EE	F	02/06/1964	GENA	HDHP	PORT ST LUCIE	FL	34953-0000
EE	M	12/18/1970	MGTA	HMO 1	FORT LAUDERDALE	FL	33308-0000
EE	M	08/18/1961	PASA	HMO 2	WELLINGTON	FL	33414-0000
SP	F	03/28/1967	PASA	HMO 2	WELLINGTON	FL	33414-0000
CH	F	11/04/2000	PASA	HMO 2	WELLINGTON	FL	33414-0000
CH	M	12/01/2002	PASA	HMO 2	WELLINGTON	FL	33414-0000
EE	M	01/21/1964	GENA	HMO 1	DEERFIELD BEACH	FL	33441-0000
CH	M	01/17/1991	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	M	11/15/1960	MGTA	HDHP	FORT LAUDERDALE	FL	33316-0000
EE	F	06/10/1970	PASA	HMO 1	FORT LAUDERDALE	FL	33311-0000
SP	M	07/25/1963	GENA	HDHP	LAUDERDALE LAKES	FL	33309-0000
CH	M	03/30/1992	GENA	HDHP	LAUDERDALE LAKES	FL	33309-0000
SP	M	02/10/1951	CONA	HDHP	FORT LAUDERDALE	FL	33304-0000
EE	M	12/07/1963	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	M	09/04/1987	GENA	HDHP	BOCA RATON	FL	33433-0000
EE	M	11/20/1970	GENA	HDHP	OAKLAND PARK	FL	33311-0000
CH	M	04/20/1992	GENA	HDHP	OAKLAND PARK	FL	33311-0000
CH	M	10/04/1996	GENA	HDHP	OAKLAND PARK	FL	33311-0000
SP	F	09/30/1981	FIRA	HMO 1	SUNRISE	FL	33351-0000
CH	F	04/06/2000	FIRA	HMO 1	SUNRISE	FL	33351-0000
EE	M	04/07/1966	FIRA	HMO 1	LAKE WORTH	FL	33460-0000
EE	M	05/17/1968	MGTA	HMO 1	PLANTATION	FL	33317-0000
SP	F	01/22/1971	MGTA	HMO 1	PLANTATION	FL	33317-0000
SP	F	04/29/1962	GENA	HMO 1	FORT LAUDERDALE	FL	33312-0000
EE	M	05/23/1965	GENA	HMO 1	FORT LAUDERDALE	FL	33312-0000
EE	F	01/31/1965	CONA	HMO 1	FORT LAUDERDALE	FL	33308-0000
CH	M	05/06/2003	CONA	HMO 1	FORT LAUDERDALE	FL	33308-0000
CH	M	11/21/1994	CONA	HMO 1	FORT LAUDERDALE	FL	33308-0000
EE	M	08/25/1959	PASA	HMO 1	HOLLYWOOD	FL	33020-0000
SP	F	05/31/1963	PASA	HMO 1	HOLLYWOOD	FL	33020-0000
EE	M	05/14/1987	MGTA	HDHP	FORT LAUDERDALE	FL	33312-0000
EE	M	08/15/1957	GENA	HDHP	SUNRISE	FL	33351-0000

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EE	M	04/25/1958	PASA	HMO 1	LAUD BY THE SEA	FL	33308-0000
SP	F	11/03/1988	GENA	HMO 1	PEMBROKE PINES	FL	33028-0000
EE	M	12/16/1976	FIRA	HDHP	PALM CITY	FL	34990-0000
SP	F	01/07/1980	FIRA	HDHP	PALM CITY	FL	34990-0000
CH	M	10/19/2004	FIRA	HDHP	PALM CITY	FL	34990-0000
CH	M	11/09/2006	FIRA	HDHP	PALM CITY	FL	34990-0000
CH	F	12/20/2011	FIRA	HDHP	PALM CITY	FL	34990-0000
EE	M	04/13/1973	GENA	HDHP	POMPANO BEACH	FL	33064-0000
SP	F	08/15/1975	GENA	HDHP	POMPANO BEACH	FL	33064-0000
CH	M	10/18/2005	GENA	HDHP	POMPANO BEACH	FL	33064-0000
CH	M	08/22/2003	GENA	HDHP	POMPANO BEACH	FL	33064-0000
EE	M	02/14/1964	MGTA	HDHP	FORT LAUDERDALE	FL	33301-0000
EE	M	10/17/1949	PASA	HMO 1	FORT LAUDERDALE	FL	33312-0000
SP	F	12/19/1957	PASA	HMO 1	FORT LAUDERDALE	FL	33312-0000
CH	M	02/16/1994	PASA	HMO 1	FORT LAUDERDALE	FL	33312-0000
CH	M	04/01/1990	PASA	HMO 1	FORT LAUDERDALE	FL	33312-0000
CH	M	01/09/2013	GENA	HMO 1	COOPER CITY	FL	33330-0000
EE	M	06/05/1986	GENA	HDHP	DAVIE	FL	33324-0000
EE	M	08/16/1965	MGTA	HMO 1	CORAL SPRINGS	FL	33065-0000
SP	F	10/21/1970	MGTA	HMO 1	CORAL SPRINGS	FL	33065-0000
CH	M	02/22/2007	MGTA	HMO 1	CORAL SPRINGS	FL	33065-0000
CH	F	12/17/1990	MGTA	HMO 1	CORAL SPRINGS	FL	33065-0000
EE	F	08/18/1968	PASA	HDHP	MIAMI BEACH	FL	33141-0000
CH	M	12/11/1990	PASA	HDHP	MIAMI BEACH	FL	33141-0000
CH	M	12/22/1992	PASA	HDHP	MIAMI BEACH	FL	33141-0000
EE	M	01/26/1983	FIRA	HMO 1	SUNRISE	FL	33322-0000
CH	M	12/03/2013	FIRA	HMO 1	SUNRISE	FL	33322-0000
EE	F	07/01/1976	GENA	HMO 1	DAVIE	FL	33317-0000
CH	F	09/06/1991	GENA	HMO 1	DAVIE	FL	33317-0000
CH	F	07/28/2005	GENA	HMO 1	DAVIE	FL	33317-0000
CH	M	01/02/2010	GENA	HMO 1	DAVIE	FL	33317-0000
EE	M	02/27/1971	GENA	HMO 1	GOLDEN BEACH	FL	33160-0000
SP	F	04/14/1974	GENA	HMO 1	GOLDEN BEACH	FL	33160-0000
CH	M	11/30/1996	GENA	HMO 1	GOLDEN BEACH	FL	33160-0000
CH	F	07/07/1993	GENA	HMO 1	GOLDEN BEACH	FL	33160-0000
CH	F	08/17/1991	GENA	HMO 1	GOLDEN BEACH	FL	33160-0000
EE	M	09/17/1989	GENA	HMO 1	OAKLAND PARK	FL	33334-0000
EE	M	12/05/1973	PASA	HMO 2	OAKLAND PARK	FL	33334-0000
EE	M	05/13/1959	PASA	HDHP	LAUDERDALE LAKES	FL	33309-0000
SP	F	04/02/1957	PASA	HDHP	LAUDERDALE LAKES	FL	33309-0000
EE	M	08/01/1972	FIRA	HDHP	DAVIE	FL	33330-0000
SP	F	07/10/1974	FIRA	HDHP	DAVIE	FL	33330-0000
CH	F	11/12/2004	FIRA	HDHP	DAVIE	FL	33330-0000

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CH	F	11/02/2007	FIRA	HDHP	DAVIE	FL	33330-0000
EE	F	02/25/1966	PASA	HDHP	DAVIE	FL	33328-0000
EE	M	12/07/1959	GENU65	HMO 1	LAKE PLACID	FL	33852-0000
EE	M	06/29/1973	GENA	HMO 2	FORT LAUDERDALE	FL	33309-0000
SP	F	10/05/1973	GENA	HMO 2	FORT LAUDERDALE	FL	33309-0000
SP	F	09/07/1952	GENA	HMO 1	POMPANO BEACH	FL	33060-0000
EE	M	09/12/1963	PASA	HMO 1	FORT LAUDERDALE	FL	33305-0000
EE	M	05/21/1965	MGTA	HDHP	FORT LAUDERDALE	FL	33301-0000
EE	F	08/21/1949	GENA	HMO 1	NORTH LAUDERDALE	FL	33068-0000
EE	M	10/24/1971	MGTA	HDHP	SUNRISE	FL	33351-0000
SP	F	11/24/1971	MGTA	HDHP	SUNRISE	FL	33351-0000
CH	M	12/31/2003	MGTA	HDHP	SUNRISE	FL	33351-0000
CH	M	02/27/2006	MGTA	HDHP	SUNRISE	FL	33351-0000
CH	F	03/08/2008	MGTA	HDHP	SUNRISE	FL	33351-0000
EE	M	12/18/1957	GENA	HMO 1	MARGATE	FL	33063-0000
EE	M	07/13/1952	MGTU65	HMO 2	FORT PIERCE	FL	34949-0000
SP	F	05/17/1962	MGTU65	HMO 2	FORT PIERCE	FL	34949-0000
CH	M	03/08/1992	MGTU65	HMO 2	FORT PIERCE	FL	34949-0000
CH	F	04/13/1996	MGTU65	HMO 2	FORT PIERCE	FL	34949-0000
EE	M	09/05/1957	MGTA	HDHP	DELRAY BEACH	FL	33445-0000
SP	F	08/31/1963	MGTA	HDHP	DELRAY BEACH	FL	33445-0000
CH	F	05/30/1990	MGTA	HDHP	DELRAY BEACH	FL	33445-0000
CH	F	04/28/1994	MGTA	HDHP	DELRAY BEACH	FL	33445-0000
EE	M	10/23/1953	GENA	HDHP	HALLANDALE	FL	33009-0000
EE	F	06/15/1987	PASA	HDHP	FORT LAUDERDALE	FL	33308-0000
SP	M	01/06/1987	PASA	HDHP	FORT LAUDERDALE	FL	33308-0000
EE	F	01/27/1959	GENA	HMO 1	LAUDERHILL	FL	33313-0000
EE	M	09/26/1960	GENA	HMO 1	FORT LAUDERDALE	FL	33312-0000
EE	F	11/18/1966	MGTA	HDHP	PEMBROKE PINES	FL	33029-0000
EE	F	02/15/1956	GENA	HDHP	HOLLYWOOD	FL	33020-0000
EE	F	12/05/1974	GENA	HMO 1	FORT LAUDERDALE	FL	33302-0000
CH	F	08/08/1991	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	F	12/10/1986	GENA	HDHP	MIAMI	FL	33147-0000
EE	M	11/19/1963	GENA	HMO 2	LAUDERDALE LAKES	FL	33319-0000
CH	M	10/16/1990	GENA	HMO 2	LAUDERDALE LAKES	FL	33319-0000
CH	F	04/15/1993	GENA	HMO 2	LAUDERDALE LAKES	FL	33319-0000
CH	M	07/26/1999	GENA	HMO 2	LAUDERDALE LAKES	FL	33319-0000
CH	F	01/26/1996	GENA	HMO 2	LAUDERDALE LAKES	FL	33319-0000
EE	M	04/25/1962	PASA	HMO 1	OAKLAND PARK	FL	33308-0000
SP	F	04/23/1962	PASA	HMO 1	OAKLAND PARK	FL	33308-0000
CH	M	01/31/2008	GENA	HMO 1	COOPER CITY	FL	33328-0000
EE	F	04/11/1967	GENA	HMO 1	FORT LAUDERDALE	FL	33315-0000
SP	F	01/30/1988	GENA	HDHP	HOLLYWOOD	FL	33024-0000

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CH	F	06/02/2005	GENA	HMO 1	TAMARAC	FL	33321-0000
CH	F	01/03/2007	GENA	HMO 1	TAMARAC	FL	33321-0000
CH	M	10/23/2002	GENA	HMO 1	TAMARAC	FL	33321-0000
CH	F	06/22/2005	PASA	HDHP	HOLLYWOOD	FL	33023-0000
EE	M	05/23/1966	GENA	HDHP	LAUDERHILL	FL	33313-0000
CH	M	03/09/2004	GENA	HDHP	LAUDERHILL	FL	33313-0000
EE	M	06/21/1984	FIRA	HDHP	WEST PALM BEACH	FL	33413-0000
CH	M	08/24/1995	FIRA	HDHP	BOYNTON BEACH	FL	33437-0000
CH	M	04/19/1997	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
SP	F	07/03/1956	PASA	HMO 1	PLANTATION	FL	33324-0000
EE	F	05/25/1951	PASA	HMO 2	LAUDERDALE LAKES	FL	33311-0000
SP	M	07/23/1946	PASA	HMO 2	LAUDERDALE LAKES	FL	33311-0000
EE	M	08/19/1964	MGTA	HDHP	FORT LAUDERDALE	FL	33316-0000
EE	M	03/07/1978	FIRA	HDHP	JUPITER	FL	33458-0000
SP	F	01/23/1973	FIRA	HDHP	JUPITER	FL	33458-0000
SP	M	08/09/1963	MGTA	HMO 1	POMPANO BEACH	FL	33069-0000
EE	M	08/07/1971	GENA	HMO 1	TAMARAC	FL	33321-0000
CH	F	04/13/2004	GENA	HMO 1	TAMARAC	FL	33321-0000
CH	M	10/15/1996	GENA	HMO 1	TAMARAC	FL	33321-0000
CH	M	02/16/2001	GENA	HMO 1	TAMARAC	FL	33321-0000
EE	F	04/08/1962	MGTA	HDHP	FORT LAUDERDALE	FL	33302-0000
EE	M	01/30/1960	PASA	HMO 1	DAVIE	FL	33325-0000
EE	F	11/04/1971	GENA	HDHP	FORT LAUDERDALE	FL	33309-0000
SP	M	12/04/1962	GENA	HDHP	FORT LAUDERDALE	FL	33309-0000
CH	M	08/21/2015	GENA	HDHP	FORT LAUDERDALE	FL	33309-0000
CH	M	06/17/1995	MGTA	HMO 1	WESTON	FL	33311-0000
EE	M	12/24/1973	PASA	HMO 1	PLANTATION	FL	33325-0000
CH	M	03/22/1998	PASA	HMO 1	PLANTATION	FL	33325-0000
EE	F	08/27/1974	GENA	HMO 2	COCONUT CREEK	FL	33066-0000
EE	M	01/11/1963	GENA	HMO 2	HOLLYWOOD	FL	33023-0000
EE	M	10/13/1964	MGTA	HDHP	BOYNTON BEACH	FL	33437-0000
SP	F	03/02/1970	MGTA	HDHP	BOYNTON BEACH	FL	33437-0000
CH	M	05/04/1992	MGTA	HDHP	BOYNTON BEACH	FL	33437-0000
CH	F	06/27/1993	MGTA	HDHP	BOYNTON BEACH	FL	33437-0000
EE	F	03/21/1977	PASA	HDHP	FORT LAUDERDALE	FL	33304-0000
CH	M	07/10/2004	PASA	HDHP	FORT LAUDERDALE	FL	33304-0000
CH	F	12/05/2005	PASA	HDHP	FORT LAUDERDALE	FL	33304-0000
EE	M	10/23/1976	GENA	HDHP	MARGATE	FL	33063-0000
EE	F	12/21/1957	GENA	HMO 1	FORT LAUDERDALE	FL	33334-0000
EE	M	11/18/1975	FIRA	HMO 1	BOYNTON BEACH	FL	33472-0000
CH	M	01/26/2006	FIRA	HMO 1	BOYNTON BEACH	FL	33472-0000
CH	M	02/12/2008	FIRA	HMO 1	BOYNTON BEACH	FL	33472-0000
EE	M	02/10/1975	FIRA	HDHP	FORT LAUDERDALE	FL	33315-0000

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SP	F	04/23/1977	FIRA	HDHP	FORT LAUDERDALE	FL	33315-0000
CH	F	06/29/2000	FIRA	HDHP	FORT LAUDERDALE	FL	33315-0000
CH	M	09/02/2010	FIRA	HDHP	FORT LAUDERDALE	FL	33315-0000
CH	M	12/13/2012	FIRA	HDHP	FORT LAUDERDALE	FL	33315-0000
CH	M	02/12/1994	MGTU65	HMO 1	PLANTATION	FL	33317-0000
EE	F	09/30/1960	PASA	HDHP	DEERFIELD BEACH	FL	33442-0000
EE	M	03/31/1987	FIRA	HDHP	PLANTATION	FL	33324-0000
SP	F	08/26/1988	FIRA	HDHP	PLANTATION	FL	33324-0000
EE	M	04/06/1982	FIRA	HDHP	MIAMI	FL	33186-0000
SP	F	04/26/1985	FIRA	HDHP	MIAMI	FL	33186-0000
CH	F	02/28/2013	FIRA	HDHP	MIAMI	FL	33186-0000
CH	F	11/18/2012	PASA	HMO 1	HOLLYWOOD	FL	33021-0000
EE	M	11/13/1952	GENA	HMO 1	LAUDERDALE LAKES	FL	33309-0000
SP	F	11/11/1953	GENA	HMO 1	LAUDERDALE LAKES	FL	33309-0000
EE	M	10/12/1953	MGTU65	HMO 2	TAMARAC	FL	33321-0000
EE	M	04/21/1951	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
SP	F	07/18/1963	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
CH	M	08/16/1994	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
CH	F	12/02/2000	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	F	05/30/1980	MGTA	HDHP	MIAMI	FL	33179-0000
EE	F	08/09/1955	GENA	HMO 1	DAVIE	FL	33324-0000
EE	M	04/20/1961	FIRA	HMO 1	PEMBROKE PINES	FL	33027-0000
SP	F	07/30/1964	FIRA	HMO 1	PEMBROKE PINES	FL	33027-0000
CH	F	07/20/2003	FIRA	HMO 1	PEMBROKE PINES	FL	33027-0000
SP	F	10/22/1962	GENA	HMO 1	WILTON MANORS	FL	33334-0000
EE	M	03/04/1987	GENA	HMO 2	MIAMI GARDENS	FL	33056-0000
EE	M	02/11/1974	FIRA	HDHP	BOCA RATON	FL	33431-0000
SP	F	03/10/1956	MGTA	HMO 2	MIRAMAR	FL	33025-0000
EE	F	07/12/1968	GENA	HMO 1	OAKLAND PARK	FL	33334-0000
SP	M	04/04/1953	GENA	HMO 1	OAKLAND PARK	FL	33334-0000
EE	F	11/06/1968	PASA	HDHP	CORAL SPRINGS	FL	33065-0000
EE	M	08/02/1969	MGTA	HMO 1	SUNRISE	FL	33351-0000
CH	M	06/18/2004	MGTA	HMO 1	SUNRISE	FL	33351-0000
CH	M	09/14/2000	MGTA	HMO 1	SUNRISE	FL	33351-0000
EE	F	09/09/1976	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	M	11/09/1958	GENA	HMO 1	FORT LAUDERDALE	FL	33308-0000
SP	M	08/16/1975	CONA	HMO 1	FORT LAUDERDALE	FL	33312-0000
CH	F	08/04/1998	CONA	HMO 1	FORT LAUDERDALE	FL	33312-0000
CH	F	12/16/2013	CONA	HMO 1	FORT LAUDERDALE	FL	33312-0000
CH	M	01/15/2016	CONA	HMO 1	FORT LAUDERDALE	FL	33312-0000
EE	M	06/18/1962	PASA	HDHP	PEMBROKE PINES	FL	33025-0000
SP	F	10/06/1969	PASA	HDHP	PEMBROKE PINES	FL	33025-0000
CH	M	04/21/1999	PASA	HDHP	PEMBROKE PINES	FL	33025-0000

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CH	F	10/18/2000	PASA	HDHP	PEMBROKE PINES	FL	33025-0000
CH	M	08/09/1996	FIRA	HDHP	MIAMI	FL	33168-0000
EE	F	06/02/1992	GENA	HMO 1	OPA LOCKA	FL	33054-0000
CH	F	09/20/1990	GENA	HDHP	LAUDERHILL	FL	33313-0000
SP	F	09/13/1962	GENA	HDHP	LAUDERHILL	FL	33313-0000
EE	F	01/06/1965	CONA	HMO 2	FORT LAUDERDALE	FL	33311-0000
EE	F	12/10/1960	GENA	HMO 1	PEMBROKE PINES	FL	33029-0000
SP	F	07/17/1966	GENA	HMO 1	SUNRISE	FL	33323-0000
EE	M	06/18/1988	GENA	HDHP	PLANTATION	FL	33317-0000
EE	M	08/16/1968	GENA	HMO 1	LAUDERHILL	FL	33319-0000
EE	F	09/26/1958	PASA	HDHP	FORT LAUDERDALE	FL	33304-0000
EE	F	09/25/1959	CONA	HDHP	FORT LAUDERDALE	FL	33312-0000
CH	F	02/21/2004	GENA	HDHP	POMPANO BEACH	FL	33060-0000
EE	M	11/06/1960	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	M	05/01/1967	GENA	HMO 1	LAUDERHILL	FL	33319-0000
SP	F	11/07/1967	GENA	HMO 1	LAUDERHILL	FL	33319-0000
CH	M	06/10/1997	GENA	HMO 1	LAUDERHILL	FL	33319-0000
EE	M	03/09/1957	MGTA	HDHP	PLANTATION	FL	33317-0000
SP	F	05/13/1958	MGTA	HDHP	PLANTATION	FL	33317-0000
CH	F	03/10/1993	MGTA	HDHP	PLANTATION	FL	33317-0000
CH	M	08/24/2000	MGTA	HDHP	PLANTATION	FL	33317-0000
EE	M	08/25/1974	GENA	HMO 2	FORT LAUDERDALE	FL	33311-0000
CH	M	02/07/1995	GENA	HMO 2	FORT LAUDERDALE	FL	33311-0000
CH	M	03/25/1996	GENA	HMO 2	FORT LAUDERDALE	FL	33311-0000
CH	M	05/21/2001	GENA	HMO 2	FORT LAUDERDALE	FL	33311-0000
EE	M	06/04/1951	FIRU65	HMO 1	FORT LAUDERDALE	FL	33315-0000
SP	F	10/29/1951	FIRU65	HMO 1	FORT LAUDERDALE	FL	33315-0000
EE	M	02/08/1963	GENA	HDHP	FORT LAUDERDALE	FL	33315-0000
EE	F	05/25/1995	GENA	HMO 2	FORT LAUDERDALE	FL	33311-0000
EE	F	07/24/1987	GENA	HMO 1	MIAMI	FL	33127-0000
EE	M	07/05/1989	GENA	HDHP	HOLLYWOOD	FL	33024-0000
EE	M	01/15/1983	GENA	HDHP	OAKLAND PARK	FL	33309-0000
SP	F	12/13/1987	GENA	HDHP	OAKLAND PARK	FL	33309-0000
CH	F	09/15/2010	GENA	HDHP	OAKLAND PARK	FL	33309-0000
CH	F	05/29/2005	GENA	HDHP	OAKLAND PARK	FL	33309-0000
CH	M	02/04/2014	GENA	HDHP	OAKLAND PARK	FL	33309-0000
EE	M	04/17/1985	FIRA	HDHP	MIAMI	FL	33183-0000
CH	M	07/15/2009	GENA	HMO 1	NORTH LAUDERDALE	FL	33068-0000
EE	M	03/19/1980	FIRA	HMO 1	LAKE WORTH	FL	33467-0000
SP	F	12/16/1974	FIRA	HMO 1	LAKE WORTH	FL	33467-0000
CH	F	09/13/2005	FIRA	HMO 1	LAKE WORTH	FL	33467-0000
CH	F	03/17/2007	FIRA	HMO 1	LAKE WORTH	FL	33467-0000
CH	F	04/03/2009	FIRA	HMO 1	LAKE WORTH	FL	33467-0000

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EE	F	10/27/1963	PASA	HMO 1	LAUDERHILL	FL	33319-0000
EE	F	03/07/1963	PASA	HDHP	PLANTATION	FL	33322-0000
CH	F	11/30/2001	PASA	HDHP	JENSEN BEACH	FL	34957-0000
EE	M	01/20/1953	GENU65	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	F	11/05/1956	CONU65	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	M	02/06/1960	PASA	HDHP	LAUDERDALE LAKES	FL	33311-0000
CH	F	09/11/1996	PASA	HDHP	LAUDERDALE LAKES	FL	33311-0000
CH	F	06/09/1993	PASA	HDHP	LAUDERDALE LAKES	FL	33311-0000
EE	M	05/10/1959	GENA	HDHP	OPA LOCKA	FL	33054-0000
EE	F	02/24/1971	GENA	HDHP	CORAL SPRINGS	FL	33071-0000
EE	M	12/10/1969	FIRA	HDHP	POMPANO	FL	33062-0000
SP	F	09/25/1972	FIRA	HDHP	POMPANO	FL	33062-0000
EE	M	01/02/1984	FIRA	HMO 1	DEERFIELD BEACH	FL	33442-0000
EE	M	10/06/1984	GENA	HMO 1	NORTH LAUDERDALE	FL	33068-0000
EE	M	12/01/1964	GENA	HMO 1	PLANTATION	FL	33317-0000
SP	F	09/08/1968	GENA	HMO 1	PLANTATION	FL	33317-0000
CH	M	05/04/1991	GENA	HMO 1	PLANTATION	FL	33317-0000
CH	M	08/29/1998	GENA	HMO 1	PLANTATION	FL	33317-0000
CH	M	06/25/2001	GENA	HMO 1	PLANTATION	FL	33317-0000
CH	F	06/10/1998	GENA	HMO 1	PLANTATION	FL	33317-0000
CH	M	08/09/1998	GENA	HMO 1	PLANTATION	FL	33317-0000
EE	M	10/07/1983	GENA	HDHP	HOLLYWOOD	FL	33024-0000
CH	F	11/17/2006	GENA	HDHP	HOLLYWOOD	FL	33024-0000
CH	M	09/24/2003	GENA	HDHP	HOLLYWOOD	FL	33024-0000
EE	M	03/13/1959	GENA	HMO 1	POMPANO BEACH	FL	33060-0000
CH	F	05/30/1996	GENA	HMO 1	POMPANO BEACH	FL	33060-0000
EE	M	11/13/1959	FIRA	HMO 1	TAMARAC	FL	33321-0000
CH	M	08/08/1994	FIRA	HMO 1	CORAL SPRINGS	FL	33321-0000
EE	F	10/05/1952	MGTU65	HMO 2	FORT LAUDERDALE	FL	33308-0000
EE	F	12/28/1980	PASA	HDHP	HOLLYWOOD	FL	33023-0000
EE	F	09/13/1968	PASA	HDHP	PLANTATION	FL	33317-0000
SP	M	10/10/1962	PASA	HDHP	PLANTATION	FL	33317-0000
CH	M	06/03/1996	PASA	HDHP	PLANTATION	FL	33317-0000
CH	F	03/25/1999	PASA	HDHP	PLANTATION	FL	33317-0000
EE	M	03/01/1963	GENA	HMO 2	NORTH LAUDERDALE	FL	33068-0000
CH	F	12/20/1996	FIRA	HMO 1	BOYNTON BEACH	FL	33426-0000
EE	M	07/15/1952	MGTU65	HDHP retired	DEERFIELD BCH	FL	33441-0000
SP	F	07/13/1952	MGTU65	HDHP retired	DEERFIELD BCH	FL	33441-0000
EE	M	10/14/1965	PASA	HMO 2	FORT LAUDERDALE	FL	33304-0000
CH	F	12/16/1994	PASA	HMO 2	FORT LAUDERDALE	FL	33304-0000
CH	M	05/07/1993	PASA	HMO 2	FORT LAUDERDALE	FL	33304-0000
EE	M	01/10/1956	GENA	HMO 1	DEERFIELD BCH	FL	33442-0000
SP	F	07/13/1955	GENA	HMO 1	DEERFIELD BCH	FL	33442-0000

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EE	F	04/11/1974	MGTA	HDHP	DAVIE	FL	33331-0000
SP	M	06/26/1972	MGTA	HDHP	DAVIE	FL	33331-0000
CH	M	05/09/2008	MGTA	HDHP	DAVIE	FL	33331-0000
EE	M	03/31/1973	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
CH	F	01/03/2000	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
CH	M	10/22/2002	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	M	01/08/1959	FIRA	HDHP	WILTON MANORS	FL	33334-0000
SP	F	01/27/1960	FIRA	HDHP	WILTON MANORS	FL	33334-0000
CH	F	08/07/1996	FIRA	HDHP	WILTON MANORS	FL	33334-0000
CH	F	03/05/1997	FIRA	HDHP	WILTON MANORS	FL	33334-0000
EE	M	05/06/1983	GENA	HMO 1	PEMBROKE PINES	FL	33028-0000
EE	M	09/13/1956	GENA	HMO 1	MARGATE	FL	33063-0000
SP	F	05/19/1960	GENA	HMO 1	MARGATE	FL	33063-0000
CH	M	07/01/1994	GENA	HMO 1	MARGATE	FL	33063-0000
SP	M	03/08/1974	MGTA	HMO 1	MIAMI BEACH	FL	33139-0000
CH	M	12/29/2014	MGTA	HMO 1	MIAMI BEACH	FL	33139-0000
EE	M	02/28/1990	FIRA	HDHP	HOLLYWOOD	FL	33021-0000
EE	M	08/25/1986	GENA	HMO 1	TAMARAC	FL	33321-0000
SP	F	11/16/1986	GENA	HMO 1	TAMARAC	FL	33321-0000
CH	F	10/19/2011	GENA	HMO 1	TAMARAC	FL	33321-0000
CH	M	01/12/2016	GENA	HMO 1	TAMARAC	FL	33321-0000
SP	M	05/09/1980	GENA	HDHP	FORT LAUDERDALE	FL	33308-0000
EE	M	11/03/1962	MGTA	HDHP	FORT LAUDERDALE	FL	33308-0000
SP	F	07/28/1963	MGTA	HDHP	FORT LAUDERDALE	FL	33308-0000
CH	F	10/06/1995	MGTA	HDHP	FORT LAUDERDALE	FL	33308-0000
CH	M	07/06/1990	MGTA	HDHP	FORT LAUDERDALE	FL	33308-0000
CH	M	12/23/1992	MGTA	HDHP	FORT LAUDERDALE	FL	33308-0000
EE	M	11/07/1952	GENA	HMO 1	DAVIE	FL	33325-0000
SP	F	09/18/1950	GENA	HMO 1	DAVIE	FL	33325-0000
SP	F	12/19/1950	GENA	HMO 1	MIRAMAR	FL	33023-0000
EE	F	05/05/1948	GENA	HMO 1	TAMARAC	FL	33309-0000
EE	M	10/12/1963	GENA	HMO 1	FORT LAUDERDALE	FL	33309-0000
SP	F	02/14/1959	GENA	HMO 1	FORT LAUDERDALE	FL	33309-0000
CH	M	11/08/1995	GENA	HMO 1	FORT LAUDERDALE	FL	33309-0000
CH	M	11/08/1995	GENA	HMO 1	FORT LAUDERDALE	FL	33309-0000
EE	M	01/20/1955	MGTA	HMO 1	DAVIE	FL	33324-0000
EE	F	07/14/1959	FIRA	HMO 1	FORT LAUDERDALE	FL	33304-0000
CH	M	10/18/1991	FIRA	HMO 1	FORT LAUDERDALE	FL	33304-0000
EE	F	02/28/1973	PASA	HDHP	DAVIE	FL	33314-0000
SP	M	03/23/1949	PASA	HDHP	DAVIE	FL	33314-0000
CH	M	05/06/2000	PASA	HDHP	DAVIE	FL	33314-0000
CH	F	04/22/2002	PASA	HDHP	DAVIE	FL	33314-0000
EE	F	10/24/1957	GENA	HDHP	SUNRISE	FL	33322-0000

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EE	M	02/14/1954	FIRU65	HMO 1	PLANTATION	FL	33317-0000
EE	M	01/12/1983	FIRA	HDHP	FORT LAUDERDALE	FL	33316-0000
EE	M	09/14/1985	FIRA	HDHP	DELRAY BEACH	FL	33444-0000
EE	F	10/06/1964	MGTA	HDHP	FORT LAUDERDALE	FL	33312-0000
EE	M	09/03/1960	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
CH	F	10/10/1994	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
EE	F	10/10/1953	GENA	HMO 1	NORTH LAUDERDALE	FL	33068-0000
EE	M	08/24/1963	FIRA	HDHP	PEMBROKE PINES	FL	33024-0000
SP	F	10/04/1961	FIRA	HDHP	PEMBROKE PINES	FL	33024-0000
CH	F	12/22/1998	FIRA	HDHP	PEMBROKE PINES	FL	33024-0000
CH	M	01/07/1994	FIRA	HDHP	PEMBROKE PINES	FL	33024-0000
CH	F	08/25/1990	FIRA	HDHP	PEMBROKE PINES	FL	33024-0000
EE	F	04/30/1965	PASA	HMO 1	MIAMI BEACH	FL	33141-0000
EE	F	08/11/1956	CONU65	HMO 1	DANIA BEACH	FL	33004-0000
EE	M	06/25/1961	FIRA	HDHP	CORAL SPRINGS	FL	33071-0000
SP	F	03/10/1973	FIRA	HDHP	CORAL SPRINGS	FL	33071-0000
CH	M	03/28/2005	FIRA	HDHP	CORAL SPRINGS	FL	33071-0000
CH	M	10/06/2010	FIRA	HDHP	CORAL SPRINGS	FL	33071-0000
CH	M	07/18/1992	GENA	HMO 1	TAMARAC	FL	33319-0000
EE	M	12/03/1955	GENA	HMO 1	OAKLAND PARK	FL	33311-0000
EE	M	10/28/1961	FIRA	HMO 1	PLANTATION	FL	33317-0000
SP	F	10/20/1962	FIRA	HMO 1	PLANTATION	FL	33317-0000
EE	F	05/13/1968	PASA	HMO 1	FORT LAUDERDALE	FL	33312-0000
SP	M	01/12/1965	PASA	HMO 1	FORT LAUDERDALE	FL	33312-0000
CH	F	10/06/1997	PASA	HMO 1	FORT LAUDERDALE	FL	33312-0000
CH	M	02/16/1991	PASA	HMO 1	FORT LAUDERDALE	FL	33312-0000
CH	F	03/20/1995	PASA	HMO 1	FORT LAUDERDALE	FL	33312-0000
EE	M	06/06/1988	GENA	HDHP	FORT LAUDERDALE	FL	33316-0000
EE	M	10/21/1973	MGTA	HMO 1	MIAMI SHORES	FL	33161-0000
SP	F	01/16/1976	MGTA	HMO 1	MIAMI SHORES	FL	33161-0000
CH	F	06/28/2005	MGTA	HMO 1	MIAMI SHORES	FL	33161-0000
CH	M	11/24/2010	MGTA	HMO 1	MIAMI SHORES	FL	33161-0000
EE	M	10/12/1973	GENA	HDHP	PLANTATION	FL	33317-0000
CH	F	05/18/1994	GENA	HDHP	COOPER CITY	FL	33328-0000
EE	M	03/15/1968	PASA	HMO 2	COOPER CITY	FL	33328-0000
EE	F	08/30/1969	GENA	HMO 1	POMPANO BEACH	FL	33064-0000
SP	M	10/15/1963	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
CH	F	05/18/2005	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
CH	F	05/07/2008	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
EE	F	06/18/1957	PASU65	HMO 2	FORT LAUDERDALE	FL	33308-0000
EE	M	04/07/1961	GENA	HMO 1	FORT LAUDERDALE	FL	33334-0000
SP	F	08/18/2015	GENA	HMO 1	FORT LAUDERDALE	FL	33334-0000
EE	M	04/20/1982	FIRA	HDHP	DAVIE	FL	33330-0000

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SP	F	08/14/1980	FIRA	HDHP	DAVIE	FL	33330-0000
CH	M	06/18/2012	FIRA	HDHP	DAVIE	FL	33330-0000
EE	M	06/30/1983	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
EE	M	07/09/1966	GENA	HDHP	DEERFIELD BEACH	FL	33441-0000
SP	F	12/30/1956	GENA	HDHP	DEERFIELD BEACH	FL	33441-0000
EE	M	04/11/1959	PASA	HMO 2	SUNNY ISLES BCH	FL	33160-0000
CH	F	03/26/1990	PASA	HMO 2	SUNNY ISLES BCH	FL	33160-0000
CH	M	01/17/1997	PASA	HMO 2	SUNNY ISLES BCH	FL	33160-0000
EE	F	10/28/1963	GENA	HMO 1	FORT LAUDERDALE	FL	33306-0000
EE	M	12/01/1974	MGTA	HMO 1	FORT LAUDERDALE	FL	33304-0000
SP	F	03/15/1968	MGTA	HMO 1	FORT LAUDERDALE	FL	33304-0000
CH	M	08/19/2004	MGTA	HMO 1	FORT LAUDERDALE	FL	33304-0000
EE	F	11/05/1963	GENA	HMO 1	FORT LAUDERDALE	FL	33312-0000
EE	M	08/27/1988	FIRA	HMO 1	PLANTATION	FL	33325-0000
EE	F	07/11/1981	GENA	HMO 1	POMPANO BEACH	FL	33069-0000
EE	M	10/09/1968	GENA	HDHP	HIALEAH	FL	33010-0000
EE	F	07/30/1963	CONA	HDHP	FORT LAUDERDALE	FL	33309-0000
EE	M	12/05/1985	GENA	HDHP	TAMARAC	FL	33321-0000
SP	F	02/07/1990	GENA	HDHP	TAMARAC	FL	33321-0000
EE	M	03/12/1970	GENA	HDHP	LAUDERHILL	FL	33313-0000
EE	M	02/18/1966	FIRA	HDHP	FORT LAUDERDALE	FL	33312-0000
EE	M	11/08/1956	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	M	09/30/1965	GENA	HMO 1	POMPANO BEACH	FL	33060-0000
EE	F	10/19/1957	GENA	HDHP	POMPANO BEACH	FL	33062-0000
SP	F	07/12/1973	GENA	HMO 1	TAMARAC	FL	33321-0000
SP	F	11/03/1970	PASA	HDHP	GREENACRES	FL	33463-0000
EE	M	06/28/1968	GENA	HMO 2	WESTON	FL	33327-0000
EE	F	11/30/1976	CONA	HDHP	PLANTATION	FL	33324-0000
EE	M	04/15/1971	FIRU65	HMO 1	LAKE WORTH	FL	33467-0000
SP	F	10/07/1967	FIRU65	HMO 1	LAKE WORTH	FL	33467-0000
CH	F	04/08/1996	FIRU65	HMO 1	LAKE WORTH	FL	33467-0000
EE	M	08/07/1967	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
EE	M	05/01/1975	GENA	HMO 2	MIRAMAR	FL	33023-0000
SP	F	03/12/1977	GENA	HMO 2	MIRAMAR	FL	33023-0000
EE	M	10/23/1971	FIRA	HDHP	JUPITER	FL	33478-0000
SP	F	04/16/1970	FIRA	HDHP	JUPITER	FL	33478-0000
CH	M	02/14/1991	FIRA	HDHP	JUPITER	FL	33478-0000
CH	F	10/13/1996	FIRA	HDHP	JUPITER	FL	33478-0000
EE	M	09/13/1963	GENA	HMO 2	LAUDERDALE LAKES	FL	33311-0000
CH	F	04/24/1997	GENA	HMO 2	LAUDERDALE LAKES	FL	33311-0000
EE	M	01/03/1965	PASA	HMO 1	PEMBROKE PINES	FL	33023-0000
SP	F	07/09/1973	GENA	HMO 1	LAUDERDALE LAKES	FL	33301-0000
CH	M	10/25/1989	GENA	HDHP	NORTH LAUDERDALE	FL	33068-0000

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EE	F	06/20/1969	GENA	HDHP	MARGATE	FL	33063-0000
EE	F	10/06/1951	GENU65	HMO 2	LAUDERDALE LAKES	FL	33319-0000
EE	M	06/21/1972	GENA	HMO 1	PLANTATION	FL	33324-0000
CH	M	08/31/1990	MGTA	HDHP	FORT LAUDERDALE	FL	33312-0000
EE	F	01/09/1961	MGTA	HDHP	PLANTATION	FL	33324-0000
EE	M	04/29/1966	GENA	HDHP	MARGATE	FL	33063-0000
SP	F	03/13/1969	GENA	HDHP	MARGATE	FL	33063-0000
CH	M	06/10/2003	GENA	HDHP	MARGATE	FL	33063-0000
EE	F	01/17/1967	GENA	HMO 1	PEMBROKE PINES	FL	33025-0000
EE	M	06/13/1950	GENA	HMO 1	MARGATE	FL	33063-0000
EE	M	05/20/1977	PASA	HMO 2	MIRAMAR	FL	33025-0000
EE	M	01/18/1956	FIRU65	HMO 1	WELLINGTON	FL	33414-0000
EE	M	01/05/1959	GENA	HMO 1	NORTH LAUDERDALE	FL	33068-0000
SP	F	01/03/1967	GENA	HMO 1	NORTH LAUDERDALE	FL	33068-0000
CH	M	04/25/2002	GENA	HMO 1	NORTH LAUDERDALE	FL	33068-0000
CH	M	04/08/2000	GENA	HMO 1	NORTH LAUDERDALE	FL	33068-0000
CH	F	07/23/1994	GENA	HMO 1	NORTH LAUDERDALE	FL	33068-0000
CH	M	09/18/1991	GENA	HMO 1	NORTH LAUDERDALE	FL	33068-0000
EE	M	05/04/1971	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
CH	F	05/11/1998	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	F	06/07/1961	MGTA	HMO 1	PARKLAND	FL	33067-0000
SP	M	05/10/1959	MGTA	HMO 1	PARKLAND	FL	33067-0000
CH	F	10/18/1994	MGTA	HMO 1	PARKLAND	FL	33067-0000
CH	M	10/18/1994	MGTA	HMO 1	PARKLAND	FL	33067-0000
EE	F	03/13/1962	MGTA	HMO 2	PEMBROKE PINES	FL	33029-0000
EE	M	06/07/1980	FIRA	HDHP	MARGATE	FL	33063-0000
EE	F	12/09/1958	GENA	HDHP	COCONUT CREEK	FL	33073-0000
EE	M	12/17/1957	PASA	HMO 1	TAMARAC	FL	33321-0000
EE	F	03/01/1977	FIRA	HMO 1	COOPER CITY	FL	33338-0000
CH	F	08/14/2007	FIRA	HMO 1	COOPER CITY	FL	33338-0000
EE	M	01/07/1965	GENA	HMO 1	OAKLAND PARK	FL	33309-0000
EE	M	04/22/1960	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	M	08/03/1954	GENA	HDHP	POMPANO BEACH	FL	33060-0000
EE	M	09/04/1986	FIRA	HDHP	DAVIE	FL	33324-0000
SP	M	04/22/1988	FIRA	HDHP	DAVIE	FL	33324-0000
EE	F	11/23/1959	PASA	HDHP	NORTH LAUDERDALE	FL	33068-0000
EE	M	03/20/1987	FIRA	HMO 1	PEMBROKE PINES	FL	33026-0000
EE	F	03/04/1958	MGTA	HMO 1	CORAL SPRINGS	FL	33067-0000
EE	M	04/09/1958	GENA	HDHP	FORT LAUDERDALE	FL	33316-0000
SP	M	06/19/1958	PASA	HDHP	POMPANO BEACH	FL	33069-0000
EE	M	02/12/1992	GENA	HDHP	OAKLAND PARK	FL	33311-0000
EE	M	08/17/1989	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	F	10/16/1996	GENA	HDHP	POMPANO BEACH	FL	33064-0000

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CH	M	11/27/1999	GENA	HDHP	POMPANO BEACH	FL	33064-0000
EE	M	02/03/1989	PASA	HDHP	CORAL SPRINGS	FL	33071-0000
CH	F	02/15/1994	GENA	HMO 1	COCONUT CREEK	FL	33063-0000
CH	F	01/29/1996	GENA	HMO 1	LEBANON	IN	46052-0000
CH	F	11/13/1997	GENA	HMO 1	LEBANON	IN	46052-0000
EE	M	02/04/1956	PASA	HMO 1	FORT LAUDERDALE	FL	33305-0000
EE	M	02/01/1970	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	M	07/21/2005	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	M	03/22/2002	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
SP	F	09/01/1971	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	F	03/15/1983	GENA	HMO 1	LAUDERHILL	FL	33313-0000
EE	F	04/23/1991	GENA	HMO 2	LAUDERHILL	FL	33313-0000
EE	M	04/12/1987	PASA	HDHP	MIAMI	FL	33186-0000
EE	F	11/15/1951	GENA	HMO 1	DAVIE	FL	33314-0000
SP	M	11/18/1949	GENA	HMO 1	DAVIE	FL	33314-0000
EE	F	12/04/1972	MGTA	HMO 1	LAUDERHILL	FL	33319-0000
EE	M	03/31/1955	FIRA	HMO 1	LOXAHATCHEE	FL	33470-0000
SP	F	03/03/1955	FIRA	HMO 1	LOXAHATCHEE	FL	33470-0000
EE	M	08/26/1978	FIRA	HMO 1	LOXAHATCHEE	FL	33470-0000
SP	F	07/26/1978	FIRA	HMO 1	LOXAHATCHEE	FL	33470-0000
EE	M	04/06/1974	MGTA	HDHP	DEERFIELD BEACH	FL	33441-0000
SP	F	06/28/1979	MGTA	HDHP	DEERFIELD BEACH	FL	33441-0000
CH	F	06/14/2005	MGTA	HDHP	DEERFIELD BEACH	FL	33441-0000
CH	M	01/09/2007	MGTA	HDHP	DEERFIELD BEACH	FL	33441-0000
CH	F	06/24/2009	MGTA	HDHP	DEERFIELD BEACH	FL	33441-0000
CH	F	07/16/2011	MGTA	HDHP	DEERFIELD BEACH	FL	33441-0000
CH	M	09/25/2015	MGTA	HDHP	DEERFIELD BEACH	FL	33441-0000
SP	F	06/14/1967	GENA	HMO 1	DAVIE	FL	33314-0000
CH	M	11/18/1993	GENA	HMO 1	DAVIE	FL	33314-0000
CH	M	01/15/1996	GENA	HMO 1	DAVIE	FL	33314-0000
EE	M	01/20/1965	GENA	HMO 1	DAVIE	FL	33314-0000
EE	M	09/12/1991	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
SP	F	12/25/1960	GENA	HDHP	FORT LAUDERDALE	FL	33316-0000
EE	M	01/22/1986	GENA	HMO 2	MIAMI	FL	33193-0000
EE	F	10/07/1963	MGTA	HDHP	OAKLAND PARK	FL	33309-0000
EE	M	06/24/1945	GEN65O	HMO 1	FT LAUDERDALE	FL	33311-0000
SP	F	03/25/1954	GEN65O	HMO 1	FT LAUDERDALE	FL	33311-0000
EE	M	08/24/1958	MGTA	HMO 1	FORT LAUDERDALE	FL	33304-0000
EE	F	02/18/1970	GENA	HMO 2	POMPANO BEACH	FL	33060-0000
EE	F	08/02/1974	GENA	HDHP	SUNRISE	FL	33313-0000
SP	M	10/04/1973	GENA	HDHP	SUNRISE	FL	33313-0000
CH	M	02/07/2004	GENA	HDHP	SUNRISE	FL	33313-0000
CH	F	06/12/2002	GENA	HDHP	SUNRISE	FL	33313-0000

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CH	F	02/15/1993	GENA	HDHP	PEMBROKE PINES	FL	33025-0000
EE	M	08/06/1963	GENA	HDHP	OAKLAND PARK	FL	33309-0000
EE	M	05/20/1968	MGTA	HMO 1	POMPANO BCH	FL	33062-0000
SP	F	09/09/1976	MGTA	HMO 1	POMPANO BCH	FL	33062-0000
CH	M	11/26/1993	MGTA	HMO 1	POMPANO BCH	FL	33062-0000
CH	M	11/17/1994	MGTA	HMO 1	POMPANO BCH	FL	33062-0000
SP	F	04/08/1963	FIRA	HMO 1	STUART	FL	34997-0000
CH	M	12/25/2001	PASA	HMO 2	CORAL SPRINGS	FL	33065-0000
EE	M	12/19/1959	PASA	HDHP	JUPITER	FL	33478-0000
SP	F	10/20/1961	PASA	HDHP	JUPITER	FL	33478-0000
EE	F	03/19/1948	GENA	HMO 1	DELRAY BEACH	FL	33482-0000
EE	M	10/16/1960	GENA	HMO 1	FORT LAUDERDALE	FL	33316-0000
EE	M	11/01/1977	GENA	HDHP	LAUDERHILL	FL	33313-0000
EE	M	10/21/1984	FIRA	HDHP	GREENACRES	FL	33413-0000
EE	M	02/17/1989	FIRA	HMO 1	HIALEAH	FL	33015-0000
EE	F	08/30/1988	GENA	HDHP	PLANTATION	FL	33317-0000
EE	M	07/03/1954	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	M	09/24/1971	GENA	HMO 1	OAKLAND PARK	FL	33309-0000
EE	M	04/12/1964	MGTA	HMO 1	FORT LAUDERDALE	FL	33312-0000
EE	F	09/23/1963	MGTU65	HMO 1	WRIGHTSTOWN	WI	54180-0000
CH	M	04/06/1995	MGTU65	HMO 1	WRIGHTSTOWN	WI	54180-0000
CH	F	10/26/1998	MGTU65	HMO 1	WRIGHTSTOWN	WI	54180-0000
CH	M	03/25/2002	MGTU65	HMO 1	WRIGHTSTOWN	WI	54180-0000
EE	M	07/31/1963	FIRA	HMO 1	PALM BCH GARDENS	FL	33412-0000
SP	F	12/21/1965	FIRA	HMO 1	PALM BCH GARDENS	FL	33412-0000
CH	F	10/13/1991	FIRA	HMO 1	PALM BCH GARDENS	FL	33412-0000
CH	M	04/23/1995	FIRA	HMO 1	PALM BCH GARDENS	FL	33412-0000
EE	F	09/17/1970	GENA	HMO 1	COCONUT CREEK	FL	33073-0000
CH	F	11/10/2008	GENA	HMO 1	COCONUT CREEK	FL	33073-0000
EE	M	12/27/1961	GENA	HMO 1	OAKLAND PARK	FL	33309-0000
EE	M	03/22/1973	GENA	HMO 1	PLANTATION	FL	33322-0000
EE	M	09/26/1952	MGTA	HMO 1	FORT PIERCE	FL	34949-0000
SP	F	10/23/1956	MGTA	HMO 1	FORT PIERCE	FL	34949-0000
EE	M	05/08/1961	GENA	HMO 2	MARGATE	FL	33068-0000
SP	F	11/27/1963	GENA	HMO 2	MARGATE	FL	33068-0000
CH	F	01/15/1991	FIRA	HDHP	BOCA RATON	FL	33428-0000
EE	F	07/24/1952	GENA	HMO 1	COOPER CITY	FL	33026-0000
EE	M	03/24/1989	FIRA	HMO 2	FORT LAUDERDALE	FL	33308-0000
EE	M	09/19/1970	FIRA	HDHP	JUPITER	FL	33478-0000
EE	M	02/03/1976	PASA	HMO 1	AVENTURA	FL	33180-0000
EE	F	03/23/1941	GENA	HMO 2	NORTH MIAMI BEACH	FL	33160-0000
EE	F	04/10/1960	MGTA	HMO 1	COCONUT CREEK	FL	33063-0000
EE	M	07/31/1981	PASA	HMO 1	NAPLES	FL	34120-0000

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EE	M	09/09/1967	MGTA	HDHP	SUNRISE	FL	33351-0000
CH	M	11/20/2003	MGTA	HDHP	SUNRISE	FL	33351-0000
CH	M	09/27/1998	MGTA	HDHP	SUNRISE	FL	33351-0000
CH	F	02/12/1994	MGTA	HDHP	SUNRISE	FL	33351-0000
CH	M	04/03/2001	MGTA	HDHP	SUNRISE	FL	33351-0000
EE	M	01/07/1975	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
EE	M	06/08/1965	GENA	HMO 1	FORT LAUDERDALE	FL	33312-0000
SP	F	01/02/1965	GENA	HMO 1	FORT LAUDERDALE	FL	33312-0000
CH	F	08/04/1996	GENA	HMO 1	FORT LAUDERDALE	FL	33312-0000
CH	M	10/16/1998	GENA	HMO 1	FORT LAUDERDALE	FL	33312-0000
EE	M	01/19/1944	GENA	HMO 2	HALLANDALE	FL	33008-0000
EE	F	04/09/1963	PASA	HMO 1	KEY WEST	FL	33040-0000
EE	M	02/08/1960	GENU65	HMO 1	GAINSVILLE	FL	32609-0000
EE	M	11/30/1969	FIRA	HDHP	MIAMI	FL	33196-0000
SP	F	06/14/1975	FIRA	HDHP	MIAMI	FL	33196-0000
CH	F	12/29/1999	FIRA	HDHP	MIAMI	FL	33196-0000
CH	F	11/14/2003	FIRA	HDHP	MIAMI	FL	33196-0000
CH	F	11/12/2008	FIRA	HDHP	MIAMI	FL	33196-0000
EE	M	11/01/1954	GENA	HDHP	FORT LAUDERDALE	FL	33315-0000
EE	M	02/10/1982	PASA	HDHP	FORT LAUDERDALE	FL	33304-0000
EE	F	01/03/1968	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	M	04/14/1969	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	F	06/23/1955	GENU65	HMO 1	N LAUDERDALE	FL	33068-0000
EE	M	12/22/1986	GENA	HDHP	FORT LAUDERDALE	FL	33306-0000
EE	M	11/15/1958	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
SP	F	05/18/1954	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
EE	M	12/18/1965	GENA	HDHP	PLANTATION	FL	33317-0000
SP	F	08/09/1964	GENA	HDHP	PLANTATION	FL	33317-0000
CH	M	05/29/1997	GENA	HDHP	PLANTATION	FL	33317-0000
CH	F	06/05/1999	GENA	HDHP	PLANTATION	FL	33317-0000
EE	M	08/27/1970	FIRA	HMO 1	JENSEN BEACH	FL	34957-0000
CH	M	01/23/2003	FIRA	HMO 1	JENSEN BEACH	FL	34957-0000
CH	F	08/01/2005	FIRA	HMO 1	JENSEN BEACH	FL	34957-0000
EE	M	08/08/1958	FIRU65	HMO 1	FORT LAUDERDALE	FL	33306-0000
CH	F	02/03/1993	FIRU65	HMO 1	FORT LAUDERDALE	FL	33306-0000
EE	M	11/28/1967	GENA	HDHP	SUNRISE	FL	33323-0000
CH	M	01/30/1993	GENA	HDHP	SUNRISE	FL	33323-0000
CH	M	04/05/1996	GENA	HDHP	SUNRISE	FL	33323-0000
SP	F	03/16/1962	GENA	HMO 1	HOLLYWOOD	FL	33019-0000
EE	F	07/05/1954	CONA	HDHP	LAUDERHILL	FL	33313-0000
SP	M	07/19/1969	PASA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	F	08/11/1976	GENA	HDHP	MARGATE	FL	33063-0000
CH	F	08/19/1997	FIRA	HDHP	COOPER CITY	FL	33026-0000

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EE	F	04/19/1976	MGTA	HMO 1	MIRAMAR	FL	33027-0000
CH	F	05/09/2002	MGTA	HMO 1	MIRAMAR	FL	33027-0000
CH	F	12/01/2005	MGTA	HMO 1	MIRAMAR	FL	33027-0000
CH	M	09/03/2002	MGTA	HMO 1	MIAMI	FL	33183-0000
CH	F	10/06/2005	MGTA	HMO 1	MIAMI	FL	33183-0000
EE	F	06/27/1985	GENA	HDHP	N MIAMI	FL	33168-0000
EE	M	04/22/1972	FIRA	HMO 1	DAVIE	FL	33328-0000
CH	M	06/23/1997	FIRA	HMO 1	DAVIE	FL	33328-0000
SP	F	04/10/1964	GENA	HMO 1	FORT LAUDERDALE	FL	33334-0000
EE	F	06/10/1965	GENA	HDHP	SOUTHWEST RANCHES	FL	33330-0000
EE	M	01/30/1986	FIRA	HDHP	DAVIE	FL	33328-0000
EE	M	11/15/1968	GENA	HMO 2	FORT LAUDERDALE	FL	33308-0000
EE	F	06/26/1954	GENA	HDHP	SUNRISE	FL	33351-0000
EE	M	08/06/1956	PASA	HMO 1	POMPANO BEACH	FL	33064-0000
SP	F	06/18/1959	PASA	HMO 1	POMPANO BEACH	FL	33064-0000
EE	M	01/12/1971	FIRA	HDHP	OAKLAND PARK	FL	33309-0000
SP	F	06/18/1969	FIRA	HDHP	OAKLAND PARK	FL	33309-0000
CH	M	04/12/1993	FIRA	HDHP	OAKLAND PARK	FL	33309-0000
CH	M	03/08/2004	FIRA	HDHP	OAKLAND PARK	FL	33309-0000
CH	F	08/05/2008	FIRA	HDHP	OAKLAND PARK	FL	33309-0000
EE	F	09/29/1954	MGTA	HMO 1	FORT LAUDERDALE	FL	33315-0000
EE	F	11/04/1956	GENC	HMO 2	CHARLOTTE	NC	28214-0000
EE	M	08/16/1986	FIRA	HMO 1	MIRAMAR	FL	33025-0000
CH	M	10/28/2013	FIRA	HMO 1	MIRAMAR	FL	33025-0000
EE	M	02/10/1972	FIRA	HMO 1	BOCA RATON	FL	33428-0000
SP	F	07/05/1972	FIRA	HMO 1	BOCA RATON	FL	33428-0000
CH	M	12/12/2007	FIRA	HMO 1	BOCA RATON	FL	33428-0000
EE	M	02/20/1967	PASA	HMO 1	HOLLYWOOD	FL	33020-0000
CH	M	03/22/2005	PASA	HMO 1	HOLLYWOOD	FL	33020-0000
EE	M	11/18/1972	FIRA	HDHP	MIRAMAR	FL	33029-0000
SP	F	03/03/1975	FIRA	HDHP	MIRAMAR	FL	33029-0000
CH	F	08/07/1999	FIRA	HDHP	MIRAMAR	FL	33029-0000
CH	F	07/30/2009	FIRA	HDHP	MIRAMAR	FL	33029-0000
CH	M	03/11/2011	FIRA	HDHP	MIRAMAR	FL	33029-0000
EE	M	03/08/1961	GENA	HMO 1	DAVIE	FL	33314-0000
EE	M	09/13/1983	GENA	HDHP	POMPANO BEACH	FL	33062-0000
EE	F	08/23/1954	GENA	HDHP	FORT LAUDERDALE	FL	33309-0000
EE	F	02/01/1960	PASA	HMO 1	DEERFIELD	FL	33442-0000
EE	F	09/29/1967	CONA	HMO 1	SUNRISE	FL	33313-0000
EE	M	10/12/1971	PASA	HDHP	FORT LAUDERDALE	FL	33308-0000
EE	M	06/09/1969	GENA	HMO 2	FORT LAUDERDALE	FL	33304-0000
CH	F	09/15/1997	GENA	HMO 2	FORT LAUDERDALE	FL	33304-0000
CH	M	10/21/2002	GENA	HMO 2	FORT LAUDERDALE	FL	33304-0000

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EE	M	03/26/1967	PASA	HMO 1	FORT LAUDERDALE	FL	33312-0000
CH	M	08/18/2004	PASA	HMO 1	FORT LAUDERDALE	FL	33312-0000
EE	F	05/28/1975	GENA	HDHP	FORT LAUDERDALE	FL	33310-0000
EE	F	07/22/1984	PASA	HDHP	TAMARAC	FL	33321-0000
EE	M	02/26/1963	PASA	HDHP	HOLLYWOOD	FL	33019-0000
CH	M	03/03/2006	GENA	HDHP	OAKLAND PARK	FL	33309-0000
EE	F	10/17/1968	PASA	HMO 1	SUNRISE	FL	33322-0000
SP	M	04/24/1958	PASA	HMO 1	SUNRISE	FL	33322-0000
EE	M	03/04/1977	GENA	HMO 2	FT LAUDERDALE	FL	33311-0000
CH	F	10/09/1997	GENA	HDHP	LAUDERHILL	FL	33351-0000
EE	M	11/01/1971	GENA	HMO 1	HOLLYWOOD	FL	33023-0000
EE	M	09/20/1990	MGTA	HDHP	FORT LAUDERDALE	FL	33304-0000
EE	M	01/02/1958	MGTA	HDHP	DAVIE	FL	33324-0000
EE	M	08/22/1967	FIRA	HMO 1	JUPITER	FL	33468-0000
EE	F	07/07/1970	CONA	HMO 2	DEERFIELD BEACH	FL	33441-0000
EE	F	12/04/1973	PASA	HDHP	POMPANO BEACH	FL	33064-0000
EE	M	11/08/1954	GENA	HMO 1	TAMARAC	FL	33319-0000
SP	F	06/06/1957	GENA	HMO 1	TAMARAC	FL	33319-0000
EE	F	07/13/1956	MGTA	HDHP	CORAL SPRINGS	FL	33065-0000
SP	M	10/10/1950	MGTA	HDHP	CORAL SPRINGS	FL	33065-0000
CH	M	07/20/2011	GENA	HMO 1	COOPER CITY	FL	33328-0000
EE	M	01/08/1962	MGTA	HMO 1	FORT LAUDERDALE	FL	33311-0000
SP	F	11/25/1988	GENA	HDHP	FORT LAUDERDALE	FL	33315-0000
EE	M	10/09/1971	MGTA	HMO 1	TAMARAC	FL	33321-0000
EE	F	06/09/1969	PASA	HDHP	OAKLAND PARK	FL	33309-0000
CH	F	03/15/2006	FIRA	HMO 1	SUNRISE	FL	33351-0000
CH	F	08/28/2007	FIRA	HMO 1	SUNRISE	FL	33351-0000
EE	M	01/04/1962	GENA	HDHP	PLANTATION	FL	33317-0000
SP	F	10/18/1972	GENA	HDHP	PLANTATION	FL	33317-0000
CH	M	03/18/2008	GENA	HDHP	PLANTATION	FL	33317-0000
EE	M	03/12/1968	FIRA	HDHP	OAKLAND PARK	FL	33334-0000
SP	F	02/16/1968	FIRA	HDHP	OAKLAND PARK	FL	33334-0000
CH	F	05/19/1998	FIRA	HDHP	OAKLAND PARK	FL	33334-0000
CH	M	07/09/2008	FIRA	HDHP	OAKLAND PARK	FL	33334-0000
EE	M	03/16/1966	FIRA	HDHP	LAKE WORTH	FL	33467-0000
EE	M	07/05/1956	GENA	HDHP	COCONUT CREEK	FL	33066-0000
SP	F	05/01/1956	GENA	HDHP	COCONUT CREEK	FL	33066-0000
CH	F	08/28/1998	GENA	HDHP	COCONUT CREEK	FL	33066-0000
CH	M	02/05/2001	GENA	HDHP	COCONUT CREEK	FL	33066-0000
EE	M	01/19/1960	PASA	HMO 1	FORT LAUDERDALE	FL	33308-0000
EE	F	06/18/1984	GENA	HMO 2	PEMBROKE PINES	FL	33026-0000
SP	M	06/28/1982	GENA	HMO 2	PEMBROKE PINES	FL	33026-0000
EE	F	12/29/1970	GENA	HMO 2	FORT LAUDERDALE	FL	33316-0000

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EE	M	08/07/1986	FIRA	HDHP	BOYNTON BEACH	FL	33437-0000
EE	M	12/12/1982	FIRA	HMO 2	MIAMI	FL	33173-0000
EE	M	08/20/1959	GENA	HMO 1	POMPANO BEACH	FL	33064-0000
EE	F	04/11/1975	PASA	HMO 1	FORT LAUDERDALE	FL	33312-0000
EE	M	09/14/1966	FIRA	HDHP	ALTAMONTE SPRINGS	FL	32714-0000
SP	F	01/22/1967	FIRA	HDHP	ALTAMONTE SPRINGS	FL	32714-0000
CH	M	06/05/1994	FIRA	HDHP	ALTAMONTE SPRINGS	FL	32714-0000
EE	M	05/26/1955	GENA	HMO 2	LAUDERHILL	FL	33313-0000
EE	F	05/07/1972	GENA	HDHP	TAMARAC	FL	33319-0000
CH	M	08/19/2003	GENA	HDHP	TAMARAC	FL	33319-0000
CH	M	04/05/2002	GENA	HDHP	TAMARAC	FL	33319-0000
EE	M	10/04/1967	PASA	HDHP	DAVIE	FL	33314-0000
SP	F	04/29/1969	PASA	HDHP	DAVIE	FL	33314-0000
CH	F	09/08/2006	PASA	HDHP	DAVIE	FL	33314-0000
CH	M	04/23/2000	PASA	HMO 1	MIAMI BEACH	FL	33141-0000
CH	M	06/27/2002	PASA	HMO 1	MIAMI BEACH	FL	33141-0000
CH	M	01/04/2006	PASA	HMO 1	MIAMI BEACH	FL	33141-0000
EE	F	05/04/1960	FIRU65	HDHP retired	DANIA	FL	33004-0000
CH	M	12/01/1995	MGTA	HMO 1	WELLINGTON	FL	33414-0000
EE	M	12/21/1956	GENU65	HMO 2	DAVIE	FL	33328-0000
EE	F	06/10/1963	GENA	HDHP	MIAMI	FL	33169-0000
EE	M	05/21/1989	PASA	HDHP	BOCA RATON	FL	33428-0000
SP	F	07/05/1988	PASA	HDHP	BOCA RATON	FL	33428-0000
CH	F	01/13/2012	PASA	HDHP	BOCA RATON	FL	33428-0000
CH	F	12/10/2014	PASA	HDHP	BOCA RATON	FL	33428-0000
EE	M	06/23/1982	FIRA	HMO 1	DAVIE	FL	33314-0000
SP	F	10/23/1986	GENA	HDHP	OAKLAND PARK	FL	33334-0000
EE	M	05/10/1969	GENA	HDHP	POMPANO BEACH	FL	33060-0000
EE	M	01/30/1955	GENA	HMO 1	HOLLYWOOD	FL	33024-0000
EE	M	11/19/1963	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
CH	F	05/30/1996	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	M	04/12/1989	GENA	HDHP	FORT LAUDERDALE	FL	33314-0000
EE	M	01/31/1966	GENA	HMO 1	FORT LAUDERDALE	FL	33312-0000
EE	M	10/26/1983	FIRA	HDHP	DEERFIELD BCH	FL	33441-0000
CH	F	03/21/1993	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
EE	M	08/18/1969	FIRA	HDHP	LIGHTHOUSE POINT	FL	33064-0000
CH	F	09/01/2004	FIRA	HDHP	LIGHTHOUSE POINT	FL	33064-0000
SP	F	05/31/1969	GENA	HMO 1	OAKLAND PARK	FL	33334-0000
EE	M	07/11/1954	FIRU65	HDHPR	HOBE SOUND	FL	33455-0000
EE	M	09/04/1969	GENA	HMO 2	POMPANO	FL	33060-0000
CH	F	01/20/2005	GENA	HMO 2	POMPANO	FL	33060-0000
CH	F	06/07/1997	GENA	HMO 2	POMPANO	FL	33060-0000
CH	M	05/04/1993	GENA	HMO 2	POMPANO	FL	33060-0000

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EE	M	03/21/1990	GENA	HMO 1	FORT LAUDERDALE	FL	33312-0000
EE	F	03/18/1974	GENA	HDHP	DAVIE	FL	33324-0000
EE	M	05/07/1950	GEN650	HMO 1	TAMARAC	FL	33319-0000
EE	M	04/16/1979	FIRA	HDHP	GREENACRES	FL	33463-0000
EE	F	12/30/1981	FIRA	HDHP	GREENACRES	FL	33463-0000
EE	M	01/19/1973	FIRA	HDHP	DAVIE	FL	33328-0000
CH	F	12/06/2006	FIRA	HDHP	DAVIE	FL	33328-0000
CH	F	12/06/2006	FIRA	HDHP	DAVIE	FL	33328-0000
EE	M	03/10/1967	MGTA	HDHP	FORT LAUDERDALE	FL	33334-0000
EE	F	07/22/1985	GENA	HMO 1	N LAUDERDALE	FL	33068-0000
EE	M	10/25/1982	GENA	HDHP	LAUDERHILL	FL	33319-0000
EE	F	05/12/1964	PASA	HDHP	CORAL SPRINGS	FL	33065-0000
SP	M	12/08/1955	PASA	HDHP	CORAL SPRINGS	FL	33065-0000
CH	M	05/23/1991	PASA	HDHP	CORAL SPRINGS	FL	33065-0000
CH	F	10/18/1996	PASA	HDHP	CORAL SPRINGS	FL	33065-0000
EE	F	01/14/1974	GENA	HDHP	MARGATE	FL	33063-0000
SP	M	04/28/1969	GENA	HDHP	MARGATE	FL	33063-0000
CH	M	07/18/2008	GENA	HDHP	MARGATE	FL	33063-0000
CH	F	09/09/2001	GENA	HDHP	MARGATE	FL	33063-0000
EE	M	01/23/1981	PASA	HDHP	TAMARAC	FL	33321-0000
EE	F	10/28/1963	PASA	HMO 1	POMPANO BEACH	FL	33060-0000
EE	M	07/31/1976	FIRA	HDHP	MIAMI GARDENS	FL	33015-0000
CH	F	05/05/2008	FIRA	HDHP	MIAMI GARDENS	FL	33015-0000
CH	F	12/14/2006	FIRA	HDHP	MIAMI GARDENS	FL	33015-0000
CH	F	03/18/2003	GENA	HMO 1	TAMARAC	FL	33319-0000
CH	M	06/24/2000	GENA	HMO 1	TAMARAC	FL	33319-0000
EE	M	01/01/1981	GENA	HDHP	MARGATE	FL	33063-0000
CH	F	10/01/2008	GENA	HDHP	MARGATE	FL	33063-0000
EE	M	10/29/1967	GENA	HMO 1	FORT LAUDERDALE	FL	33334-0000
CH	M	11/05/1993	GENA	HMO 1	FORT LAUDERDALE	FL	33334-0000
CH	F	08/23/1995	GENA	HMO 1	FORT LAUDERDALE	FL	33334-0000
CH	M	10/01/2001	GENA	HMO 1	FORT LAUDERDALE	FL	33334-0000
CH	F	10/31/2011	GENA	HMO 1	FORT LAUDERDALE	FL	33334-0000
SP	F	03/10/1978	GENA	HMO 1	FORT LAUDERDALE	FL	33334-0000
EE	M	11/08/1970	GENA	HDHP	MIRAMAR	FL	33023-0000
CH	M	03/05/2001	GENA	HDHP	MIRAMAR	FL	33023-0000
CH	F	04/24/1999	GENA	HDHP	MIRAMAR	FL	33023-0000
EE	M	10/25/1982	FIRA	HDHP	HOLLYWOOD	FL	33024-0000
SP	F	07/13/1986	FIRA	HDHP	HOLLYWOOD	FL	33024-0000
CH	M	11/17/1996	PASA	HDHP	GREENACRES	FL	33463-0000
EE	F	10/04/1961	SPEC	HMO 1	OKEECHOBEE	FL	34974-0000
EE	M	11/24/1965	GENA	HDHP	LAUDERHILL	FL	33313-0000
CH	M	08/09/1995	GENA	HDHP	LAUDERHILL	FL	33313-0000

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EE	F	11/10/1962	GENA	HMO 1	DEERFIELD BCH	FL	33441-0000
CH	M	05/10/1995	GENA	HMO 1	DEERFIELD BCH	FL	33441-0000
EE	F	05/28/1965	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	M	02/13/1970	FIRA	HDHP	MIAMI	FL	33181-0000
CH	M	12/22/1994	FIRA	HDHP	PUEBLO	CO	81001-0000
CH	F	11/23/1996	FIRA	HDHP	MIAMI	FL	33181-0000
SP	F	12/07/1978	PASA	HMO 1	WILTON MANORS	FL	33305-0000
EE	M	11/23/1976	FIRA	HMO 1	PEMBROKE PINES	FL	33026-0000
CH	M	02/07/2006	FIRA	HMO 1	PEMBROKE PINES	FL	33026-0000
CH	M	09/12/2007	FIRA	HMO 1	PEMBROKE PINES	FL	33026-0000
CH	M	11/13/2013	FIRA	HMO 1	PEMBROKE PINES	FL	33026-0000
EE	F	04/02/1953	MGTU65	HMO 1	PLANTATION	FL	33317-0000
EE	M	09/02/1976	FIRA	HMO 1	LIGHTHOUSE POINT	FL	33064-0000
SP	F	12/22/1984	FIRA	HMO 1	LIGHTHOUSE POINT	FL	33064-0000
CH	F	10/28/2014	FIRA	HMO 1	LIGHTHOUSE POINT	FL	33064-0000
EE	F	09/18/1977	MGTA	HDHP	POMPANO BEACH	FL	33060-0000
SP	M	11/09/1966	MGTA	HDHP	POMPANO BEACH	FL	33060-0000
CH	M	10/31/2005	MGTA	HDHP	POMPANO BEACH	FL	33060-0000
CH	M	01/31/2008	MGTA	HDHP	POMPANO BEACH	FL	33060-0000
EE	M	05/07/1964	PASA	HMO 1	FORT LAUDERDALE	FL	33305-0000
EE	F	12/16/1976	GENA	HMO 1	HOLLYWOOD	FL	33023-0000
SP	F	09/17/1970	GENA	HDHP	BOCA RATON	FL	33498-0000
EE	M	10/31/1980	FIRA	HDHP	BOYNTON BEACH	FL	33426-0000
EE	M	02/02/1987	FIRA	HMO 1	LAKE WORTH	FL	33467-0000
SP	F	03/10/1985	FIRA	HMO 1	LAKE WORTH	FL	33467-0000
CH	M	05/20/2013	FIRA	HMO 1	LAKE WORTH	FL	33467-0000
EE	M	01/02/1966	FIRA	HDHP	BOCA RATON	FL	33486-0000
EE	F	04/26/1971	PASA	HMO 1	FORT LAUDERDALE	FL	33334-0000
CH	M	12/02/2000	PASA	HMO 1	FORT LAUDERDALE	FL	33334-0000
CH	M	07/14/2004	PASA	HMO 1	FORT LAUDERDALE	FL	33334-0000
EE	M	01/31/1970	GENA	HMO 2	FORT LAUDERDALE	FL	33334-0000
CH	F	08/23/1990	MGTA	HMO 1	SEFFNER	FL	33584-0000
CH	F	03/01/1999	GENA	HMO 1	COOPER CITY	FL	33328-0000
CH	M	09/17/2012	PASA	HDHP	HOLLYWOOD	FL	33019-0000
CH	M	04/13/2010	PASA	HDHP	HOLLYWOOD	FL	33019-0000
EE	M	04/21/1967	GENA	HDHP	PORT SAINT LUCIE	FL	34953-0000
SP	F	12/03/1976	GENA	HDHP	PORT SAINT LUCIE	FL	34953-0000
CH	F	05/03/2011	GENA	HDHP	PORT SAINT LUCIE	FL	34953-0000
CH	F	05/26/2014	GENA	HDHP	PORT SAINT LUCIE	FL	34953-0000
EE	F	09/10/1967	GENA	HDHP	TAMARAC	FL	33321-0000
SP	M	04/03/1956	MGTA	HDHP	POMPANO BEACH	FL	33062-0000
CH	F	11/01/2006	GENA	HDHP	SUNRISE	FL	33323-0000
CH	M	12/17/2008	GENA	HDHP	SUNRISE	FL	33323-0000

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EE	M	07/30/1965	FIRA	HDHP	PORT ST LUCIE	FL	34987-0000
SP	F	02/16/1967	FIRA	HDHP	PORT ST LUCIE	FL	34987-0000
EE	M	03/25/1985	FIRA	HDHP	DAVIE	FL	33331-0000
EE	M	03/17/1987	FIRA	HDHP	BOYNTON BEACH	FL	33436-0000
EE	F	09/20/1962	GENA	HDHP	HOLLYWOOD	FL	33020-0000
SP	M	05/31/1958	GENA	HDHP	HOLLYWOOD	FL	33020-0000
CH	F	11/09/1995	GENA	HDHP	HOLLYWOOD	FL	33020-0000
CH	F	02/23/2000	GENA	HDHP	HOLLYWOOD	FL	33020-0000
EE	M	03/11/1960	GENA	HMO 1	HOLLYWOOD	FL	33021-0000
SP	F	05/28/1961	GENA	HMO 1	HOLLYWOOD	FL	33021-0000
EE	M	03/26/1980	PASA	HDHP	CORAL SPRINGS	FL	33065-0000
EE	M	07/21/1958	PASA	HMO 1	DAVIE	FL	33314-0000
EE	M	04/01/1963	MGTA	HDHP	DAVIE	FL	33314-0000
CH	M	07/07/2000	MGTA	HDHP	DAVIE	FL	33314-0000
CH	F	10/13/1998	MGTA	HDHP	DAVIE	FL	33314-0000
CH	F	11/06/1996	MGTA	HDHP	DAVIE	FL	33314-0000
EE	M	11/30/1959	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
SP	F	11/03/1968	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	M	04/30/2007	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	F	04/21/2009	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	M	05/13/1965	GENA	HDHP	BOCA RATON	FL	33431-0000
SP	F	03/31/1969	GENA	HDHP	BOCA RATON	FL	33431-0000
CH	F	06/24/2004	GENA	HDHP	BOCA RATON	FL	33431-0000
CH	M	05/17/2002	GENA	HDHP	BOCA RATON	FL	33431-0000
EE	M	07/22/1971	GENA	HMO 2	DAVIE	FL	33325-0000
EE	M	06/01/1961	PASA	HDHP	MIAMI	FL	33185-0000
SP	F	02/06/1965	PASA	HDHP	MIAMI	FL	33185-0000
CH	M	04/07/1993	PASA	HDHP	MIAMI	FL	33185-0000
EE	M	07/15/1990	FIRA	HDHP	COOPER CITY	FL	33328-0000
EE	F	04/08/1971	GENA	HMO 1	TAMARAC	FL	33319-0000
EE	F	10/18/1953	GENC	HMO 1	DAVIE	FL	33314-0000
EE	M	01/12/1985	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	M	06/09/1965	MGTA	HMO 1	MIRAMAR	FL	33027-0000
SP	F	12/02/1964	MGTA	HMO 1	MIRAMAR	FL	33027-0000
CH	F	06/09/2000	MGTA	HMO 1	MIRAMAR	FL	33027-0000
EE	F	05/19/1982	PASA	HMO 2	CORAL SPRINGS	FL	33065-0000
EE	M	05/26/1951	GENA	HDHP	POMPANO BEACH	FL	33064-0000
EE	M	05/03/1952	MGTU65	HMO 1	LAUDERHILL	FL	33351-0000
EE	M	12/29/1970	FIRA	HMO 1	DAVIE	FL	33314-0000
EE	F	04/09/1970	FIRA	HMO 1	DAVIE	FL	33314-0000
CH	F	07/22/2006	FIRA	HMO 1	DAVIE	FL	33314-0000
EE	F	05/15/1969	FIRA	HDHP	FORT PIERCE	FL	34982-0000
SP	M	06/02/1969	FIRA	HDHP	FORT PIERCE	FL	34982-0000

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CH	M	10/23/2001	FIRA	HDHP	FORT PIERCE	FL	34982-0000
EE	M	03/24/1971	PASA	HDHP	OAKLAND PARK	FL	33334-0000
SP	F	03/15/1972	PASA	HDHP	OAKLAND PARK	FL	33334-0000
CH	M	07/03/2004	PASA	HDHP	OAKLAND PARK	FL	33334-0000
CH	M	12/02/1998	PASA	HDHP	OAKLAND PARK	FL	33334-0000
CH	M	10/05/1992	PASA	HDHP	OAKLAND PARK	FL	33334-0000
EE	M	03/28/1961	GENA	HDHP	POMPANO BEACH	FL	33060-0000
CH	F	10/15/1999	GENA	HMO 1	PEMBROKE PINES	FL	33029-0000
EE	M	12/29/1975	FIRA	HDHP	COOPER CITY	FL	33026-0000
SP	F	11/14/1977	FIRA	HDHP	COOPER CITY	FL	33026-0000
CH	M	01/08/2005	FIRA	HDHP	COOPER CITY	FL	33026-0000
CH	M	10/14/2010	FIRA	HDHP	COOPER CITY	FL	33026-0000
CH	F	12/14/2012	FIRA	HDHP	COOPER CITY	FL	33026-0000
EE	M	12/22/1952	GENA	HMO 2	LAUDERHILL	FL	33313-0000
SP	F	03/12/1951	GENA	HMO 2	LAUDERHILL	FL	33313-0000
EE	F	02/13/1972	GENA	HMO 1	FORT LAUDERDALE	FL	33309-0000
EE	F	05/15/1967	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	M	03/25/1959	GENA	HDHP	NORTH LAUDERDALE	FL	33068-0000
SP	F	07/07/1960	GENA	HDHP	NORTH LAUDERDALE	FL	33068-0000
CH	F	07/06/1993	GENA	HDHP	NORTH LAUDERDALE	FL	33068-0000
CH	F	02/05/1991	GENA	HDHP	NORTH LAUDERDALE	FL	33068-0000
CH	M	11/16/1998	PASA	HMO 1	WEST PALM BEACH	FL	33406-0000
EE	M	04/29/1977	FIRA	HDHP	PEMBROKE PINES	FL	33024-0000
CH	F	03/11/2006	FIRA	HDHP	PEMBROKE PINES	FL	33024-0000
CH	M	02/12/2010	FIRA	HDHP	PEMBROKE PINES	FL	33024-0000
SP	F	08/21/1981	GENA	HDHP	MARGATE	FL	33063-0000
EE	F	02/19/1955	CONA	HDHP	FORT LAUDERDALE	FL	33304-0000
EE	F	06/19/1989	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
EE	F	10/15/1952	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	F	11/15/1983	GENA	HMO 2	DEERFIELD BEACH	FL	33441-0000
EE	M	11/24/1968	GENA	HDHP	HOLLYWOOD	FL	33019-0000
SP	M	08/18/1973	PASA	HMO 1	MARGATE	FL	33063-0000
EE	F	06/27/1966	GENA	HMO 1	FORT LAUDERDALE	FL	33315-0000
EE	M	03/10/1958	GENA	HMO 1	POMPANO BEACH	FL	33060-0000
CH	F	12/09/1998	GENA	HMO 1	POMPANO BEACH	FL	33060-0000
EE	M	07/20/1969	MGTA	HMO 1	BOCA RATON	FL	33432-0000
SP	F	08/06/1971	MGTA	HMO 1	BOCA RATON	FL	33432-0000
CH	M	05/19/2010	MGTA	HMO 1	BOCA RATON	FL	33432-0000
CH	F	03/06/2001	MGTA	HMO 1	BOCA RATON	FL	33432-0000
CH	F	06/26/2002	MGTA	HMO 1	BOCA RATON	FL	33432-0000
EE	M	01/22/1988	GENA	HMO 1	DEERFIELD BEACH	FL	33441-0000
SP	F	09/26/1990	GENA	HMO 1	DEERFIELD BEACH	FL	33441-0000
CH	M	10/14/2015	GENA	HMO 1	DEERFIELD BEACH	FL	33441-0000

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EE	F	02/05/1976	PASA	HMO 1	PLANTATION	FL	33322-0000
EE	M	06/08/1977	GENA	HDHP	FORT LAUDERDALE	FL	33315-0000
CH	F	11/03/2005	GENA	HDHP	FORT LAUDERDALE	FL	33315-0000
EE	M	10/10/1954	MGTA	HDHP	PLANTATION	FL	33322-0000
EE	F	09/27/1955	GENA	HMO 1	FORT LAUDERDALE	FL	33302-0000
EE	M	08/26/1985	FIRA	HMO 2	DAVIE	FL	33314-0000
EE	F	08/01/1982	GENA	HDHP	TAMARAC	FL	33309-0000
EE	M	05/21/1965	FIRA	HDHP	CORAL SPRINGS	FL	33065-0000
CH	F	01/23/1995	FIRA	HDHP	CORAL SPRINGS	FL	33065-0000
CH	F	08/09/2000	FIRA	HDHP	CORAL SPRINGS	FL	33065-0000
CH	M	06/21/2002	GENA	HMO 1	POMPANO BEACH	FL	33069-0000
CH	M	08/25/2005	GENA	HMO 1	POMPANO BEACH	FL	33069-0000
EE	F	03/28/1979	GENA	HMO 1	COOPER CITY	FL	33328-0000
SP	M	01/18/1972	GENA	HMO 1	COOPER CITY	FL	33328-0000
CH	F	02/11/2009	GENA	HMO 1	COOPER CITY	FL	33328-0000
CH	F	07/13/2006	GENA	HMO 1	COOPER CITY	FL	33328-0000
CH	F	03/25/2005	GENA	HMO 1	COOPER CITY	FL	33328-0000
EE	M	04/03/1977	FIRA	HDHP	HOLLYWOOD	FL	33021-0000
EE	M	06/28/1977	MGTA	HDHP	PEMBROKE PINES	FL	33029-0000
EE	M	03/28/1974	GENA	HMO 1	PLANTATION	FL	33317-0000
EE	F	09/03/1967	GENA	HMO 1	FORT LAUDERDALE	FL	33312-0000
CH	F	04/29/1993	GENA	HMO 1	FORT LAUDERDALE	FL	33312-0000
EE	M	09/21/1958	GENA	HMO 2	FORT LAUDERDALE	FL	33311-0000
SP	F	01/21/1961	GENA	HMO 2	FORT LAUDERDALE	FL	33311-0000
SP	M	05/04/1957	PASU65	HMO 2	FORT LAUDERDALE	FL	33308-0000
SP	F	09/20/1968	GENA	HDHP	POMPANO BEACH	FL	33060-0000
EE	M	05/12/1969	GENA	HDHP	FORT LAUDERDALE	FL	33304-0000
EE	M	08/23/1955	GENA	HMO 2	CORAL SPRINGS	FL	33065-0000
EE	F	05/01/1958	MGTA	HMO 1	FORT LAUDERDALE	FL	33308-0000
SP	F	09/22/1976	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	M	12/10/1989	FIRA	HMO 1	FORT LAUDERDALE	FL	33408-0000
EE	M	01/19/1963	GENA	HDHP	NORTH LAUDERDALE	FL	33068-0000
EE	M	06/26/1963	GENA	HMO 1	CORAL SPRINGS	FL	33071-0000
SP	F	07/13/1964	GENA	HMO 1	CORAL SPRINGS	FL	33071-0000
CH	M	06/03/1997	GENA	HMO 1	CORAL SPRINGS	FL	33071-0000
CH	F	05/01/1995	GENA	HMO 1	CORAL SPRINGS	FL	33071-0000
EE	F	01/09/1964	MGTA	HMO 1	BOYNTON BEACH	FL	33472-0000
SP	M	07/18/1945	GENA	HDHP	FORT LAUDERDALE	FL	33315-0000
EE	M	09/26/1969	FIRA	HMO 2	FORT LAUDERDALE	FL	33308-0000
SP	F	05/06/1970	FIRA	HMO 2	FORT LAUDERDALE	FL	33308-0000
CH	M	07/01/1996	FIRA	HMO 2	FORT LAUDERDALE	FL	33308-0000
CH	F	12/15/1998	FIRA	HMO 2	FORT LAUDERDALE	FL	33308-0000
CH	M	09/08/2006	FIRA	HMO 2	FORT LAUDERDALE	FL	33308-0000

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EE	M	08/07/1962	PASA	HDHP	COCONUT CREEK	FL	33066-0000
SP	F	07/02/1971	PASA	HDHP	COCONUT CREEK	FL	33066-0000
EE	M	05/14/1953	GENA	HMO 1	CORAL SPRINGS	FL	33076-0000
SP	F	07/29/1954	GENA	HMO 1	CORAL SPRINGS	FL	33076-0000
EE	M	05/28/1986	GENA	HMO 1	CORAL SPRINGS	FL	33076-0000
EE	M	01/03/1975	FIRA	HDHP	COOPER CITY	FL	33330-0000
SP	F	12/27/1984	FIRA	HDHP	COOPER CITY	FL	33330-0000
CH	M	08/14/2007	FIRA	HDHP	COOPER CITY	FL	33330-0000
CH	M	06/17/2009	FIRA	HDHP	COOPER CITY	FL	33330-0000
CH	F	11/14/2012	FIRA	HDHP	COOPER CITY	FL	33330-0000
EE	F	07/03/1976	MGTA	HDHP	FORT LAUDERDALE	FL	33315-0000
EE	M	03/09/1959	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	M	06/12/1975	FIRA	HMO 1	BOCA RATON	FL	33486-0000
SP	F	10/23/1976	FIRA	HMO 1	BOCA RATON	FL	33486-0000
CH	M	09/18/2012	FIRA	HMO 1	BOCA RATON	FL	33486-0000
CH	M	06/03/2015	FIRA	HMO 1	BOCA RATON	FL	33486-0000
SP	F	12/03/1962	GENA	HMO 1	DAVIE	FL	33314-0000
EE	M	04/26/1972	PASA	HMO 1	WILTON MANORS	FL	33306-0000
SP	F	07/01/1970	PASA	HMO 1	WILTON MANORS	FL	33306-0000
CH	M	06/19/2005	PASA	HMO 1	WILTON MANORS	FL	33306-0000
EE	F	08/29/1978	FIRA	HDHP	MARGATE	FL	33063-0000
EE	M	10/14/1964	GENA	HDHP	FORT LAUDERDALE	FL	33306-0000
SP	F	11/26/1965	PASA	HDHP	SUNNY ISLES BEACH	FL	33160-0000
EE	F	02/05/1962	GENA	HDHP	SUNRISE	FL	33323-0000
SP	M	06/30/1961	GENA	HDHP	SUNRISE	FL	33323-0000
EE	M	04/03/1966	GENA	HMO 1	PEMBROKE PINES	FL	33028-0000
SP	F	10/08/1965	GENA	HMO 1	PEMBROKE PINES	FL	33028-0000
CH	F	10/18/1993	GENA	HMO 1	PEMBROKE PINES	FL	33028-0000
CH	F	04/09/1996	GENA	HMO 1	PEMBROKE PINES	FL	33028-0000
EE	M	03/05/1977	FIRA	HDHP	JUPITER	FL	33478-0000
SP	F	09/11/1984	FIRA	HDHP	JUPITER	FL	33478-0000
CH	F	11/03/2010	FIRA	HDHP	JUPITER	FL	33478-0000
CH	F	05/10/2012	FIRA	HDHP	JUPITER	FL	33478-0000
EE	F	02/18/1960	PASA	HMO 1	MARGATE	FL	33063-0000
CH	M	06/15/1990	PASA	HMO 1	MARGATE	FL	33063-0000
CH	F	06/15/1990	PASA	HMO 1	MARGATE	FL	33063-0000
EE	F	07/26/1965	CONA	HDHP	FORT LAUDERDALE	FL	33316-0000
SP	M	01/13/1964	CONA	HDHP	FORT LAUDERDALE	FL	33316-0000
CH	M	12/04/1991	CONA	HDHP	FORT LAUDERDALE	FL	33316-0000
CH	M	07/23/1999	CONA	HDHP	FORT LAUDERDALE	FL	33316-0000
CH	M	04/09/2001	CONA	HDHP	FORT LAUDERDALE	FL	33316-0000
EE	M	11/20/1987	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	M	07/22/1961	FIRA	HMO 2	PEMBROKE PINES	FL	33029-0000

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EE	M	04/01/1979	GENA	HDHP	MARGATE	FL	33063-0000
CH	F	08/16/2007	GENA	HDHP	MARGATE	FL	33063-0000
CH	M	11/21/2008	GENA	HDHP	MARGATE	FL	33063-0000
CH	M	04/06/2015	GENA	HDHP	MARGATE	FL	33063-0000
EE	F	11/09/1969	PASA	HMO 1	FORT LAUDERDALE	FL	33308-0000
SP	M	05/13/1961	PASA	HMO 1	FORT LAUDERDALE	FL	33308-0000
CH	F	08/16/2001	PASA	HMO 1	FORT LAUDERDALE	FL	33308-0000
CH	M	05/17/2004	PASA	HMO 1	FORT LAUDERDALE	FL	33308-0000
EE	M	01/30/1960	MGTA	HDHP	OPA LOCKA	FL	33055-0000
EE	M	05/07/1974	GENA	HMO 1	NORTH LAUDERDALE	FL	33068-0000
EE	M	07/21/1955	FIRU65	HMO 1	LAUDERHILL	FL	33313-0000
EE	M	04/14/1979	GENA	HDHP	POMPANO BEACH	FL	33069-0000
EE	M	11/08/1964	FIRA	HDHP	JUPITER	FL	33478-0000
SP	F	03/24/1975	FIRA	HDHP	JUPITER	FL	33478-0000
EE	F	08/17/1960	PASA	HDHP	FORT LAUDERDALE	FL	33308-0000
EE	F	05/03/1963	MGTA	HMO 1	PEMBROKE PINES	FL	33027-0000
SP	M	11/18/1962	MGTA	HMO 1	PEMBROKE PINES	FL	33027-0000
CH	M	07/30/1992	MGTA	HMO 1	PEMBROKE PINES	FL	33027-0000
EE	F	01/05/1972	PASA	HMO 1	MARGATE	FL	33063-0000
SP	M	09/04/1968	PASA	HMO 1	MARGATE	FL	33063-0000
CH	F	04/15/2004	PASA	HMO 1	MARGATE	FL	33063-0000
CH	F	09/11/1999	PASA	HMO 1	MARGATE	FL	33063-0000
EE	F	12/01/1965	MGTA	HDHP	POMPANO BEACH	FL	33062-0000
SP	F	10/24/1960	GENA	HDHP	PLANTATION	FL	33324-0000
EE	F	05/22/1960	PASA	HMO 1	FORT LAUDERDALE	FL	33308-0000
EE	M	03/28/1983	FIRA	HDHP	PLANTATION	FL	33322-0000
CH	F	11/18/2013	FIRA	HDHP	PLANTATION	FL	33322-0000
EE	M	04/04/1967	GENA	HDHP	HIALEAH	FL	33014-0000
SP	F	08/16/1960	GENA	HDHP	HIALEAH	FL	33014-0000
EE	M	01/05/1986	FIRA	HDHP	HIALEAH	FL	33015-0000
EE	M	07/12/1989	FIRA	HDHP	HOMESTEAD	FL	33031-0000
EE	M	01/25/1985	FIRA	HDHP	OAKLAND PARK	FL	33334-0000
SP	F	02/05/1985	FIRA	HDHP	OAKLAND PARK	FL	33334-0000
CH	M	10/21/2015	FIRA	HDHP	OAKLAND PARK	FL	33334-0000
EE	F	08/16/1975	GENA	HDHP	WILTON MANORS	FL	33305-0000
EE	M	12/22/1968	GENA	HDHP	SUNRISE	FL	33313-0000
SP	F	10/31/1979	GENA	HDHP	SUNRISE	FL	33313-0000
CH	M	08/31/1990	GENA	HDHP	SUNRISE	FL	33313-0000
CH	M	05/08/2007	GENA	HDHP	SUNRISE	FL	33313-0000
EE	F	05/04/1964	PASA	HDHP	DAVIE	FL	33317-0000
CH	M	11/22/1996	PASA	HDHP	DAVIE	FL	33317-0000
CH	F	04/06/2000	PASA	HDHP	DAVIE	FL	33317-0000
EE	F	01/01/1981	FIRA	HMO 1	DEERFIELD BEACH	FL	33442-0000

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EE	F	10/24/1971	PASA	HMO 1	NORTH LAUDERDALE	FL	33068-0000
EE	M	01/02/1976	PASA	HMO 1	CORAL SPRINGS	FL	33065-0000
CH	F	11/15/2007	PASA	HMO 1	CORAL SPRINGS	FL	33065-0000
EE	M	01/27/1977	PASA	HDHP	PLANTATION	FL	33317-0000
EE	F	05/21/1964	GENA	HMO 1	HOLLYWOOD	FL	33021-0000
CH	M	09/26/1992	GENA	HMO 1	HOLLYWOOD	FL	33021-0000
EE	M	12/01/1974	GENA	HDHP	SUNRISE	FL	33323-0000
SP	F	02/01/1975	GENA	HDHP	SUNRISE	FL	33323-0000
EE	M	07/10/1961	GENA	HMO 1	POMPANO BEACH	FL	33069-0000
EE	M	10/19/1973	PASA	HMO 1	MIRAMAR	FL	33027-0000
CH	M	04/08/1996	PASA	HMO 1	MIRAMAR	FL	33027-0000
CH	F	04/01/1999	PASA	HMO 1	MIRAMAR	FL	33027-0000
EE	M	03/11/1962	GENA	HMO 2	LAUDERDALE LAKES	FL	33319-0000
SP	F	11/02/1968	GENA	HMO 2	LAUDERDALE LAKES	FL	33319-0000
CH	F	01/30/1999	GENA	HMO 2	LAUDERDALE LAKES	FL	33319-0000
CH	M	02/23/1994	GENA	HMO 2	LAUDERDALE LAKES	FL	33319-0000
CH	M	04/23/1996	GENA	HMO 2	LAUDERDALE LAKES	FL	33319-0000
EE	F	01/02/1965	GENA	HMO 1	LAKE WORTH	FL	33463-0000
EE	F	06/24/1988	GENA	HMO 1	SUNRISE	FL	33351-0000
EE	M	03/11/1968	FIRA	HMO 1	LAKE WORTH	FL	33467-0000
EE	F	05/29/1962	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
SP	M	10/05/1959	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
CH	F	06/22/1994	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
EE	F	09/20/1969	MGTA	HDHP	SUNRISE	FL	33323-0000
EE	F	12/31/1979	GENA	HMO 1	MIRAMAR	FL	33023-0000
CH	M	02/24/1996	CONA	HDHP	TAMARAC	FL	33321-0000
CH	F	10/26/1998	CONA	HDHP	TAMARAC	FL	33321-0000
EE	M	02/21/1970	GENA	HMO 1	LAUDERHILL	FL	33313-0000
SP	F	03/29/1963	GENA	HMO 1	LAUDERHILL	FL	33313-0000
CH	M	01/10/1993	GENA	HMO 1	LAUDERHILL	FL	33313-0000
EE	M	04/09/1963	GENA	HDHP	LAUDERDALE LAKES	FL	33309-0000
SP	F	01/10/1965	GENA	HDHP	LAUDERDALE LAKES	FL	33309-0000
CH	F	08/13/1997	GENA	HDHP	LAUDERDALE LAKES	FL	33309-0000
CH	M	08/24/2000	GENA	HDHP	LAUDERDALE LAKES	FL	33309-0000
EE	M	11/01/1978	GENA	HDHP	N LAUDERDALE	FL	33068-0000
EE	M	06/18/1982	FIRA	HDHP	WESTON	FL	33327-0000
EE	M	11/16/1990	SPEC	HMO 1	MIRAMAR	FL	33025-0000
EE	F	03/02/1955	PASU65	HMO 1	CHIPLEY	FL	32428-0000
EE	F	03/07/1975	FIRA	HDHP	COOPER CITY	FL	33026-0000
SP	M	01/21/1980	FIRA	HDHP	COOPER CITY	FL	33026-0000
CH	F	04/20/2009	FIRA	HDHP	COOPER CITY	FL	33026-0000
EE	F	10/25/1979	GENA	HDHP	POMPANO BEACH	FL	33069-0000
SP	M	09/20/1965	GENA	HDHP	FORT LAUDERDALE	FL	33309-0000

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EE	F	12/06/1951	PASA	HDHP	TAMARAC	FL	33321-0000
SP	M	03/16/1965	PASA	HMO 1	FORT LAUDERDALE	FL	33309-0000
EE	M	11/04/1979	GENA	HDHP	CORAL SPRINGS	FL	33065-0000
EE	F	02/13/1973	GENA	HMO 1	LAKE WORTH	FL	33463-0000
EE	M	06/21/1961	FIRA	HDHP	ROYAL PALM BEACH	FL	33411-0000
CH	F	11/01/1995	FIRA	HDHP	ROYAL PALM BEACH	FL	33411-0000
CH	F	07/10/1997	FIRA	HDHP	ROYAL PALM BEACH	FL	33411-0000
EE	M	09/15/1975	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
CH	M	10/06/1996	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
CH	F	09/16/2004	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
EE	F	08/04/1973	PASA	HMO 2	FORT LAUDERDALE	FL	33311-0000
EE	M	05/23/1972	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
SP	F	10/23/1986	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	M	06/27/1994	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	M	06/27/1994	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	M	10/21/1997	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	F	11/25/1998	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	M	04/07/2002	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	M	08/24/1974	GENA	HDHP	BOCA RATON	FL	33486-0000
CH	F	06/12/2015	GENA	HDHP	BOCA RATON	FL	33486-0000
EE	M	05/21/1959	PASA	HMO 1	HIALEAH	FL	33012-0000
SP	F	11/13/1960	PASA	HMO 1	HIALEAH	FL	33012-0000
EE	M	08/16/1968	FIRA	HDHP	JUPITER	FL	33478-0000
SP	F	09/07/1965	FIRA	HDHP	JUPITER	FL	33478-0000
CH	M	02/28/2004	FIRA	HDHP	JUPITER	FL	33478-0000
CH	M	03/02/2005	FIRA	HDHP	JUPITER	FL	33478-0000
CH	M	03/14/2007	FIRA	HDHP	JUPITER	FL	33478-0000
CH	M	10/21/2008	FIRA	HDHP	JUPITER	FL	33478-0000
EE	M	12/29/1967	FIRA	HDHP	DEERFIELD BEACH	FL	33442-0000
SP	F	11/09/1967	FIRA	HDHP	DEERFIELD BEACH	FL	33442-0000
CH	M	10/21/2006	FIRA	HDHP	DEERFIELD BEACH	FL	33442-0000
CH	F	02/08/2009	FIRA	HDHP	DEERFIELD BEACH	FL	33442-0000
EE	M	11/30/1964	GENA	HDHP	FORT LAUDERDALE	FL	33309-0000
SP	F	02/02/1968	GENA	HDHP	FORT LAUDERDALE	FL	33309-0000
EE	M	06/22/1963	GENA	HMO 2	FORT LAUDERDALE	FL	33311-0000
CH	F	07/17/1992	GENA	HMO 2	FORT LAUDERDALE	FL	33311-0000
SP	M	03/06/1982	PASA	HMO 2	PEMBROKE PINES	FL	33024-0000
CH	M	02/27/2008	CONA	HDHP	CORAL SPRINGS	FL	33067-0000
CH	M	03/11/2009	CONA	HDHP	CORAL SPRINGS	FL	33067-0000
EE	M	03/26/1978	GENA	HDHP	CORAL SPRINGS	FL	33076-0000
EE	M	02/17/1969	FIRA	HMO 1	PALM CITY	FL	34990-0000
SP	F	06/08/1967	FIRA	HMO 1	PALM CITY	FL	34990-0000
CH	F	10/19/2010	FIRA	HMO 1	PALM CITY	FL	34990-0000

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CH	M	11/19/1996	FIRA	HMO 1	PALM CITY	FL	34990-0000
EE	M	09/30/1959	FIRU65	HMO 1	HIGH SPRINGS	FL	32643-0000
EE	F	01/03/1980	PASA	HDHP	LAUDERDALE LAKES	FL	33309-0000
EE	F	07/25/1981	PASA	HDHP	HOLLYWOOD	FL	33019-0000
EE	M	08/31/1957	GENA	HMO 1	NORTH MIAMI	FL	33162-0000
SP	F	05/11/1967	GENA	HMO 1	NORTH MIAMI	FL	33162-0000
CH	F	03/21/1993	GENA	HMO 1	NORTH MIAMI	FL	33162-0000
CH	M	04/30/1994	GENA	HMO 1	NORTH MIAMI	FL	33162-0000
CH	F	04/30/1994	GENA	HMO 1	NORTH MIAMI	FL	33162-0000
CH	M	01/12/1996	GENA	HMO 1	NORTH MIAMI	FL	33162-0000
EE	F	12/08/1970	MGTA	HDHP	FORT LAUDERDALE	FL	33315-0000
SP	M	12/07/1967	MGTA	HDHP	FORT LAUDERDALE	FL	33315-0000
CH	F	02/28/1996	MGTA	HDHP	FORT LAUDERDALE	FL	33315-0000
CH	F	06/21/1998	MGTA	HDHP	FORT LAUDERDALE	FL	33315-0000
EE	M	10/06/1970	GENA	HMO 1	MIAMI	FL	33179-0000
CH	M	02/06/1999	GENA	HMO 1	MIAMI	FL	33179-0000
EE	M	04/18/1961	FIRA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	M	07/16/1968	PASA	HMO 1	MIRAMAR	FL	33027-0000
SP	F	12/07/1961	PASA	HMO 1	MIRAMAR	FL	33027-0000
CH	F	07/19/2005	PASA	HMO 1	MIRAMAR	FL	33027-0000
CH	M	07/19/2005	PASA	HMO 1	MIRAMAR	FL	33027-0000
EE	M	06/24/1981	GENA	HMO 1	MIAMI GARDENS	FL	33054-0000
CH	F	10/10/2005	GENA	HMO 1	MIAMI GARDENS	FL	33054-0000
CH	M	07/23/2003	GENA	HMO 1	NAPLES	FL	34120-0000
EE	M	10/07/1970	FIRA	HMO 1	PARKLAND	FL	33067-0000
SP	F	02/02/1978	FIRA	HMO 1	PARKLAND	FL	33067-0000
CH	F	04/07/2006	FIRA	HMO 1	PARKLAND	FL	33067-0000
CH	M	04/18/2008	FIRA	HMO 1	PARKLAND	FL	33067-0000
SP	M	09/02/1961	MGTA	HMO 2	PLANTATION	FL	33317-0000
EE	M	11/17/1967	GENA	HMO 2	FORT LAUDERDALE	FL	33308-0000
CH	M	09/09/2007	GENA	HMO 2	FORT LAUDERDALE	FL	33308-0000
EE	M	09/17/1957	FIRU65	HMO 1	LIGHTHOUSE POINT	FL	33064-0000
EE	M	03/21/1973	GENA	HMO 1	HIALEAH	FL	33010-0000
EE	M	10/31/1956	GENA	HMO 1	DAVIE	FL	33314-0000
EE	M	09/06/1984	GENA	HMO 1	TAMARAC	FL	33309-0000
EE	M	05/02/1970	PASA	HMO 2	POMPANO BEACH	FL	33062-0000
SP	F	12/04/1973	PASA	HMO 2	POMPANO BEACH	FL	33062-0000
CH	F	03/23/2002	PASA	HMO 2	POMPANO BEACH	FL	33062-0000
CH	F	10/15/2003	PASA	HMO 2	POMPANO BEACH	FL	33062-0000
EE	M	12/14/1967	GENA	HMO 1	WILTON MANORS	FL	33334-0000
EE	F	09/17/1969	MGTA	HMO 2	DAVIE	FL	33314-0000
EE	F	10/07/1967	GENA	HMO 1	CORAL SPRINGS	FL	33065-0000
EE	M	08/02/1972	GENA	HMO 1	CORAL SPRINGS	FL	33065-0000

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CH	M	02/25/2003	GENA	HMO 1	CORAL SPRINGS	FL	33065-0000
EE	F	08/02/1964	GENA	HMO 1	DAVIE	FL	33324-0000
SP	M	09/20/1958	GENA	HMO 1	DAVIE	FL	33324-0000
CH	F	07/11/1997	GENA	HMO 1	DAVIE	FL	33324-0000
CH	F	05/13/1993	GENA	HMO 1	DAVIE	FL	33324-0000
EE	F	01/28/1961	MGTA	HMO 2	NORTH LAUDERDALE	FL	33068-0000
SP	M	06/19/1956	MGTA	HMO 2	NORTH LAUDERDALE	FL	33068-0000
CH	M	07/13/1990	MGTA	HMO 2	NORTH LAUDERDALE	FL	33068-0000
EE	M	11/10/1963	MGTA	HDHP	MIAMI LAKES	FL	33015-0000
SP	M	04/14/1965	MGTA	HMO 2	CORAL SPRINGS	FL	33065-0000
CH	M	09/12/1994	MGTA	HMO 2	CORAL SPRINGS	FL	33065-0000
CH	F	02/08/1999	MGTA	HMO 2	CORAL SPRINGS	FL	33065-0000
EE	F	08/09/1985	GENA	HMO 1	MIAMI	FL	33190-0000
CH	M	04/09/1995	GENA	HMO 1	POMPANO BEACH	FL	33073-0000
EE	M	09/15/1963	GENA	HDHP	SUNRISE	FL	33322-0000
EE	F	07/11/1969	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
EE	F	03/05/1977	MGTA	HMO 1	TAMARAC	FL	33321-0000
CH	F	03/27/1990	GENA	HMO 2	LAUDERDALE LAKES	FL	33311-0000
EE	M	08/08/1971	FIRA	HDHP	HOLLYWOOD	FL	33019-0000
SP	F	01/09/1975	FIRA	HDHP	HOLLYWOOD	FL	33019-0000
CH	M	12/28/2010	FIRA	HDHP	HOLLYWOOD	FL	33019-0000
EE	F	07/23/1980	GENA	HMO 2	DEERFIELD BEACH	FL	33443-0000
CH	F	07/17/2012	GENA	HMO 2	DEERFIELD BEACH	FL	33443-0000
CH	M	08/22/1996	GENA	HMO 1	NORTH LAUDERDALE	FL	33068-0000
SP	F	11/04/1974	GENA	HMO 1	NORTH LAUDERDALE	FL	33068-0000
SP	F	12/22/1969	GENA	HDHP	OAKLAND PARK	FL	33311-0000
CH	F	12/29/2004	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	M	09/11/2007	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	M	10/10/1956	GENA	HMO 1	LAUDERHILL	FL	33319-0000
EE	F	09/04/1979	MGTA	HMO 1	POMPANO BEACH	FL	33062-0000
SP	M	05/18/1980	MGTA	HMO 1	POMPANO BEACH	FL	33062-0000
CH	M	10/15/2013	MGTA	HMO 1	POMPANO BEACH	FL	33062-0000
EE	F	09/22/1971	GENA	HMO 1	CORAL SPRINGS	FL	33065-0000
EE	F	08/06/1948	PAS65O	HMO 2	CLERMONT	FL	34711-0000
EE	M	04/10/1972	PASA	HMO 1	DEERFIELD BEACH	FL	33441-0000
SP	F	07/20/1976	PASA	HMO 1	DEERFIELD BEACH	FL	33441-0000
CH	M	12/12/2008	PASA	HMO 1	DEERFIELD BEACH	FL	33441-0000
CH	F	12/12/2008	PASA	HMO 1	DEERFIELD BEACH	FL	33441-0000
CH	F	02/20/1999	GENA	HMO 2	FORT LAUDERDALE	FL	33311-0000
CH	M	05/08/1999	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	M	07/01/1968	PASA	HDHP	DAVIE	FL	33325-0000
SP	F	09/25/1975	PASA	HDHP	DAVIE	FL	33325-0000
CH	M	03/22/1996	PASA	HDHP	DAVIE	FL	33325-0000

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CH	M	01/16/2001	PASA	HDHP	DAVIE	FL	33325-0000
EE	F	09/02/1952	PASA	HMO 1	FORT LAUDERDALE	FL	33308-0000
SP	M	08/13/1951	PASA	HMO 1	FORT LAUDERDALE	FL	33308-0000
EE	F	05/11/1987	GENA	HMO 2	FORT LAUDERDALE	FL	33304-0000
EE	M	09/05/1968	GENA	HDHP	NORTH LAUDERDALE	FL	33068-0000
SP	F	07/09/1968	GENA	HDHP	NORTH LAUDERDALE	FL	33068-0000
CH	F	01/08/1999	GENA	HDHP	NORTH LAUDERDALE	FL	33068-0000
EE	M	11/01/1978	GENA	HMO 1	LAUDERHILL	FL	33313-0000
CH	F	11/10/1998	GENA	HMO 1	LAUDERHILL	FL	33313-0000
CH	F	01/04/2002	GENA	HDHP	LAUDERHILL	FL	33313-0000
EE	F	01/25/1956	MGTA	HDHP	HOLLYWOOD	FL	33021-0000
EE	M	01/21/1971	GENA	HMO 1	NORTH MIAMI BEACH	FL	33162-0000
SP	F	03/27/1973	GENA	HMO 1	NORTH MIAMI BEACH	FL	33162-0000
CH	M	07/24/2013	GENA	HMO 1	NORTH MIAMI BEACH	FL	33162-0000
EE	M	02/05/1968	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
SP	F	12/31/1973	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
CH	F	10/13/1998	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
CH	F	07/23/2000	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
CH	F	09/14/2006	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
CH	M	01/24/2013	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
CH	F	09/10/2014	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
EE	M	12/08/1977	PASA	HMO 1	MIAMI	FL	33186-0000
EE	M	07/04/1983	GENA	HDHP	MARGATE	FL	33063-0000
EE	M	07/11/1973	FIRA	HDHP	CORAL SPRINGS	FL	33065-0000
SP	F	11/21/1976	FIRA	HDHP	CORAL SPRINGS	FL	33065-0000
EE	F	03/18/1968	GENA	HMO 1	COCONUT CREEK	FL	33066-0000
CH	F	06/20/1996	GENA	HMO 1	COCONUT CREEK	FL	33066-0000
EE	M	05/09/1973	FIRA	HDHP	DAVIE	FL	33328-0000
CH	M	08/05/2006	FIRA	HDHP	DAVIE	FL	33328-0000
CH	F	11/04/2010	FIRA	HDHP	DAVIE	FL	33328-0000
EE	F	09/25/1968	GENA	HMO 1	FORT LAUDERDALE	FL	33312-0000
EE	M	05/22/1963	MGTA	HDHP	POMPANO BEACH	FL	33060-0000
SP	F	06/13/1957	MGTA	HDHP	POMPANO BEACH	FL	33060-0000
CH	M	07/30/1994	MGTA	HDHP	POMPANO BEACH	FL	33060-0000
EE	F	03/25/1963	FIRA	HDHP	FORT LAUDERDALE	FL	33304-0000
EE	F	03/31/1972	PASA	HMO 1	COOPER CITY	FL	33328-0000
CH	F	04/24/2015	PASA	HMO 1	COOPER CITY	FL	33328-0000
CH	M	05/22/2015	PASA	HMO 1	COOPER CITY	FL	33328-0000
EE	M	06/30/1962	FIRA	HDHP	COCONUT CREEK	FL	33066-0000
SP	F	03/09/1958	FIRA	HDHP	COCONUT CREEK	FL	33066-0000
CH	M	11/24/1995	FIRA	HDHP	COCONUT CREEK	FL	33066-0000
EE	M	07/09/1964	GENA	HMO 1	NORTH MIAMI BEACH	FL	33162-0000
SP	F	05/23/1952	GENA	HMO 1	NORTH MIAMI BEACH	FL	33162-0000

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EE	M	06/30/1965	GENA	HMO 1	FORT LAUDERDALE	FL	33315-0000
SP	F	02/13/1955	GENA	HMO 1	FORT LAUDERDALE	FL	33315-0000
CH	M	03/08/1994	GENA	HMO 1	FORT LAUDERDALE	FL	33315-0000
CH	M	02/01/1996	GENA	HMO 1	FORT LAUDERDALE	FL	33315-0000
EE	M	06/22/1964	GENA	HMO 1	COCONUT CREEK	FL	33063-0000
SP	F	07/21/1968	GENA	HMO 1	COCONUT CREEK	FL	33063-0000
CH	M	05/16/1995	GENA	HMO 1	HIGH SPRINGS	FL	32643-0000
CH	F	08/23/2015	GENA	HMO 1	COCONUT CREEK	FL	33063-0000
EE	M	06/16/1963	PASA	HDHP	COOPER CITY	FL	33328-0000
SP	F	03/01/1962	PASA	HDHP	COOPER CITY	FL	33328-0000
CH	F	05/11/1990	PASA	HDHP	COOPER CITY	FL	33328-0000
CH	F	01/17/1994	PASA	HDHP	COOPER CITY	FL	33328-0000
SP	F	12/15/1989	GENA	HMO 1	OAKLAND PARK	FL	33309-0000
SP	M	10/20/1966	PASA	HMO 1	FORT LAUDERDALE	FL	33305-0000
EE	F	11/25/1963	PASA	HMO 1	PARKLAND	FL	33067-0000
SP	M	04/13/1970	PASA	HMO 1	PARKLAND	FL	33067-0000
CH	M	05/10/1994	PASA	HMO 1	PARKLAND	FL	33067-0000
EE	M	03/24/1959	GENA	HMO 1	PLANTATION	FL	33322-0000
SP	F	09/25/1961	GENA	HMO 1	PLANTATION	FL	33322-0000
EE	M	01/25/1985	GENA	HDHP	SUNRISE	FL	33351-0000
EE	M	11/13/1961	GENA	HMO 1	PEMBROKE PINES	FL	33023-0000
EE	F	09/06/1953	MGTU65	HMO 1	PENSACOLA	FL	32514-0000
SP	F	11/01/1975	PASA	HDHP	WILTON MANORS	FL	33334-0000
SP	F	01/06/1957	GENA	HDHP	SUNRISE	FL	33351-0000
EE	M	07/22/1957	GENA	HMO 1	FORT LAUDERDALE	FL	33334-0000
EE	M	05/15/1966	MGTA	HMO 1	FORT LAUDERDALE	FL	33309-0000
SP	F	04/09/1964	MGTA	HMO 1	FORT LAUDERDALE	FL	33309-0000
EE	F	12/21/1965	PASA	HMO 1	SUNRISE	FL	33326-0000
EE	M	03/23/1971	FIRA	HDHP	COCONUT CREEK	FL	33073-0000
SP	F	12/24/1956	FIRA	HDHP	COCONUT CREEK	FL	33073-0000
EE	M	12/22/1984	GENA	HMO 1	WEST PALM BEACH	FL	33411-0000
CH	M	03/07/2011	GENA	HMO 1	WEST PALM BEACH	FL	33411-0000
EE	M	12/02/1972	GENA	HMO 1	LAUDERDALE LAKES	FL	33301-0000
CH	M	12/05/1998	GENA	HMO 1	LAUDERDALE LAKES	FL	33301-0000
CH	F	03/21/2002	GENA	HMO 1	LAUDERDALE LAKES	FL	33301-0000
EE	M	09/19/1963	PASA	HMO 1	POMPANO BEACH	FL	33062-0000
EE	M	03/25/1963	PASA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	F	09/10/1963	GENA	HDHP	COCONUT CREEK	FL	33066-0000
CH	M	05/26/1993	GENA	HDHP	COCONUT CREEK	FL	33066-0000
CH	M	10/29/1998	GENA	HDHP	COCONUT CREEK	FL	33066-0000
EE	F	07/19/1972	MGTA	HMO 1	MIRAMAR	FL	33025-0000
EE	M	07/26/1964	GENA	HMO 2	HOLLYWOOD	FL	33021-0000
EE	M	10/06/1979	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000

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SP	F	02/09/1982	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	M	01/29/1976	GENA	HMO 1	TAMARAC	FL	33321-0000
SP	F	01/31/1977	GENA	HMO 1	TAMARAC	FL	33321-0000
EE	M	06/03/1951	GENA	HMO 2	BOCA RATON	FL	33498-0000
SP	F	10/17/1954	GENA	HMO 2	BOCA RATON	FL	33498-0000
EE	F	07/21/1961	GENA	HDHP	FORT LAUDERDALE	FL	33304-0000
SP	F	10/26/1962	GENA	HMO 2	FORT LAUDERDALE	FL	33308-0000
EE	M	09/04/1975	GENA	HDHP	MARGATE	FL	33063-0000
EE	M	01/09/1966	PASA	HDHP	SUNNY ISLES BEACH	FL	33160-0000
EE	M	05/01/1960	GENA	HMO 1	FORT LAUDERDALE	FL	33304-0000
EE	M	03/25/1992	FIRA	HDHP	PEMBROKE PINES	FL	33023-0000
EE	M	08/31/1991	MGTA	HDHP	MIAMI	FL	33144-0000
EE	F	10/20/1972	GENA	HDHP	FORT LAUDERDALE	FL	33308-0000
EE	M	12/09/1983	FIRA	HMO 2	PEMBROKE PINES	FL	33029-0000
EE	F	01/18/1950	CONA	HMO 2	FORT LAUDERDALE	FL	33312-0000
EE	M	02/18/1961	FIRA	HDHP	MARGATE	FL	33063-0000
SP	F	12/15/1960	FIRA	HDHP	MARGATE	FL	33063-0000
EE	M	05/14/1953	MGTA	HMO 1	FORT LAUDERDALE	FL	33301-0000
SP	F	08/13/1954	MGTA	HMO 1	FORT LAUDERDALE	FL	33301-0000
EE	M	12/11/1975	PASA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	M	07/31/1988	FIRA	HMO 2	MARGATE	FL	33063-0000
EE	M	08/18/1965	GENA	HDHP	DAVIE	FL	33325-0000
CH	M	01/09/1996	GENA	HDHP	DAVIE	FL	33325-0000
CH	M	10/03/1993	GENA	HDHP	DAVIE	FL	33325-0000
EE	M	02/16/1973	GENA	HMO 1	OPA LOCKA	FL	33055-0000
EE	M	05/13/1977	GENA	HMO 2	HOLLYWOOD	FL	33023-0000
EE	M	03/26/1959	GENA	HDHP	FORT LAUDERDALE	FL	33309-0000
EE	F	07/26/1956	GENA	HMO 1	CORAL SPRINGS	FL	33067-0000
EE	F	09/14/1977	MGTA	HMO 1	MIAMI BEACH	FL	33139-0000
EE	F	07/23/1983	GENA	HDHP	SUNRISE	FL	33322-0000
EE	F	09/01/1964	GENA	HMO 1	PLANTATION	FL	33317-0000
SP	M	04/15/1958	GENA	HMO 1	PLANTATION	FL	33317-0000
CH	M	12/10/1991	GENA	HMO 1	PLANTATION	FL	33317-0000
EE	F	05/27/1968	MGTA	HDHP	PLANTATION	FL	33322-0000
EE	M	04/08/1960	GENA	HDHP	HOLLYWOOD	FL	33024-0000
SP	F	06/24/1958	GENA	HDHP	HOLLYWOOD	FL	33024-0000
CH	F	09/25/1990	GENA	HDHP	HOLLYWOOD	FL	33024-0000
EE	F	12/20/1988	MGTA	HMO 1	LIGHTHOUSE POINT	FL	33064-0000
EE	M	01/28/1954	GENA	HMO 2	OAKLAND PARK	FL	33309-0000
SP	F	02/25/1955	GENA	HMO 2	OAKLAND PARK	FL	33309-0000
EE	F	11/15/1977	FIRA	HMO 2	POMPANO BEACH	FL	33060-0000
EE	M	12/09/1951	GENA	HMO 1	PEMBROKE PINES	FL	33029-0000
EE	M	05/31/1967	GENA	HMO 1	RIVIERA BEACH	FL	33404-0000

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EE	M	03/14/1975	FIRA	HMO 1	JUPITER	FL	33478-0000
SP	F	04/03/1978	FIRA	HMO 1	JUPITER	FL	33478-0000
CH	M	08/17/2006	FIRA	HMO 1	JUPITER	FL	33478-0000
CH	F	02/19/2010	FIRA	HMO 1	JUPITER	FL	33478-0000
EE	M	02/26/1974	FIRA	HMO 1	PARKLAND	FL	33076-0000
EE	M	04/19/1943	GENA	HMO 1	MARGATE	FL	33068-0000
SP	F	12/16/1951	GENA	HMO 1	MARGATE	FL	33068-0000
EE	M	11/07/1964	GENA	HMO 1	PEMBROKE PINES	FL	33028-0000
EE	M	04/21/1958	PASA	HMO 1	CORAL SPRINGS	FL	33071-0000
SP	F	10/22/1956	PASA	HMO 1	CORAL SPRINGS	FL	33071-0000
EE	M	10/26/1961	PASA	HMO 1	WEST PALM BEACH	FL	33405-0000
SP	F	02/01/1957	PASA	HMO 1	WEST PALM BEACH	FL	33405-0000
EE	M	11/23/1964	PASA	HDHP	DEERFIELD	FL	33442-0000
SP	F	07/16/1975	PASA	HDHP	DEERFIELD	FL	33442-0000
CH	F	11/10/2015	PASA	HDHP	DEERFIELD	FL	33442-0000
EE	M	06/07/1972	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	M	06/30/1996	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	M	06/30/1996	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	F	10/14/1951	CONU65	HMO 1	OAKLAND PARK	FL	33334-0000
EE	M	11/28/1967	MGTA	HDHP	COCONUT CREEK	FL	33073-0000
SP	F	01/22/1971	MGTA	HDHP	COCONUT CREEK	FL	33073-0000
CH	M	02/19/1998	MGTA	HDHP	COCONUT CREEK	FL	33073-0000
CH	F	10/31/1999	MGTA	HDHP	COCONUT CREEK	FL	33073-0000
EE	M	05/30/1985	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	F	06/23/2004	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	M	03/22/2010	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	M	03/13/1952	GENA	HDHP	WESTON	FL	33326-0000
CH	M	12/19/1991	GENA	HDHP	WESTON	FL	33326-0000
CH	F	11/13/1997	GENA	HDHP	WESTON	FL	33326-0000
EE	F	09/01/1957	GENU65	HMO 1	MARGATE	FL	33063-0000
SP	M	02/03/1955	GENU65	HMO 1	MARGATE	FL	33063-0000
EE	M	06/30/1966	FIRA	HMO 1	MARGATE	FL	33063-0000
SP	F	08/23/1968	FIRA	HMO 1	MARGATE	FL	33063-0000
CH	M	07/12/1994	FIRA	HMO 1	MARGATE	FL	33063-0000
CH	F	09/10/1996	FIRA	HMO 1	BOSTON	MA	02115-0000
EE	M	12/09/1974	FIRA	HDHP	WELLINGTON	FL	33414-0000
SP	F	02/17/1980	FIRA	HDHP	WELLINGTON	FL	33414-0000
CH	M	04/22/2004	FIRA	HDHP	WELLINGTON	FL	33414-0000
CH	F	05/02/2000	FIRA	HDHP	WELLINGTON	FL	33414-0000
EE	M	03/02/1978	FIRA	HMO 1	SUNRISE	FL	33351-0000
CH	M	04/28/2012	FIRA	HMO 1	SUNRISE	FL	33351-0000
EE	M	03/18/1973	FIRA	HDHP	LOXAHATCHEE	FL	33470-0000
SP	F	02/23/1973	FIRA	HDHP	LOXAHATCHEE	FL	33470-0000

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CH	M	06/27/1995	FIRA	HDHP	LOXAHATCHEE	FL	33470-0000
CH	F	09/02/2005	FIRA	HDHP	LOXAHATCHEE	FL	33470-0000
CH	F	09/02/2005	FIRA	HDHP	LOXAHATCHEE	FL	33470-0000
EE	M	01/31/1965	GENA	HDHP	HOLLYWOOD	FL	33021-0000
EE	M	06/16/1968	MGTA	HDHP	FORT LAUDERDALE	FL	33315-0000
SP	F	01/22/1966	MGTA	HDHP	FORT LAUDERDALE	FL	33315-0000
CH	F	02/11/1995	MGTA	HDHP	FORT LAUDERDALE	FL	33315-0000
CH	F	07/12/1996	MGTA	HDHP	FORT LAUDERDALE	FL	33315-0000
EE	M	12/03/1982	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
EE	F	12/19/1979	GENA	HMO 1	FORT LAUDERDALE	FL	33312-0000
EE	M	11/07/1955	GENA	HMO 2	PEMBROKE PINES	FL	33025-0000
CH	M	12/21/1992	GENA	HMO 1	LAUDERHILL	FL	33311-0000
EE	M	12/29/1969	GENA	HMO 1	HALLANDALE BEACH	FL	33009-0000
EE	F	10/23/1978	MGTA	HMO 1	POMPANO BEACH	FL	33069-0000
EE	M	07/25/1954	GENA	HMO 1	SUNRISE	FL	33323-0000
SP	F	05/30/1956	GENA	HMO 1	SUNRISE	FL	33323-0000
EE	M	03/14/1981	GENA	HDHP	NORTH LAUDERDALE	FL	33068-0000
EE	F	12/07/1982	GENA	HMO 1	LAUDERHILL	FL	33313-0000
EE	M	09/29/1966	GENA	HMO 1	NORTH LAUDERDALE	FL	33068-0000
CH	F	03/15/2000	GENA	HMO 1	NORTH LAUDERDALE	FL	33068-0000
CH	M	08/31/1995	GENA	HMO 1	NORTH LAUDERDALE	FL	33068-0000
CH	M	03/30/1994	GENA	HMO 1	NORTH LAUDERDALE	FL	33068-0000
CH	M	02/12/1997	GENA	HMO 1	NORTH LAUDERDALE	FL	33068-0000
EE	M	09/16/1963	GENA	HDHP	DEERFIELD BEACH	FL	33442-0000
EE	M	01/26/1961	GENA	HDHP	SUNRISE	FL	33351-0000
SP	F	02/23/1963	GENA	HDHP	SUNRISE	FL	33351-0000
CH	M	08/27/1992	GENA	HDHP	SUNRISE	FL	33351-0000
EE	M	01/20/1964	GENA	HMO 2	FORT LAUDERDALE	FL	33311-0000
SP	M	01/28/1989	PASA	HMO 1	OAKLAND PARK	FL	33334-0000
EE	M	04/14/1974	GENA	HDHP	OAKLAND PARK	FL	33309-0000
EE	M	01/10/1977	FIRA	HDHP	BOCA RATON	FL	33486-0000
SP	F	08/11/1977	FIRA	HDHP	BOCA RATON	FL	33486-0000
CH	F	07/14/2007	FIRA	HDHP	BOCA RATON	FL	33486-0000
CH	F	11/10/2010	FIRA	HDHP	BOCA RATON	FL	33486-0000
CH	M	08/23/2012	FIRA	HDHP	BOCA RATON	FL	33486-0000
EE	F	07/08/1970	GENA	HDHP	DEERFIELD BEACH	FL	33441-0000
CH	M	07/03/1997	GENA	HDHP	DEERFIELD BEACH	FL	33441-0000
CH	M	11/16/2001	GENA	HDHP	DEERFIELD BEACH	FL	33441-0000
CH	F	07/27/2004	GENA	HDHP	DEERFIELD BEACH	FL	33441-0000
EE	F	05/27/1954	MGTA	HDHP	MARGATE	FL	33063-0000
EE	M	07/05/1946	GENA	HMO 1	FORT LAUDERDALE	FL	33317-0000
SP	F	02/09/1955	GENA	HMO 1	FORT LAUDERDALE	FL	33317-0000
EE	M	07/26/1975	MGTA	HDHP	FORT LAUDERDALE	FL	33315-0000

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SP	F	07/20/1977	MGTA	HDHP	FORT LAUDERDALE	FL	33315-0000
CH	M	07/09/2006	MGTA	HDHP	FORT LAUDERDALE	FL	33315-0000
EE	M	07/23/1991	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	M	03/06/1955	GENA	HMO 1	MARGATE	FL	33063-0000
EE	M	06/22/1969	FIRA	HDHP	FORT LAUDERDALE	FL	33334-0000
SP	F	06/28/1969	FIRA	HDHP	FORT LAUDERDALE	FL	33334-0000
CH	F	02/16/1996	FIRA	HDHP	FORT LAUDERDALE	FL	33334-0000
EE	F	06/12/1975	GENA	HMO 1	PEMBROKE PINES	FL	33026-0000
EE	F	02/13/1964	FIRA	HDHP	DAVIE	FL	33324-0000
EE	M	04/02/1958	GENA	HMO 1	LAUDERHILL	FL	33351-0000
EE	M	06/04/1960	GENA	HMO 2	FORT LAUDERDALE	FL	33335-0000
EE	F	02/21/1987	MGTA	HDHP	DEERFIELD BEACH	FL	33442-0000
EE	M	01/06/1964	GENA	HMO 1	TAMARAC	FL	33309-0000
SP	F	05/07/1982	GENA	HMO 1	TAMARAC	FL	33309-0000
CH	F	09/20/2007	GENA	HMO 1	TAMARAC	FL	33309-0000
CH	M	03/31/1994	GENA	HMO 1	TAMARAC	FL	33309-0000
CH	M	06/01/1992	GENA	HMO 1	TAMARAC	FL	33309-0000
EE	M	12/18/1972	FIRA	HDHP	BOCA RATON	FL	33432-0000
SP	F	09/04/1971	FIRA	HDHP	BOCA RATON	FL	33432-0000
CH	F	08/30/2006	FIRA	HDHP	BOCA RATON	FL	33432-0000
CH	F	08/25/2010	FIRA	HDHP	BOCA RATON	FL	33432-0000
EE	M	11/02/1965	FIRA	HDHP	PALM CITY	FL	34990-0000
SP	F	06/16/1959	FIRA	HDHP	PALM CITY	FL	34990-0000
CH	F	04/06/1996	FIRA	HDHP	PALM CITY	FL	34990-0000
CH	F	01/25/2001	FIRA	HDHP	PALM CITY	FL	34990-0000
EE	M	09/23/1970	FIRA	HDHP	DAVIE	FL	33325-0000
SP	F	03/12/1971	FIRA	HDHP	DAVIE	FL	33325-0000
CH	M	11/15/2006	FIRA	HDHP	DAVIE	FL	33325-0000
CH	M	03/12/2002	FIRA	HDHP	DAVIE	FL	33325-0000
EE	M	03/22/1988	FIRA	HDHP	POMPANO BEACH	FL	33060-0000
EE	M	12/05/1982	MGTA	HDHP	FORT LAUDERDALE	FL	33304-0000
EE	M	03/30/1955	GENA	HDHP	FORT LAUDERDALE	FL	33315-0000
SP	F	01/23/1947	GENA	HDHP	FORT LAUDERDALE	FL	33315-0000
EE	M	01/16/1958	MGTU65	HMO 1	NORTH LAUDERDALE	FL	33068-0000
EE	F	01/09/1964	GENA	HMO 1	SUNRISE	FL	33322-0000
CH	F	05/10/1994	MGTA	HMO 1	DAVIE	FL	33328-0000
CH	F	11/09/1990	MGTA	HMO 1	DAVIE	FL	33328-0000
EE	F	10/02/1955	MGTA	HMO 1	DAVIE	FL	33328-0000
SP	F	05/20/1973	GENA	HMO 1	OPA LOCKA	FL	33055-0000
EE	M	11/02/1953	FIRA	HMO 1	FORT LAUDERDALE	FL	33308-0000
EE	M	12/27/1979	GENA	HDHP	NORTH LAUDERDALE	FL	33068-0000
SP	F	07/16/1978	GENA	HDHP	NORTH LAUDERDALE	FL	33068-0000
CH	F	04/13/2003	GENA	HDHP	NORTH LAUDERDALE	FL	33068-0000

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CH	M	05/22/2006	GENA	HDHP	NORTH LAUDERDALE	FL	33068-0000
CH	M	09/28/2007	GENA	HDHP	NORTH LAUDERDALE	FL	33068-0000
CH	F	02/04/2002	GENA	HDHP	NORTH LAUDERDALE	FL	33068-0000
EE	M	07/18/1975	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
CH	M	11/14/2000	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
EE	M	05/13/1965	FIRA	HDHP	WEST PALM BEACH	FL	33412-0000
SP	F	12/12/1960	FIRA	HDHP	WEST PALM BEACH	FL	33412-0000
CH	M	09/20/1995	FIRA	HDHP	WEST PALM BEACH	FL	33412-0000
CH	F	08/22/1997	FIRA	HDHP	WEST PALM BEACH	FL	33412-0000
EE	M	06/28/1951	PASA	HMO 1	FORT LAUDERDALE	FL	33315-0000
SP	F	05/11/2015	PASA	HMO 1	FORT LAUDERDALE	FL	33315-0000
CH	F	05/11/2015	PASA	HMO 1	FORT LAUDERDALE	FL	33315-0000
EE	M	04/27/1964	GENA	HMO 1	FORT LAUDERDALE	FL	33309-0000
CH	F	02/18/1998	GENA	HMO 1	FORT LAUDERDALE	FL	33309-0000
EE	M	04/28/1961	PASA	HMO 1	COCONUT CREEK	FL	33066-0000
CH	M	05/31/2000	PASA	HMO 1	COCONUT CREEK	FL	33066-0000
EE	M	03/12/1962	GENA	HMO 2	DEERFIELD BEACH	FL	33441-0000
SP	F	01/16/1966	GENA	HMO 2	DEERFIELD BEACH	FL	33441-0000
CH	M	09/29/2003	GENA	HMO 2	DEERFIELD BEACH	FL	33441-0000
CH	F	06/20/1995	GENA	HMO 2	DEERFIELD BEACH	FL	33441-0000
CH	F	01/29/1999	GENA	HMO 2	DEERFIELD BEACH	FL	33441-0000
EE	M	02/08/1965	FIRA	HDHP	FORT LAUDERDALE	FL	33308-0000
EE	M	05/27/1978	PASA	HDHP	DAVIE	FL	33325-0000
SP	F	03/24/1989	PASA	HDHP	DAVIE	FL	33325-0000
CH	F	05/21/2011	PASA	HDHP	DAVIE	FL	33325-0000
EE	M	03/10/1970	GENA	HDHP	COCONUT CREEK	FL	33063-0000
EE	M	07/12/1963	GENA	HMO 1	OAKLAND PARK	FL	33334-0000
EE	M	04/22/1970	FIRA	HDHP	PEMBROKE PINES	FL	33028-0000
EE	M	06/17/1977	PASA	HMO 1	WILTON MANORS	FL	33305-0000
EE	F	02/08/1965	CONA	HDHP	TAMARAC	FL	33321-0000
EE	F	11/25/1963	GENA	HDHP	LAUDERHILL	FL	33319-0000
CH	F	12/01/1992	GENA	HDHP	LAUDERHILL	FL	33319-0000
CH	F	05/14/1997	GENA	HDHP	LAUDERHILL	FL	33319-0000
EE	F	07/18/1989	CONA	HMO 2	LAUDERHILL	FL	33313-0000
SP	M	12/17/1961	CONA	HMO 2	FORT LAUDERDALE	FL	33311-0000
EE	M	12/14/1987	GENA	HDHP	HOLLYWOOD	FL	33020-0000
EE	M	03/06/1977	MGTA	HDHP	BOYNTON BEACH	FL	33472-0000
SP	F	11/05/1982	MGTA	HDHP	BOYNTON BEACH	FL	33472-0000
CH	M	04/21/2013	MGTA	HDHP	BOYNTON BEACH	FL	33472-0000
EE	M	05/10/1956	GENA	HMO 1	LIGHTHOUSE POINT	FL	33064-0000
SP	F	05/29/1954	GENA	HMO 1	LIGHTHOUSE POINT	FL	33064-0000
EE	M	05/12/1981	FIRA	HDHP	DEERFIELD BCH	FL	33442-0000
EE	M	05/12/1944	GENA	HMO 1	FORT LAUDERDALE	FL	33308-0000

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SP	F	06/07/1954	GENA	HMO 1	FORT LAUDERDALE	FL	33308-0000
CH	M	04/16/1997	GENA	HMO 1	FORT LAUDERDALE	FL	33308-0000
EE	F	12/11/1981	PASA	HMO 1	LAUDERHILL	FL	33351-0000
SP	M	08/21/1980	PASA	HMO 1	LAUDERHILL	FL	33351-0000
CH	F	08/28/2006	PASA	HMO 1	LAUDERHILL	FL	33351-0000
CH	F	09/04/2010	PASA	HMO 1	LAUDERHILL	FL	33351-0000
CH	F	01/24/2012	PASA	HMO 1	LAUDERHILL	FL	33351-0000
CH	M	04/19/2004	MGTA	HMO 1	CORAL SPRINGS	FL	33071-0000
EE	M	12/16/1936	GENA	HMO 1	LAUDERHILL	FL	33319-0000
EE	F	04/22/1961	MGTA	HMO 2	HOLLYWOOD	FL	33020-0000
EE	M	10/01/1963	GENA	HDHP	BOCA RATON	FL	33432-0000
SP	F	02/09/1971	GENA	HDHP	BOCA RATON	FL	33432-0000
CH	F	08/16/2011	GENA	HDHP	BOCA RATON	FL	33432-0000
CH	F	03/24/1998	GENA	HDHP	BOCA RATON	FL	33432-0000
CH	M	04/08/1996	GENA	HDHP	BOCA RATON	FL	33432-0000
EE	M	01/18/1972	FIRA	HDHP	FORT LAUDERDALE	FL	33308-0000
SP	F	10/04/1975	FIRA	HDHP	FORT LAUDERDALE	FL	33308-0000
CH	F	12/21/2005	FIRA	HDHP	FORT LAUDERDALE	FL	33308-0000
CH	M	08/06/2004	FIRA	HDHP	FORT LAUDERDALE	FL	33308-0000
EE	M	12/02/1952	FIRU65	HMO 1	PLANTATION	FL	33317-0000
SP	F	09/21/1954	FIRU65	HMO 1	PLANTATION	FL	33317-0000
EE	M	11/16/1980	FIRA	HDHP	MIAMI GARDENS	FL	33169-0000
CH	M	05/18/2003	FIRA	HDHP	MIAMI GARDENS	FL	33169-0000
CH	F	08/07/2008	FIRA	HDHP	MIAMI GARDENS	FL	33169-0000
EE	F	04/03/1962	FIRA	HDHP	DAVIE	FL	33325-0000
EE	F	12/02/1968	PASA	HMO 1	PEMBROKE PINES	FL	33028-0000
EE	M	12/17/1974	FIRA	HMO 1	STUART	FL	34997-0000
EE	F	08/22/1957	PASA	HMO 1	OAKLAND PARK	FL	33334-0000
EE	M	04/14/1982	PASA	HDHP	FORT LAUDERDALE	FL	33311-0000
SP	F	05/13/1980	PASA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	M	10/02/2007	PASA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	M	01/21/2010	PASA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	M	06/24/2011	PASA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	M	08/02/2013	PASA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	F	10/17/2015	PASA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	M	12/24/1982	GENA	HMO 1	POMPANO BEACH	FL	33060-0000
SP	F	09/05/1988	GENA	HMO 1	POMPANO BEACH	FL	33060-0000
SP	F	03/28/1954	PASA	HDHP	POMPANO BEACH	FL	33060-0000
EE	M	05/17/1984	GENA	HMO 1	MIRAMAR	FL	33025-0000
SP	M	03/25/1977	MGTA	HMO 1	LAUDERHILL	FL	33319-0000
SP	F	11/11/1980	GENA	HMO 1	MIRAMAR	FL	33025-0000
EE	F	12/10/1953	CONA	HDHP	HOLLYWOOD	FL	33021-0000
EE	M	12/24/1974	FIRA	HMO 1	CORAL SPRINGS	FL	33076-0000

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EE	M	02/06/1954	GENA	HDHP	CORAL SPRINGS	FL	33071-0000
SP	F	12/31/1954	GENA	HDHP	CORAL SPRINGS	FL	33071-0000
SP	M	11/30/1958	GENA	HDHP	COCONUT CREEK	FL	33073-0000
EE	M	05/24/1950	MGTA	HDHP	FORT LAUDERDALE	FL	33315-0000
SP	F	01/31/1952	MGTA	HDHP	FORT LAUDERDALE	FL	33315-0000
EE	M	04/15/1977	FIRA	HDHP	PALM CITY	FL	34990-0000
SP	F	07/31/1975	FIRA	HDHP	PALM CITY	FL	34990-0000
CH	F	10/04/2004	FIRA	HDHP	PALM CITY	FL	34990-0000
CH	F	12/23/2007	FIRA	HDHP	PALM CITY	FL	34990-0000
EE	M	08/08/1976	FIRA	HMO 2	MARGATE	FL	33063-0000
SP	F	06/09/1977	FIRA	HMO 2	MARGATE	FL	33063-0000
CH	F	10/06/2000	FIRA	HMO 2	MARGATE	FL	33063-0000
CH	F	07/26/2003	FIRA	HMO 2	MARGATE	FL	33063-0000
EE	F	07/13/1979	GENA	HDHP	FORT LAUDERDALE	FL	33308-0000
EE	M	11/10/1978	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
SP	F	10/31/1981	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
CH	M	02/11/2006	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	M	04/28/1987	FIRA	HDHP	SUNRISE	FL	33323-0000
EE	F	10/17/1962	MGTA	HMO 1	WESTON	FL	33311-0000
CH	F	08/14/1994	GENA	HMO 1	DAVIE	FL	33325-0000
SP	F	02/05/1964	GENA	HMO 1	DAVIE	FL	33325-0000
SP	F	05/13/1966	PASA	HMO 1	CORAL SPRINGS	FL	33076-0000
EE	M	09/01/1985	GENA	HDHP	POMPANO BEACH	FL	33069-0000
SP	F	01/26/1986	GENA	HDHP	POMPANO BEACH	FL	33069-0000
EE	F	12/28/1973	MGTA	HMO 2	BOCA RATON	FL	33432-0000
EE	M	01/26/1953	PASU65	HMO 1	WILTON MANORS	FL	33305-0000
EE	M	04/24/1990	GENA	HDHP	OAKLAND PARK	FL	33334-0000
EE	M	01/21/1963	PASA	HDHP	FORT LAUDERDALE	FL	33308-0000
EE	M	11/10/1984	GENA	HDHP	FORT LAUDERDALE	FL	33309-0000
SP	F	05/26/1992	GENA	HDHP	FORT LAUDERDALE	FL	33309-0000
CH	M	10/28/2014	GENA	HDHP	FORT LAUDERDALE	FL	33309-0000
EE	M	08/10/1952	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
CH	M	12/06/1996	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	F	11/11/1960	GENA	HMO 1	FORT LAUDERDALE	FL	33315-0000
SP	M	11/11/1960	GENA	HMO 1	FORT LAUDERDALE	FL	33315-0000
EE	M	05/22/1963	FIRU65	HMO 1	CUTLER BAY	FL	33189-0000
SP	F	10/27/1971	FIRU65	HMO 1	CUTLER BAY	FL	33189-0000
CH	F	01/21/1997	FIRU65	HMO 1	CUTLER BAY	FL	33189-0000
CH	M	06/08/2005	FIRU65	HMO 1	CUTLER BAY	FL	33189-0000
CH	M	11/02/1998	FIRU65	HMO 1	CUTLER BAY	FL	33189-0000
EE	M	09/04/1968	GENA	HMO 1	LAUDERHILL	FL	33314-0000
SP	F	08/04/1966	GENA	HMO 1	LAUDERHILL	FL	33314-0000
EE	M	09/23/1966	PASA	HDHP	WILTON MANORS	FL	33334-0000

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CH	F	10/24/1991	PASA	HDHP	WILTON MANORS	FL	33334-0000
CH	M	02/25/2014	PASA	HDHP	WILTON MANORS	FL	33334-0000
EE	M	02/11/1980	GENA	HDHP	POMPANO BEACH	FL	33064-0000
SP	F	01/29/1980	GENA	HDHP	POMPANO BEACH	FL	33064-0000
CH	F	08/07/2004	GENA	HDHP	POMPANO BEACH	FL	33064-0000
EE	F	10/22/1959	GENA	HDHP	OAKLAND PARK	FL	33309-0000
SP	F	05/10/1951	MGTA	HMO 1	HOLLYWOOD	FL	33021-0000
EE	M	10/30/1981	GENA	HMO 1	MARGATE	FL	33063-0000
CH	F	03/29/2012	GENA	HMO 1	MARGATE	FL	33063-0000
EE	F	11/01/1975	GENA	HMO 2	CORAL SPRINGS	FL	33067-0000
EE	M	08/29/1968	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	M	07/25/2005	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	M	07/25/2008	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	M	08/13/2000	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	M	10/08/1971	FIRA	HDHP	NORTH LAUDERDALE	FL	33068-0000
EE	M	09/05/1971	FIRA	HDHP	PLANTATION	FL	33323-0000
SP	F	11/22/1985	FIRA	HDHP	PLANTATION	FL	33323-0000
SP	F	12/30/1990	GENA	HDHP	CORAL SPRINGS	FL	33067-0000
EE	F	03/17/1975	MGTA	HMO 1	LAUDERDALE LAKES	FL	33309-0000
EE	M	09/27/1980	FIRA	HDHP	MIAMI GARDENS	FL	33056-0000
CH	F	01/08/2011	FIRA	HDHP	MIAMI GARDENS	FL	33056-0000
CH	F	10/12/2007	FIRA	HDHP	MIAMI GARDENS	FL	33056-0000
CH	F	06/18/2009	FIRA	HDHP	MIAMI GARDENS	FL	33056-0000
CH	F	11/05/2012	FIRA	HDHP	MIAMI GARDENS	FL	33056-0000
CH	F	10/28/2014	FIRA	HDHP	MIAMI GARDENS	FL	33056-0000
EE	M	12/17/1971	GENA	HDHP	HOLLYWOOD	FL	33021-0000
SP	F	04/07/1968	GENA	HDHP	HOLLYWOOD	FL	33021-0000
CH	F	06/03/2006	GENA	HDHP	HOLLYWOOD	FL	33021-0000
CH	F	11/19/2007	GENA	HDHP	HOLLYWOOD	FL	33021-0000
EE	M	06/16/1988	MGTA	HMO 1	DEERFIELD BEACH	FL	33441-0000
SP	F	12/17/1986	MGTA	HMO 1	DEERFIELD BEACH	FL	33441-0000
CH	F	12/17/2011	MGTA	HMO 1	DEERFIELD BEACH	FL	33441-0000
CH	F	11/21/2014	MGTA	HMO 1	DEERFIELD BEACH	FL	33441-0000
EE	M	07/23/1975	FIRA	HDHP	JUPITER	FL	33478-0000
SP	F	09/22/1978	FIRA	HDHP	JUPITER	FL	33478-0000
CH	M	07/24/2004	FIRA	HDHP	JUPITER	FL	33478-0000
CH	M	02/29/2012	FIRA	HDHP	JUPITER	FL	33478-0000
EE	F	10/16/1973	MGTA	HDHP	JUPITER	FL	33478-0000
EE	M	07/23/1965	FIRA	HMO 1	PORT ST LUCIE	FL	34952-0000
CH	F	05/21/1992	FIRA	HMO 1	PORT ST LUCIE	FL	34952-0000
CH	M	08/30/1994	FIRA	HMO 1	PORT ST LUCIE	FL	34952-0000
EE	M	12/10/1986	PASA	HDHP	FORT LAUDERDALE	FL	33315-0000
EE	M	06/07/1988	PASA	HMO 1	CORAL SPRINGS	FL	33071-0000

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EE	M	02/26/1951	GENA	HMO 1	POMPANO BEACH	FL	33069-0000
CH	M	06/04/2007	FIRA	HMO 2	MIAMI	FL	33178-0000
EE	M	05/31/1982	MGTA	HMO 1	HOLLYWOOD	FL	33021-0000
SP	F	05/13/1979	MGTA	HMO 1	HOLLYWOOD	FL	33021-0000
CH	M	12/16/2011	MGTA	HMO 1	HOLLYWOOD	FL	33021-0000
CH	F	11/18/2013	MGTA	HMO 1	HOLLYWOOD	FL	33021-0000
EE	F	12/28/1957	MGTA	HDHP	WEST PALM BEACH	FL	33409-0000
EE	M	03/16/1958	GENA	HDHP	MIAMI	FL	33169-0000
EE	M	05/10/1959	GENA	HDHP	FORT LAUDERDALE	FL	33306-0000
EE	F	07/14/1980	CONA	HDHP	CORAL SPRINGS	FL	33067-0000
EE	M	03/04/1968	GENA	HMO 1	FORT LAUDERDALE	FL	33315-0000
SP	F	02/22/1975	GENA	HMO 1	FORT LAUDERDALE	FL	33315-0000
EE	M	04/06/1988	FIRA	HDHP	MIRAMAR	FL	33029-0000
EE	F	12/01/1979	FIRA	HMO 1	GREENACRES	FL	33413-0000
CH	M	08/18/1997	FIRA	HMO 1	GREENACRES	FL	33413-0000
CH	F	05/11/2001	FIRA	HMO 1	GREENACRES	FL	33413-0000
CH	F	06/24/2009	FIRA	HMO 1	GREENACRES	FL	33413-0000
EE	M	09/27/1977	FIRA	HDHP	PEMBROKE PINES	FL	33028-0000
EE	M	10/07/1967	PASA	HMO 1	FORT LAUDERDALE	FL	33305-0000
EE	M	06/22/1964	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
CH	F	03/13/1997	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	M	02/27/1970	FIRA	HDHP	LAKE WORTH	FL	33467-0000
SP	F	01/11/1962	FIRA	HDHP	LAKE WORTH	FL	33467-0000
CH	F	07/04/1997	FIRA	HDHP	LAKE WORTH	FL	33467-0000
CH	F	03/17/1999	FIRA	HDHP	LAKE WORTH	FL	33467-0000
EE	M	05/21/1970	FIRA	HDHP	FORT LAUDERDALE	FL	33309-0000
SP	F	07/27/1979	FIRA	HDHP	FORT LAUDERDALE	FL	33309-0000
CH	M	12/11/2011	FIRA	HDHP	FORT LAUDERDALE	FL	33309-0000
EE	F	09/06/1971	MGTA	HMO 1	CORAL SPRINGS	FL	33067-0000
EE	M	01/30/1976	MGTA	HMO 1	TAMARAC	FL	33321-0000
SP	F	07/14/1979	MGTA	HMO 1	TAMARAC	FL	33321-0000
CH	M	08/07/2011	MGTA	HMO 1	TAMARAC	FL	33321-0000
CH	F	11/08/2006	MGTA	HMO 1	TAMARAC	FL	33321-0000
EE	M	09/15/1978	GENA	HDHP	TAMARAC	FL	33321-0000
SP	F	11/10/1979	GENA	HDHP	TAMARAC	FL	33321-0000
CH	M	12/22/1997	GENA	HDHP	TAMARAC	FL	33321-0000
CH	M	10/23/2002	GENA	HDHP	TAMARAC	FL	33321-0000
CH	F	04/06/2004	GENA	HDHP	TAMARAC	FL	33321-0000
CH	M	07/02/2010	GENA	HDHP	TAMARAC	FL	33321-0000
EE	M	09/21/1961	GENA	HDHP	FORT LAUDERDALE	FL	33302-0000
CH	F	04/07/2000	GENA	HDHP	FORT LAUDERDALE	FL	33302-0000
CH	F	08/02/2002	GENA	HDHP	FORT LAUDERDALE	FL	33302-0000
EE	M	10/20/1958	GENA	HDHP	LAUD BY THE SEA	FL	33062-0000

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EE	M	01/03/1952	GENA	HMO 1	LAUDERHILL	FL	33319-0000
CH	M	01/13/2013	GENA	HMO 1	LAUDERHILL	FL	33319-0000
EE	F	08/08/1986	GENA	HMO 2	OAKLAND PARK	FL	33309-0000
EE	F	08/28/1986	GENA	HDHP	SUNRISE	FL	33313-0000
SP	M	09/08/1983	GENA	HDHP	SUNRISE	FL	33313-0000
CH	M	01/05/2011	GENA	HDHP	SUNRISE	FL	33313-0000
EE	M	06/18/1958	GENA	HMO 1	FORT LAUDERDALE	FL	33335-0000
EE	M	12/04/1962	MGTA	HMO 1	TAMARAC	FL	33319-0000
SP	F	02/19/1964	MGTA	HMO 1	TAMARAC	FL	33319-0000
CH	F	09/06/1998	MGTA	HMO 1	TAMARAC	FL	33319-0000
EE	M	01/09/1970	PASA	HDHP	FORT LAUDERDALE	FL	33304-0000
EE	M	04/09/1983	MGTA	HMO 1	FORT LAUDERDALE	FL	33308-0000
EE	M	03/11/1970	MGTA	HDHP	LAKE WORTH	FL	33467-0000
SP	F	09/15/1971	MGTA	HDHP	LAKE WORTH	FL	33467-0000
CH	F	09/27/1994	MGTA	HDHP	LAKE WORTH	FL	33467-0000
CH	M	01/20/2005	MGTA	HDHP	LAKE WORTH	FL	33467-0000
CH	M	05/27/2007	MGTA	HDHP	LAKE WORTH	FL	33467-0000
EE	M	12/13/1960	GENA	HDHP	TAMARAC	FL	33321-0000
SP	F	02/18/1958	GENA	HDHP	TAMARAC	FL	33321-0000
EE	M	01/29/1959	PASA	HMO 1	FORT LAUDERDALE	FL	33328-0000
CH	F	02/08/1991	PASA	HMO 1	FORT LAUDERDALE	FL	33328-0000
CH	M	04/04/1996	PASA	HMO 1	FORT LAUDERDALE	FL	33328-0000
EE	F	12/27/1960	GENA	HMO 1	SUNRISE	FL	33313-0000
EE	M	04/29/1956	GENA	HMO 1	MIRAMAR	FL	33023-0000
EE	M	08/27/1956	FIRU65	HMO 1	CORAL SPRINGS	FL	33067-0000
SP	F	03/20/1962	GENA	HMO 1	DEERFIELD BEACH	FL	33441-0000
EE	F	12/29/1951	GENU65	HMO 1	FT LAUDERDALE	FL	33315-0000
EE	M	09/24/1979	FIRA	HMO 1	PALMETTO BAY	FL	33158-0000
CH	M	02/17/2013	FIRA	HMO 1	PALMETTO BAY	FL	33158-0000
EE	F	09/12/1961	CONA	HDHP	FORT LAUDERDALE	FL	33338-0000
EE	M	01/02/1967	GENA	HDHP	DAVID	FL	33314-0000
SP	F	04/24/1966	GENA	HDHP	DAVID	FL	33314-0000
CH	M	07/10/2006	GENA	HDHP	DAVID	FL	33314-0000
CH	F	10/12/2009	GENA	HDHP	DAVID	FL	33314-0000
SP	M	08/02/1969	MGTA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	M	03/30/1952	MGTU65	HMO 1	SUMMERFIELD	FL	34491-0000
EE	M	08/07/1940	MGT65O	HMO 1	FORT LAUDERDALE	FL	33316-0000
SP	M	01/05/1977	MGTA	HDHP	PEMBROKE PINES	FL	33029-0000
CH	M	12/23/2005	MGTA	HDHP	PEMBROKE PINES	FL	33029-0000
CH	F	10/28/2008	MGTA	HDHP	PEMBROKE PINES	FL	33029-0000
EE	F	11/02/1976	PASA	HDHP	FORT LAUDERDALE	FL	33312-0000
CH	M	12/18/2008	PASA	HDHP	FORT LAUDERDALE	FL	33312-0000
EE	M	01/30/1972	PASA	HMO 1	BOCA RATON	FL	33428-0000

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CH	M	07/31/2004	PASA	HMO 1	BOCA RATON	FL	33428-0000
SP	F	05/27/1966	GENA	HMO 2	OAKLAND PARK	FL	33334-0000
EE	F	02/11/1961	GENA	HMO 1	TAMARAC	FL	33321-0000
CH	M	06/07/1991	GENA	HMO 1	TAMARAC	FL	33321-0000
EE	M	01/03/1971	GENA	HMO 1	POMPANO BEACH	FL	33060-0000
EE	F	10/27/1964	GENA	HDHP	FORT LAUDERDALE	FL	33307-0000
EE	M	11/13/1989	GENA	HMO 2	LAUDERHILL	FL	33313-0000
EE	M	10/19/1969	FIRA	HMO 1	BOCA RATON	FL	33486-0000
CH	F	11/22/2008	FIRA	HMO 1	BOCA RATON	FL	33486-0000
EE	F	03/13/1964	PASA	HDHP	OAKLAND PARK	FL	33334-0000
SP	M	09/17/1965	PASA	HDHP	OAKLAND PARK	FL	33334-0000
CH	M	12/20/2007	PASA	HDHP	OAKLAND PARK	FL	33334-0000
CH	M	03/26/2002	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	M	02/19/1953	MGTU65	HMO 1	MARCO ISLAND	FL	34145-0000
SP	F	11/19/1958	MGTU65	HMO 1	MARCO ISLAND	FL	34145-0000
EE	F	11/21/1955	MGTU65	HMO 1	WILTON MANORS	FL	33305-0000
EE	M	06/20/1959	GENA	HDHP	PLANTATION	FL	33324-0000
EE	M	07/27/1986	GENA	HDHP	TAMARAC	FL	33321-0000
EE	M	02/17/1973	FIRA	HMO 1	PLANTATION	FL	33322-0000
EE	M	06/25/1967	GENA	HMO 1	SUNRISE	FL	33351-0000
SP	F	04/14/1965	GENA	HMO 1	SUNRISE	FL	33351-0000
CH	M	08/20/1994	GENA	HMO 1	SUNRISE	FL	33351-0000
CH	M	10/19/1999	GENA	HMO 1	SUNRISE	FL	33351-0000
EE	M	10/16/1967	GENA	HMO 1	MIRAMAR	FL	33023-0000
SP	F	04/15/1977	GENA	HMO 1	MIRAMAR	FL	33023-0000
CH	M	01/04/2003	GENA	HMO 1	MIRAMAR	FL	33023-0000
CH	M	09/20/2007	GENA	HMO 1	MIRAMAR	FL	33023-0000
EE	F	12/28/1953	GENA	HDHP	MARGATE	FL	33063-0000
EE	F	11/29/1958	PASA	HMO 1	FORT LAUDERDALE	FL	33306-0000
SP	M	04/29/1966	GENA	HDHP	COCONUT CREEK	FL	33073-0000
CH	F	05/18/2010	GENA	HDHP	COCONUT CREEK	FL	33073-0000
EE	M	01/29/1960	FIRA	HMO 2	PARKLAND	FL	33076-0000
EE	M	06/20/1969	GENA	HDHP	SUNRISE	FL	33351-0000
SP	F	12/16/1971	GENA	HDHP	SUNRISE	FL	33351-0000
CH	F	11/21/1998	GENA	HDHP	SUNRISE	FL	33351-0000
CH	M	12/27/2006	GENA	HDHP	SUNRISE	FL	33351-0000
CH	F	12/07/2002	GENA	HDHP	SUNRISE	FL	33351-0000
CH	F	09/29/1993	GENA	HDHP	CORAL SPRINGS	FL	33065-0000
EE	M	08/07/1952	GENA	HMO 1	DEERFIELD BEACH	FL	33442-0000
CH	F	12/21/1995	CONA	HMO 1	SUNRISE	FL	33351-0000
EE	F	11/22/1959	GENA	HMO 1	SUNRISE	FL	33351-0000
EE	M	01/08/1967	GENA	HDHP	COCONUT CREEK	FL	33073-0000
EE	M	04/03/1958	GENA	HDHP	SUNRISE	FL	33322-0000

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EE	M	10/05/1953	MGTA	HDHP	FORT LAUDERDALE	FL	33309-0000
SP	F	03/12/1955	MGTA	HDHP	FORT LAUDERDALE	FL	33309-0000
EE	M	05/16/1985	GENA	HMO 1	PLANTATION	FL	33317-0000
EE	M	03/02/1973	FIRA	HDHP	HOLLYWOOD	FL	33020-0000
SP	M	09/07/1953	GENA	HMO 1	FORT LAUDERDALE	FL	33316-0000
EE	F	07/20/1974	GENA	HDHP	HOLLYWOOD	FL	33021-0000
EE	F	07/04/1966	PASA	HMO 1	PLANTATION	FL	33324-0000
CH	F	07/04/2001	PASA	HMO 1	PLANTATION	FL	33324-0000
EE	M	06/08/1960	GENA	HDHP	LAUDERHILL	FL	33319-0000
SP	F	03/27/1984	FIRA	HDHP	BOCA RATON	FL	33486-0000
EE	M	02/06/1964	MGTA	HDHP	COCONUT CREEK	FL	33073-0000
SP	F	04/28/1965	MGTA	HDHP	COCONUT CREEK	FL	33073-0000
CH	F	02/28/1998	MGTA	HDHP	COCONUT CREEK	FL	33073-0000
EE	F	10/01/1952	GENA	HMO 1	PLANTATION	FL	33322-0000
EE	M	10/19/1953	MGTU65	HMO 1	OAKLAND PARK	FL	33334-0000
EE	M	03/01/1966	PASA	HMO 1	CORAL SPRINGS	FL	33076-0000
CH	M	02/14/2005	PASA	HMO 1	CORAL SPRINGS	FL	33076-0000
EE	M	11/11/1970	FIRA	HMO 1	BOCA RATON	FL	33428-0000
CH	M	10/20/2002	FIRA	HMO 1	BOCA RATON	FL	33428-0000
CH	F	04/23/2005	FIRA	HMO 1	BOCA RATON	FL	33428-0000
CH	M	12/20/1995	FIRA	HMO 1	BOCA RATON	FL	33428-0000
EE	M	05/12/1960	FIRA	HDHP	PALM BCH GARDENS	FL	33418-0000
SP	F	06/15/1960	FIRA	HDHP	PALM BCH GARDENS	FL	33418-0000
CH	M	07/04/1992	FIRA	HDHP	PALM BCH GARDENS	FL	33418-0000
CH	M	05/24/1994	FIRA	HDHP	PALM BCH GARDENS	FL	33418-0000
EE	M	02/19/1983	FIRA	HDHP	SOUTHWEST RANCHES	FL	33331-0000
SP	F	11/09/1982	FIRA	HDHP	SOUTHWEST RANCHES	FL	33331-0000
CH	M	12/11/2009	FIRA	HDHP	SOUTHWEST RANCHES	FL	33331-0000
CH	M	06/28/2012	FIRA	HDHP	SOUTHWEST RANCHES	FL	33331-0000
EE	F	01/10/1989	GENA	HMO 2	FORT LAUDERDALE	FL	33312-0000
EE	F	05/31/1961	CONA	HMO 2	WILTON MANORS	FL	33311-0000
EE	M	10/20/1959	GENA	HDHP	MIAMI	FL	33169-0000
CH	F	02/18/1991	GENA	HDHP	MIAMI	FL	33169-0000
CH	M	11/07/1995	GENA	HDHP	MIAMI	FL	33169-0000
CH	F	11/03/2010	GENA	HDHP	MIAMI	FL	33169-0000
EE	M	07/18/1988	GENA	HDHP	MIAMI GARDENS	FL	33169-0000
EE	F	12/15/1966	PASA	HMO 1	FORT LAUDERDALE	FL	33309-0000
EE	F	04/06/1952	GENU65	HMO 1	KINGSTREE	SC	29556-0000
EE	M	10/20/1966	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
SP	F	04/29/1967	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
CH	F	02/08/1995	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
CH	M	10/05/1996	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
CH	F	05/15/2014	GENA	HDHP	LAUDERHILL	FL	33311-0000

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EE	F	11/20/1965	GENA	HDHP	LAUDERHILL	FL	33313-0000
SP	M	04/10/1962	GENA	HDHP	LAUDERHILL	FL	33313-0000
SP	F	07/02/1982	GENA	HDHP	LAUDERHILL	FL	33313-0000
EE	M	10/25/1969	PASA	HMO 1	PLANTATION	FL	33324-0000
EE	M	03/13/1984	PASA	HMO 1	FORT LAUDERDALE	FL	33301-0000
EE	F	03/15/1970	PASA	HDHP	TAMARAC	FL	33319-0000
SP	M	01/20/1953	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	M	12/12/1987	GENA	HDHP	LAUDERDALE LAKES	FL	33319-0000
EE	F	09/15/1967	GENA	HDHP	FORT LAUDERDALE	FL	33318-0000
SP	M	03/13/1963	GENA	HDHP	FORT LAUDERDALE	FL	33318-0000
CH	F	09/16/1994	GENA	HDHP	FORT LAUDERDALE	FL	33318-0000
CH	F	02/23/1991	GENA	HDHP	FORT LAUDERDALE	FL	33318-0000
EE	M	08/21/1941	GENA	HMO 1	DAVIE	FL	33325-0000
SP	F	10/12/1944	GENA	HMO 1	DAVIE	FL	33325-0000
EE	F	05/11/1964	GENA	HMO 2	PEMBROKE PINES	FL	33024-0000
SP	M	09/23/1964	GENA	HMO 2	PEMBROKE PINES	FL	33024-0000
EE	M	02/23/1980	GENA	HDHP	CORAL SPRINGS	FL	33067-0000
CH	F	05/27/2015	GENA	HDHP	CORAL SPRINGS	FL	33067-0000
CH	F	05/23/2000	MGTA	HMO 1	LAUDERHILL	FL	33319-0000
CH	F	12/19/1993	GENA	HDHP	SUNRISE	FL	33313-0000
EE	M	02/11/1961	MGTA	HDHP	PARKLAND	FL	33067-0000
CH	M	06/24/1996	MGTA	HDHP	PARKLAND	FL	33067-0000
CH	M	06/24/1993	MGTA	HDHP	PARKLAND	FL	33067-0000
CH	M	07/30/1994	MGTA	HDHP	PARKLAND	FL	33067-0000
CH	F	01/03/2001	MGTA	HDHP	PARKLAND	FL	33067-0000
EE	F	05/04/1967	MGTA	HMO 1	MARGATE	FL	33063-0000
SP	M	10/30/1961	MGTA	HMO 1	MARGATE	FL	33063-0000
CH	F	11/18/1990	MGTA	HMO 1	MARGATE	FL	33063-0000
CH	M	07/29/1995	MGTA	HMO 1	MARGATE	FL	33063-0000
EE	M	06/02/1972	FIRA	HMO 1	N LAUDERDALE	FL	33068-0000
EE	M	12/24/1983	GENA	HDHP	MIAMI GARDENS	FL	33169-0000
CH	M	07/22/2012	GENA	HDHP	MIAMI GARDENS	FL	33169-0000
CH	F	06/02/2004	GENA	HDHP	MIAMI GARDENS	FL	33169-0000
CH	F	01/28/2009	GENA	HDHP	MIAMI GARDENS	FL	33169-0000
EE	F	11/17/1987	MGTA	HMO 1	FORT LAUDERDALE	FL	33308-0000
CH	M	04/27/2015	MGTA	HMO 1	FORT LAUDERDALE	FL	33308-0000
SP	M	08/08/1987	PASA	HMO 1	FORT LAUDERDALE	FL	33305-0000
SP	F	08/27/1961	GENA	HMO 2	SUNRISE	FL	33313-0000
EE	F	03/18/1976	PASA	HMO 1	TAMARAC	FL	33321-0000
CH	M	04/19/2012	PASA	HMO 1	TAMARAC	FL	33321-0000
CH	F	09/10/1990	FIRA	HDHP	JENSEN BEACH	FL	34957-0000
EE	M	03/01/1967	GENA	HDHP	FORT LAUDERDALE	FL	33315-0000
SP	F	09/18/1972	GENA	HDHP	FORT LAUDERDALE	FL	33315-0000

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CH	F	09/25/2006	GENA	HDHP	FORT LAUDERDALE	FL	33315-0000
CH	F	12/04/2014	GENA	HDHP	FORT LAUDERDALE	FL	33315-0000
EE	M	03/30/1986	FIRA	HDHP	DAVIE	FL	33314-0000
EE	M	10/23/1954	GENA	HMO 1	FORT LAUDERDALE	FL	33319-0000
EE	M	01/12/1983	GENA	HDHP	MARGATE	FL	33063-0000
EE	F	11/12/1960	PASA	HMO 1	COCONUT CREEK	FL	33073-0000
SP	M	06/25/1960	PASA	HMO 1	COCONUT CREEK	FL	33073-0000
EE	F	03/13/1968	GENA	HMO 1	SOUTHWEST RANCHES	FL	33331-0000
SP	M	01/16/1969	GENA	HMO 1	SOUTHWEST RANCHES	FL	33331-0000
CH	F	07/20/1995	GENA	HMO 1	SOUTHWEST RANCHES	FL	33331-0000
EE	M	04/10/1980	FIRA	HMO 2	CORAL SPRINGS	FL	33076-0000
SP	F	05/14/1983	FIRA	HMO 2	CORAL SPRINGS	FL	33076-0000
CH	F	08/03/2009	FIRA	HMO 2	CORAL SPRINGS	FL	33076-0000
CH	M	01/13/2012	FIRA	HMO 2	CORAL SPRINGS	FL	33076-0000
CH	M	12/11/2015	PASA	HMO 1	POMPANO BEACH	FL	33064-0000
EE	M	06/22/1979	FIRA	HDHP	MIRAMAR	FL	33027-0000
EE	M	09/30/1975	PASA	HMO 1	POMPANO BEACH	FL	33064-0000
EE	M	12/26/1960	GENA	HDHP	POMPANO BEACH	FL	33060-0000
SP	F	01/08/1965	GENA	HDHP	POMPANO BEACH	FL	33060-0000
EE	F	08/25/1984	PASA	HMO 2	PEMBROKE PINES	FL	33024-0000
SP	F	04/10/1972	PASA	HMO 1	PLANTATION	FL	33324-0000
EE	M	10/14/1953	MGTA	HMO 1	FORT LAUDERDALE	FL	33304-0000
EE	M	09/30/1964	GENA	HMO 1	PLANTATION	FL	33324-0000
CH	F	08/03/2000	GENA	HMO 1	PLANTATION	FL	33324-0000
EE	M	06/30/1951	GENA	HMO 1	HOLLYWOOD	FL	33024-0000
EE	M	04/23/1970	FIRA	HMO 1	DAVIE	FL	33314-0000
SP	F	01/28/1971	FIRA	HMO 1	DAVIE	FL	33314-0000
CH	M	02/20/2001	FIRA	HMO 1	DAVIE	FL	33314-0000
CH	M	05/05/2003	FIRA	HMO 1	DAVIE	FL	33314-0000
EE	M	10/28/1981	GENA	HMO 2	POMPANO BEACH	FL	33060-0000
EE	M	02/13/1960	GENA	HMO 2	FORT LAUDERDALE	FL	33311-0000
EE	M	10/05/1980	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
SP	F	10/24/1977	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	M	01/21/2011	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	M	04/19/2002	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	F	09/11/2004	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	F	10/06/2000	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	M	08/15/1965	FIRA	HMO 2	FORT LAUDERDALE	FL	33311-0000
CH	M	12/11/1992	FIRA	HMO 2	FORT LAUDERDALE	FL	33311-0000
CH	F	08/16/1999	FIRA	HMO 2	FORT LAUDERDALE	FL	33311-0000
EE	F	10/28/1975	PASA	HDHP	FORT LAUDERDALE	FL	33312-0000
EE	M	07/21/1958	GENA	HMO 2	LAUDERDALE LAKES	FL	33319-0000
SP	F	08/12/1959	GENA	HMO 2	LAUDERDALE LAKES	FL	33319-0000

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CH	M	05/30/2007	GENA	HMO 2	LAUDERDALE LAKES	FL	33319-0000
EE	M	02/21/1974	GENA	HDHP	OAKLAND PARK	FL	33334-0000
EE	F	03/27/1961	MGTA	HMO 2	PLANTATION	FL	33317-0000
CH	F	01/28/1999	GENA	HMO 1	HOLLYWOOD	FL	33023-0000
EE	M	07/11/1971	FIRA	HMO 1	JUPITER	FL	33458-0000
CH	M	01/23/1997	FIRA	HMO 1	JUPITER	FL	33458-0000
CH	M	06/03/1999	FIRA	HMO 1	JUPITER	FL	33458-0000
EE	M	02/19/1953	MGTU65	HMO 1	FT LAUDERDALE	FL	33312-0000
EE	F	03/13/1952	MGTA	HMO 1	COCONUT CREEK	FL	33066-0000
EE	M	06/26/1958	GENA	HMO 1	MIRAMAR	FL	33023-0000
SP	F	02/22/1958	GENA	HMO 1	MIRAMAR	FL	33023-0000
CH	M	12/29/1991	GENA	HMO 1	MIRAMAR	FL	33023-0000
EE	F	12/16/1974	GENA	HMO 1	TAMARAC	FL	33321-0000
SP	M	12/23/1973	PASA	HMO 2	HOLLYWOOD	FL	33020-0000
EE	F	05/29/1964	GENA	HDHP	OAKLAND PARK	FL	33334-0000
EE	M	10/29/1983	GENA	HDHP	FORT LAUDERDALE	FL	33309-0000
SP	F	02/20/1960	GENA	HMO 1	PORT ST LUCIE	FL	34953-0000
CH	F	07/22/1994	GENA	HMO 1	PORT ST LUCIE	FL	34953-0000
CH	M	04/28/1997	GENA	HMO 1	PORT ST LUCIE	FL	34953-0000
EE	F	10/24/1982	PASA	HDHP	PLANTATION	FL	33322-0000
SP	M	01/08/1980	PASA	HDHP	PLANTATION	FL	33322-0000
CH	M	01/23/2015	PASA	HDHP	PLANTATION	FL	33322-0000
EE	M	07/23/1965	MGTA	HDHP	OAKLAND PARK	FL	33334-0000
EE	M	05/09/1954	GENA	HDHP	POMPANO BEACH	FL	33069-0000
EE	M	06/08/1965	GENA	HMO 1	PORT ST LUCIE	FL	34953-0000
SP	F	02/27/1977	GENA	HMO 1	POMPANO BEACH	FL	33062-0000
EE	F	02/09/1951	PASA	HMO 1	PEMBROKE PINES	FL	33026-0000
EE	M	06/29/1961	GENA	HMO 1	SUNRISE	FL	33322-0000
CH	F	05/30/1990	GENA	HMO 1	SUNRISE	FL	33322-0000
EE	F	10/29/1961	GENA	HDHP	MARGATE	FL	33063-0000
EE	M	11/04/1978	GENA	HMO 1	TAMARAC	FL	33319-0000
CH	F	10/28/2015	GENA	HMO 1	TAMARAC	FL	33319-0000
CH	M	11/29/2011	GENA	HMO 1	TAMARAC	FL	33319-0000
CH	M	09/09/2005	GENA	HMO 1	TAMARAC	FL	33319-0000
EE	M	08/26/1979	GENA	HMO 1	GREENACRES	FL	33463-0000
SP	F	05/15/1981	GENA	HMO 1	GREENACRES	FL	33463-0000
CH	F	11/30/2010	GENA	HMO 1	GREENACRES	FL	33463-0000
EE	F	01/26/1960	FIRA	HMO 1	WEST PALM BCH	FL	33412-0000
EE	M	12/02/2010	MGTC	HMO 1	LAUDERHILL	FL	33319-0000
EE	F	10/10/1990	GENA	HMO 2	PEMBROKE PINES	FL	33025-0000
CH	M	02/29/1996	MGTA	HDHP	WESTON	FL	33331-0000
CH	M	06/03/1999	MGTA	HDHP	WESTON	FL	33331-0000
SP	F	08/13/1970	MGTA	HDHP	WESTON	FL	33331-0000

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EE	M	08/10/1958	GENA	HDHP	FORT LAUDERDALE	FL	33314-0000
EE	M	09/12/1946	GEN650	HMO 1	JUPITER	FL	33478-0000
EE	F	02/05/1974	PASA	HDHP	FORT LAUDERDALE	FL	33305-0000
EE	M	02/10/1979	GENA	HDHP	PEMBROKE PINES	FL	33024-0000
EE	F	08/29/1990	MGTA	HDHP	NORTH LAUDERDALE	FL	33068-0000
EE	M	10/31/1953	GENA	HDHP	FORT LAUDERDALE	FL	33334-0000
SP	F	06/27/1956	GENA	HDHP	FORT LAUDERDALE	FL	33334-0000
CH	M	03/01/1996	GENA	HDHP	FORT LAUDERDALE	FL	33334-0000
CH	M	12/23/1991	GENA	HDHP	FORT LAUDERDALE	FL	33334-0000
EE	M	01/24/1972	PASA	HMO 1	CORAL SPRINGS	FL	33065-0000
EE	M	02/08/1961	PASA	HMO 1	OAKLAND PARK	FL	33334-0000
SP	F	01/16/1955	PASA	HMO 1	OAKLAND PARK	FL	33334-0000
EE	M	08/24/1970	FIRA	HDHP	JUPITER	FL	33478-0000
SP	F	02/21/1976	FIRA	HDHP	JUPITER	FL	33478-0000
CH	M	12/14/2006	FIRA	HDHP	JUPITER	FL	33478-0000
CH	F	05/27/2008	FIRA	HDHP	JUPITER	FL	33478-0000
EE	F	12/27/1967	MGTA	HDHP	WILTON MANORS	FL	33334-0000
SP	M	10/28/1960	MGTA	HDHP	WILTON MANORS	FL	33334-0000
CH	F	11/07/2007	MGTA	HDHP	WILTON MANORS	FL	33334-0000
CH	M	05/06/2003	MGTA	HDHP	WILTON MANORS	FL	33334-0000
EE	M	12/27/1952	GENA	HDHP	FORT LAUDERDALE	FL	33308-0000
EE	F	04/07/1979	GENA	HMO 1	DEERFIELD BEACH	FL	33441-0000
SP	M	08/05/1976	GENA	HMO 1	DEERFIELD BEACH	FL	33441-0000
CH	F	02/02/2015	GENA	HMO 1	DEERFIELD BEACH	FL	33441-0000
EE	F	10/07/1972	GENA	HDHP	POMPANO BEACH	FL	33060-0000
CH	M	08/20/1994	GENA	HDHP	POMPANO BEACH	FL	33060-0000
SP	M	05/20/1965	PASA	HDHP	PLANTATION	FL	33322-0000
EE	M	04/24/1966	PASA	HMO 1	LAUDERDALE LAKES	FL	33309-0000
SP	F	06/18/1969	PASA	HMO 1	LAUDERDALE LAKES	FL	33309-0000
CH	M	11/07/2002	PASA	HMO 1	LAUDERDALE LAKES	FL	33309-0000
CH	M	06/24/2000	PASA	HMO 1	LAUDERDALE LAKES	FL	33309-0000
EE	M	09/23/1969	PASA	HDHP	PLANTATION	FL	33317-0000
SP	F	09/18/1971	PASA	HDHP	PLANTATION	FL	33317-0000
CH	M	07/23/2001	PASA	HDHP	PLANTATION	FL	33317-0000
CH	M	03/26/2004	PASA	HDHP	PLANTATION	FL	33317-0000
EE	M	03/15/1979	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
SP	F	03/06/1983	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
CH	F	02/05/2008	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
CH	F	02/12/2001	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	M	02/24/1966	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	M	06/11/1984	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
SP	F	05/01/1984	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	M	10/06/1971	GENA	HMO 2	FORT LAUDERDALE	FL	33311-0000

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CH	M	03/09/2010	GENA	HMO 2	FORT LAUDERDALE	FL	33311-0000
CH	F	09/01/1994	GENA	HMO 2	FORT LAUDERDALE	FL	33311-0000
CH	F	09/05/2000	GENA	HMO 2	FORT LAUDERDALE	FL	33311-0000
EE	M	11/18/1970	GENA	HMO 1	LAUDERHILL	FL	33313-0000
EE	M	10/23/1976	GENA	HDHP	POMPANO BEACH	FL	33069-0000
CH	F	06/28/1994	GENA	HDHP	POMPANO BEACH	FL	33069-0000
EE	F	03/20/1954	CONA	HMO 1	DAVIE	FL	33324-0000
EE	F	04/24/1951	GENA	HMO 1	COCONUT CREEK	FL	33063-0000
SP	F	06/15/1965	GENA	HMO 2	CORAL SPRINGS	FL	33065-0000
SP	M	09/12/1963	MGTA	HDHP	PEMBROKE PINES	FL	33029-0000
CH	M	09/20/2003	MGTA	HDHP	PEMBROKE PINES	FL	33029-0000
CH	M	09/28/2006	MGTA	HDHP	PEMBROKE PINES	FL	33029-0000
EE	F	10/25/1966	GENA	HDHP	PLANTATION	FL	33317-0000
CH	F	12/08/2005	CONA	HMO 1	FORT LAUDERDALE	FL	33312-0000
EE	F	02/11/1970	CONA	HMO 1	FORT LAUDERDALE	FL	33312-0000
EE	F	05/20/1965	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	M	12/13/1976	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	F	04/04/2000	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	M	04/11/1996	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	M	02/26/1954	GENA	HDHP	HOLLYWOOD	FL	33020-0000
SP	F	01/22/1965	GENA	HDHP	HOLLYWOOD	FL	33020-0000
CH	M	12/07/1995	GENA	HDHP	HOLLYWOOD	FL	33020-0000
CH	M	05/19/1999	GENA	HDHP	HOLLYWOOD	FL	33020-0000
CH	F	11/24/2002	GENA	HDHP	HOLLYWOOD	FL	33020-0000
EE	M	05/19/1978	GENA	HDHP	LAUDERHILL	FL	33313-0000
CH	F	09/06/1999	GENA	HDHP	LAUDERHILL	FL	33313-0000
CH	M	11/08/2001	GENA	HDHP	LAUDERHILL	FL	33313-0000
EE	M	03/07/1973	GENA	HDHP	LAUDERHILL	FL	33313-0000
SP	F	07/02/1977	GENA	HDHP	LAUDERHILL	FL	33313-0000
CH	M	07/13/2013	GENA	HDHP	LAUDERHILL	FL	33313-0000
EE	M	09/16/1977	FIRA	HMO 1	PARKLAND	FL	33067-0000
CH	M	01/21/2010	FIRA	HMO 1	PARKLAND	FL	33067-0000
CH	M	04/12/2015	FIRA	HMO 1	PARKLAND	FL	33067-0000
SP	F	11/10/1967	GENA	HDHP	LAUDERDALE LAKES	FL	33309-0000
EE	M	05/27/1988	GENA	HMO 1	OAKLAND PARK	FL	33309-0000
EE	F	05/06/1980	GENA	HDHP	SUNRISE	FL	33351-0000
SP	M	11/24/1981	GENA	HDHP	SUNRISE	FL	33351-0000
EE	M	07/20/1972	FIRA	HDHP	WELLINGTON	FL	33414-0000
CH	F	11/11/1998	FIRA	HDHP	WELLINGTON	FL	33414-0000
CH	M	05/10/2002	FIRA	HDHP	WELLINGTON	FL	33414-0000
EE	M	02/11/1955	GENA	HMO 1	SUNRISE	FL	33351-0000
EE	M	09/02/1956	GENU65	HMO 1	ST PETERSBURG	FL	33716-0000
EE	M	05/14/1957	MGTU65	HDHP retired	PORT ORANGE	FL	32128-0000

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SP	F	04/11/1961	MGTU65	HDHP retired	PORT ORANGE	FL	32128-0000
CH	F	06/01/1998	MGTU65	HDHP retired	PORT ORANGE	FL	32128-0000
CH	M	11/16/2001	MGTU65	HDHP retired	PORT ORANGE	FL	32128-0000
CH	M	05/17/2005	PASA	HDHP	OAKLAND PARK	FL	33309-0000
EE	M	09/29/1986	FIRA	HDHP	PALMETTO BAY	FL	33157-0000
SP	F	07/16/1986	FIRA	HDHP	PALMETTO BAY	FL	33157-0000
EE	M	11/16/1961	MGTA	HMO 1	PLANTATION	FL	33324-0000
SP	F	05/02/1962	MGTA	HMO 1	PLANTATION	FL	33324-0000
CH	F	01/20/1997	MGTA	HMO 1	PLANTATION	FL	33324-0000
CH	F	07/31/2005	GENA	HDHP	PLANTATION	FL	33317-0000
EE	M	01/07/1969	FIRA	HDHP	FORT LAUDERDALE	FL	33315-0000
SP	F	09/23/1970	FIRA	HDHP	FORT LAUDERDALE	FL	33315-0000
CH	F	07/28/2004	FIRA	HDHP	FORT LAUDERDALE	FL	33315-0000
CH	F	10/23/1999	FIRA	HDHP	FORT LAUDERDALE	FL	33315-0000
EE	M	12/23/1973	FIRA	HDHP	DELRAY BEACH	FL	33446-0000
EE	M	08/22/1972	GENA	HDHP	NORTH LAUDERDALE	FL	33068-0000
SP	F	01/15/1968	GENA	HDHP	NORTH LAUDERDALE	FL	33068-0000
CH	F	01/14/1992	GENA	HDHP	NORTH LAUDERDALE	FL	33068-0000
CH	F	05/02/1993	GENA	HDHP	NORTH LAUDERDALE	FL	33068-0000
CH	F	04/22/1998	GENA	HDHP	NORTH LAUDERDALE	FL	33068-0000
EE	F	11/15/1969	FIRA	HDHP	DAVIE	FL	33325-0000
EE	M	12/10/1954	GENA	HMO 1	PLANTATION	FL	33317-0000
SP	F	09/11/1955	GENA	HMO 1	PLANTATION	FL	33317-0000
EE	M	11/22/1979	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	F	12/20/1981	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	F	05/28/1967	GENA	HDHP	SUNRISE	FL	33323-0000
EE	M	05/06/1952	PASA	HMO 2	FORT LAUDERDALE	FL	33306-0000
SP	F	05/06/1956	PASA	HMO 2	FORT LAUDERDALE	FL	33306-0000
EE	M	05/25/1989	ADCH	HMO 2	FORT LAUDERDALE	FL	33306-0000
EE	M	03/21/1973	FIRA	HMO 1	DAVIE	FL	33325-0000
SP	F	07/05/1973	FIRA	HMO 1	DAVIE	FL	33325-0000
CH	M	08/12/2008	FIRA	HMO 1	DAVIE	FL	33325-0000
EE	M	07/08/1983	FIRA	HDHP	CORAL SPRINGS	FL	33071-0000
EE	F	10/08/1962	GENA	HDHP	POMPANO BEACH	FL	33062-0000
EE	M	03/29/1977	MGTA	HMO 2	FORT LAUDERDALE	FL	33303-0000
CH	F	08/20/2007	MGTA	HMO 2	LAS VEGAS	NV	89135-0000
EE	M	06/07/1983	GENA	HMO 1	MARGATE	FL	33063-0000
SP	F	07/06/1978	GENA	HMO 1	MARGATE	FL	33063-0000
CH	F	09/08/2011	GENA	HMO 1	MARGATE	FL	33063-0000
EE	M	05/27/1977	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
CH	M	03/08/1999	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	F	09/15/1958	PASA	HMO 1	LAUDERHILL	FL	33319-0000
EE	M	01/20/1986	GENA	HDHP	MARGATE	FL	33063-0000

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SP	F	07/09/1987	FIRA	HDHP	DEERFIELD BCH	FL	33442-0000
SP	M	03/29/1966	GENA	HDHP	MIAMI GARDENS	FL	33055-0000
CH	F	06/18/1999	GENA	HDHP	MIAMI GARDENS	FL	33055-0000
EE	M	08/22/1960	GENA	HMO 1	LAUDERHILL	FL	33311-0000
SP	M	09/08/1969	GENA	HMO 1	DEERFIELD BCH	FL	33441-0000
EE	M	02/28/1968	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
SP	F	10/07/1968	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	F	12/11/2007	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
CH	F	02/05/2002	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	F	07/23/1977	GENA	HDHP	NORTH LAUDERDALE	FL	33068-0000
SP	M	04/30/1968	GENA	HDHP	NORTH LAUDERDALE	FL	33068-0000
EE	M	09/19/1966	GENA	HMO 1	NORTH LAUDERDALE	FL	33311-0000
CH	F	12/31/1996	GENA	HMO 1	NORTH LAUDERDALE	FL	33311-0000
CH	F	08/16/2001	GENA	HMO 1	NORTH LAUDERDALE	FL	33311-0000
EE	F	04/12/1970	PASA	HMO 2	MIRAMAR	FL	33023-0000
EE	M	06/06/1960	GENA	HMO 1	FORT LAUDERDALE	FL	33310-0000
CH	F	02/23/1990	GENA	HMO 1	FORT LAUDERDALE	FL	33310-0000
CH	F	01/19/1993	GENA	HMO 1	FORT LAUDERDALE	FL	33310-0000
EE	M	04/07/1970	GENA	HDHP	BOCA RATON	FL	33498-0000
CH	M	01/11/2003	GENA	HDHP	BOCA RATON	FL	33498-0000
EE	M	09/15/1982	MGTA	HMO 1	MIAMI GARDENS	FL	33169-0000
CH	M	02/22/2011	MGTA	HMO 1	MIAMI GARDENS	FL	33169-0000
EE	M	12/25/1985	GENA	HDHP	COCONUT CREEK	FL	33066-0000
EE	M	07/12/1980	FIRA	HDHP	BOCA RATON	FL	33433-0000
SP	F	01/17/1982	FIRA	HDHP	BOCA RATON	FL	33433-0000
CH	M	12/09/2010	FIRA	HDHP	BOCA RATON	FL	33433-0000
CH	F	12/22/2014	FIRA	HDHP	BOCA RATON	FL	33433-0000
EE	M	07/29/1965	GENA	HMO 2	FORT LAUDERDALE	FL	33311-0000
CH	F	03/08/1990	GENA	HMO 2	FORT LAUDERDALE	FL	33311-0000
EE	M	06/11/1976	GENA	HMO 1	LAUDERHILL	FL	33313-0000
CH	F	11/19/2009	GENA	HMO 1	LAUDERHILL	FL	33313-0000
EE	F	06/09/1984	CONA	HDHP	MIRAMAR	FL	33023-0000
SP	M	09/29/1975	CONA	HDHP	MIRAMAR	FL	33023-0000
CH	M	09/03/2004	CONA	HDHP	MIRAMAR	FL	33023-0000
CH	M	08/18/2009	CONA	HDHP	MIRAMAR	FL	33023-0000
CH	F	01/27/1998	GENA	HMO 2	FORT LAUDERDALE	FL	33311-0000
CH	M	02/27/1994	GENA	HDHP	POMPANO BEACH	FL	33069-0000
EE	M	01/26/1969	PASA	HMO 1	FORT LAUDERDALE	FL	33312-0000
CH	M	06/20/1992	PASA	HMO 1	FORT LAUDERDALE	FL	33312-0000
EE	M	03/30/1965	GENA	HDHP	LAUDERHILL	FL	33313-0000
CH	F	01/27/2002	GENA	HDHP	LAUDERHILL	FL	33313-0000
EE	M	08/25/1961	FIRA	HMO 1	DAVIE	FL	33330-0000
SP	F	02/02/1969	FIRA	HMO 1	DAVIE	FL	33330-0000

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EE	M	05/18/1967	GENA	HMO 1	PEMBROKE PINES	FL	33024-0000
CH	F	05/22/2001	GENA	HMO 1	PEMBROKE PINES	FL	33024-0000
EE	M	10/14/1985	GENA	HMO 1	LAUDERHILL	FL	33313-0000
CH	M	07/09/2014	GENA	HMO 1	NORTH LAUDERDALE	FL	33068-0000
EE	M	07/23/1985	FIRA	HDHP	DAVIE	FL	33328-0000
SP	F	08/16/1980	FIRA	HDHP	DAVIE	FL	33328-0000
CH	M	09/30/2015	FIRA	HDHP	DAVIE	FL	33328-0000
CH	F	08/08/2013	FIRA	HDHP	DAVIE	FL	33328-0000
EE	F	09/12/1969	PASA	HMO 1	CORAL SPRINGS	FL	33067-0000
EE	M	05/12/1972	MGTA	HDHP	PEMBROKE PINES	FL	33028-0000
CH	F	06/22/2013	MGTA	HDHP	PEMBROKE PINES	FL	33028-0000
SP	F	03/28/1982	GENA	HMO 2	FORT LAUDERDALE	FL	33311-0000
CH	F	11/13/1992	GENA	HMO 2	FORT LAUDERDALE	FL	33311-0000
EE	M	02/03/1953	PASA	HMO 2	FORT LAUDERDALE	FL	33312-0000
SP	F	02/24/1954	PASA	HMO 2	FORT LAUDERDALE	FL	33312-0000
CH	M	02/24/1999	PASA	HMO 2	FORT LAUDERDALE	FL	33312-0000
CH	M	03/01/1997	PASA	HMO 2	FORT LAUDERDALE	FL	33312-0000
EE	F	05/16/1952	GENU65	HMO 1	LAUD BY THE SEA	FL	33308-0000
EE	M	08/12/1950	PASA	HMO 1	FORT LAUDERDALE	FL	33334-0000
EE	F	08/07/1953	GENA	HDHP	HOLLYWOOD	FL	33019-0000
EE	M	10/30/1977	GENA	HDHP	FORT LAUDERDALE	FL	33311-0000
EE	F	07/27/1975	MGTA	HDHP	FORT LAUDERDALE	FL	33308-0000
CH	M	12/27/2005	MGTA	HDHP	FORT LAUDERDALE	FL	33308-0000
EE	M	11/24/1982	GENA	HMO 2	FORT LAUDERDALE	FL	33309-0000
SP	F	11/02/1988	GENA	HMO 2	FORT LAUDERDALE	FL	33309-0000
CH	F	06/20/2014	GENA	HMO 2	FORT LAUDERDALE	FL	33309-0000
CH	F	08/22/2015	GENA	HMO 2	FORT LAUDERDALE	FL	33309-0000
EE	M	10/21/1976	GENA	HDHP	OAKLAND PARK	FL	33309-0000
EE	F	12/01/1967	PASA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	M	08/26/1967	GENA	HMO 2	FORT LAUDERDALE	FL	33311-0000
CH	M	12/07/1996	GENA	HMO 2	FORT LAUDERDALE	FL	33311-0000
CH	F	08/08/1998	GENA	HMO 2	FORT LAUDERDALE	FL	33311-0000
EE	M	08/22/1978	FIRA	HDHP	DAVIE	FL	33324-0000
CH	F	06/17/2008	FIRA	HDHP	DAVIE	FL	33324-0000
CH	F	02/01/2010	FIRA	HDHP	DAVIE	FL	33324-0000
CH	M	12/16/2011	FIRA	HDHP	DAVIE	FL	33324-0000
CH	M	06/29/1993	GENA	HDHP	FORT LAUDERDALE	FL	33308-0000
CH	M	06/30/1997	GENA	HDHP	FORT LAUDERDALE	FL	33309-0000
CH	F	01/15/2000	FIRA	HMO 1	KEY LARGO	FL	33037-0000
SP	F	10/18/1973	GENA	HMO 2	FORT LAUDERDALE	FL	33311-0000
EE	F	06/29/1954	GENA	HMO 1	NO MIAMI BEACH	FL	33162-0000
EE	M	10/24/1967	MGTA	HMO 1	FORT LAUDERDALE	FL	33311-0000
CH	M	10/08/2002	GENA	HMO 1	LAUDERHILL	FL	33319-0000

Membership Listing

EE	M	03/08/1969	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
SP	F	12/18/1962	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
CH	F	04/01/1994	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
CH	M	02/11/2004	GENA	HDHP	FORT LAUDERDALE	FL	33312-0000
EE	M	07/17/1967	FIRA	HDHP	CORAL SPRINGS	FL	33076-0000
EE	M	08/03/1951	GENA	HMO 1	SUNRISE	FL	33322-0000
SP	F	11/30/1956	GENA	HMO 1	SUNRISE	FL	33322-0000
EE	F	10/05/1975	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
CH	M	08/03/1996	GENA	HMO 1	FORT LAUDERDALE	FL	33311-0000
EE	F	01/20/1967	GENA	HMO 1	SUNRIES	FL	33325-0000
SP	M	11/16/1961	GENA	HMO 1	SUNRIES	FL	33325-0000
CH	M	08/23/1993	GENA	HMO 1	SUNRIES	FL	33325-0000
CH	M	06/30/2004	GENA	HDHP	MARGATE	FL	33063-0000
EE	M	09/25/1955	GENA	HMO 1	LAUDERHILL	FL	33319-0000
CH	F	11/30/2003	GENA	HMO 1	LAUDERHILL	FL	33319-0000
CH	M	11/22/2008	GENA	HMO 1	LAUDERHILL	FL	33319-0000
EE	M	10/24/1966	PASA	HMO 1	LAUDERHILL	FL	33313-0000
EE	M	03/31/1977	FIRA	HDHP	FORT LAUDERDALE	FL	33309-0000
SP	F	06/21/1977	FIRA	HDHP	FORT LAUDERDALE	FL	33309-0000
CH	M	03/21/2012	FIRA	HDHP	FORT LAUDERDALE	FL	33309-0000
CH	F	09/17/2013	FIRA	HDHP	FORT LAUDERDALE	FL	33309-0000
SP	F	10/05/1984	FIRA	HDHP	BOYNTON BEACH	FL	33437-0000
EE	M	02/19/1977	MGTA	HMO 1	PLANTATION	FL	33324-0000
EE	M	02/01/1963	MGTA	HDHP	WESTON	FL	33331-0000
EE	M	08/06/1973	FIRA	HDHP	POMPANO BEACH	FL	33069-0000
SP	F	08/29/1977	FIRA	HDHP	POMPANO BEACH	FL	33069-0000
CH	M	11/20/2001	FIRA	HDHP	POMPANO BEACH	FL	33069-0000
CH	F	01/14/2004	FIRA	HDHP	POMPANO BEACH	FL	33069-0000
CH	F	01/14/2004	FIRA	HDHP	POMPANO BEACH	FL	33069-0000

We can help you with that

City of Fort Lauderdale – Employee Assistance Program



Face-to-face assistance and full-service work/life support

Call EAP at 1.877.622.4327 or visit us on the web at www.cignabehavioral.com Employer ID: **cofl**

Face-to-face assistance			
Service level	<ul style="list-style-type: none"> 24/7 telephonic access 	<ul style="list-style-type: none"> Network health care professional referrals 	
Participant services	<ul style="list-style-type: none"> Telephonic consultation Crisis intervention services Community resources 	<ul style="list-style-type: none"> Healthy Rewards® discount program Online assessment tools Online article library 	<ul style="list-style-type: none"> Online access and referrals Up to 10 face-to-face sessions per issue, per member, per year
Organizational services	<ul style="list-style-type: none"> Account management Unlimited management consultation and referral 	<ul style="list-style-type: none"> Online management reporting 	<ul style="list-style-type: none"> 10 service hours annually per 1,000 employees for orientations, seminars or training, onsite crisis intervention
Full-service work/life support			
Telephone, click-to-chat, web mail	<ul style="list-style-type: none"> Child care – Child care centers, family child care homes, in-home care, babysitting agencies and options, nanny agencies and options, au pair agencies and options Senior care – Home health agencies, nursing homes, assisted living facilities, continuing care retirement communities, social and recreational programs Prenatal care – Birthing methods, nutrition, exercise, diet and child care pre-planning Adoption – State adoption specialist, adoption support groups, private adoption, national adoption organizations 	<ul style="list-style-type: none"> Parenting – Child development, sibling rivalry, separation anxiety, sleep and bedtime routines, toilet training Summer care – Residential camps, day camps, traditional camp programs, specialized camp programs Special needs – Common childhood illnesses, children with multiple disabilities, developmental delays Pet care – Veterinarians, insurance, pet sitting resources, obedience training, pet stores, pet supply catalogs Education – Kindergarten programs, public schools 	<ul style="list-style-type: none"> Legal – 30-minute free consultation, 25% discount on usual fees, referrals to local providers Identity theft – 60-minute free consultation with a fraud resolution specialist Financial services – 30-minute free phone consultation with a qualified specialist on issues such as tax preparation, debt counseling and planning for retirement. 25% off tax preparation.
Online resources and tools	<ul style="list-style-type: none"> Parenting – Adoption, child care, developmental stages, kid's well-being, education Aging – Adults with disabilities, aging well, planning for the future, U.S. systems for the elderly, housing options, home care, health, caregivers, grief and loss Balancing – Personal growth, communication, families, relationship, grief and loss, mental health, addiction and recovery 	<ul style="list-style-type: none"> Thriving – Health tools, live healthy, healthy eating, medical care, infant and toddler health, child health, adolescent health, women's health, men's health, senior health, health challenges Working – Accomplished employee, effective manager, career development, training and development, workplace productivity, workplace diversity, workplace safety Living – Consumer tips, home improvement, home buying or selling, moving, financial, legal, legal ready docs, errands online, safety, pets, travel and leisure time, fraud and theft 	<ul style="list-style-type: none"> Educational materials Personal assessments Interactive tools Self-search resource locators Email for consultant-assisted search Live messaging for consultant-assisted search Web seminars
Referrals and fulfillment	<ul style="list-style-type: none"> Up to three qualified referrals where available; if additional needed, participant calls back 	<ul style="list-style-type: none"> Turnaround Time: 12 business hours; emergency is six business hours 	<ul style="list-style-type: none"> Online and print fulfillment materials
Additional support services available for purchase			
Expanded support options	<ul style="list-style-type: none"> Adoption services subsidy program Geriatric case management Convenience services Mediation services 	<ul style="list-style-type: none"> Concierge services CareKits Nanny find services Backup care 	<ul style="list-style-type: none"> Lactation education and support International EAP Professional coaching Fitness for duty/behavioral risk assessment Substance abuse professional (SAP) services

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City of Fort Lauderdale

OPEN ACCESS PLUS MEDICAL
BENEFITS

High Deductible Health Plan
Retiree Only Plan

EFFECTIVE DATE: January 1, 2015

ASO8
3335139

This document printed in March, 2015 takes the place of any documents previously issued to you which described your benefits.

Printed in U.S.A.

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Important Information

THIS IS NOT AN INSURED BENEFIT PLAN. THE BENEFITS DESCRIBED IN THIS BOOKLET OR ANY RIDER ATTACHED HERETO ARE SELF-INSURED BY CITY OF FORT LAUDERDALE WHICH IS RESPONSIBLE FOR THEIR PAYMENT. CIGNA HEALTH AND LIFE INSURANCE COMPANY (CIGNA) PROVIDES CLAIM ADMINISTRATION SERVICES TO THE PLAN, BUT CIGNA DOES NOT INSURE THE BENEFITS DESCRIBED.

THIS DOCUMENT MAY USE WORDS THAT DESCRIBE A PLAN INSURED BY CIGNA. BECAUSE THE PLAN IS NOT INSURED BY CIGNA, ALL REFERENCES TO INSURANCE SHALL BE READ TO INDICATE THAT THE PLAN IS SELF-INSURED. FOR EXAMPLE, REFERENCES TO "CIGNA," "INSURANCE COMPANY," AND "POLICYHOLDER" SHALL BE DEEMED TO MEAN YOUR "EMPLOYER" AND "POLICY" TO MEAN "PLAN" AND "INSURED" TO MEAN "COVERED" AND "INSURANCE" SHALL BE DEEMED TO MEAN "COVERAGE."

HC-NOT1

Explanation of Terms

You will find terms starting with capital letters throughout your certificate. To help you understand your benefits, most of these terms are defined in the Definitions section of your certificate.

The Schedule

The Schedule is a brief outline of your maximum benefits which may be payable under your insurance. For a full description of each benefit, refer to the appropriate section listed in the Table of Contents.



Special Plan Provisions

When you select a Participating Provider, this Plan pays a greater share of the costs than if you select a non-Participating Provider. Participating Providers include Physicians, Hospitals and Other Health Care Professionals and Other Health Care Facilities. Consult your Physician Guide for a list of Participating Providers in your area. Participating Providers are committed to providing you and your Dependents appropriate care while lowering medical costs.

Services Available in Conjunction With Your Medical Plan

The following pages describe helpful services available in conjunction with your medical plan. You can access these services by calling the toll-free number shown on the back of your ID card.

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Case Management

Case Management is a service provided through a Review Organization, which assists individuals with treatment needs that extend beyond the acute care setting. The goal of Case Management is to ensure that patients receive appropriate care in the most effective setting possible whether at home, as an outpatient, or an inpatient in a Hospital or specialized facility. Should the need for Case Management arise, a Case Management professional will work closely with the patient, his or her family and the attending Physician to determine appropriate treatment options which will best meet the patient's needs and keep costs manageable. The Case Manager will help coordinate the treatment program and arrange for necessary resources. Case Managers are also available to answer questions and provide ongoing support for the family in times of medical crisis.

Case Managers are Registered Nurses (RNs) and other credentialed health care professionals, each trained in a clinical specialty area such as trauma, high risk pregnancy and neonates, oncology, mental health, rehabilitation or general medicine and surgery. A Case Manager trained in the appropriate clinical specialty area will be assigned to you or your dependent. In addition, Case Managers are supported by a panel of Physician advisors who offer guidance on up-to-date treatment programs and medical technology. While the Case Manager recommends alternate treatment programs and helps coordinate needed resources, the patient's attending Physician remains responsible for the actual medical care.

- You, your dependent or an attending Physician can request Case Management services by calling the **toll-free number** shown on your ID card during normal business hours, Monday through Friday. In addition, your employer, a claim office or a utilization review program (see the PAC/CSR section of your certificate) may refer an individual for Case Management.
- The Review Organization assesses each case to determine whether Case Management is appropriate.
- You or your Dependent is contacted by an assigned Case Manager who explains in detail how the program works. Participation in the program is voluntary - no penalty or benefit reduction is imposed if you do not wish to participate in Case Management.
- Following an initial assessment, the Case Manager works with you, your family and Physician to determine the needs of the patient and to identify what alternate treatment programs are available (for example, in-home medical care in lieu of an extended Hospital convalescence). You are not penalized if the alternate treatment program is not followed.
- The Case Manager arranges for alternate treatment services and supplies, as needed (for example, nursing services or a Hospital bed and other Durable Medical Equipment for the home).
- The Case Manager also acts as a liaison between the insurer, the patient, his or her family and Physician as needed (for example, by helping you to understand a complex medical diagnosis or treatment plan).
- Once the alternate treatment program is in place, the Case Manager continues to manage the case to ensure the treatment program remains appropriate to the patient's needs.

While participation in Case Management is strictly voluntary, Case Management professionals can offer quality, cost-effective treatment alternatives, as well as provide assistance in obtaining needed medical resources and ongoing family support in a time of need.

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Additional Programs

We may, from time to time, offer or arrange for various entities to offer discounts, benefits, or other consideration to our members for the purpose of promoting the general health and well being of our members. We may also arrange for the reimbursement of all or a portion of the cost of services



provided by other parties to the Policyholder. Contact us for details regarding any such arrangements.

HC-SPP3

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Important Notices

Important Information

Mental Health Parity and Addiction Equity Act

The Certificate is amended as stated below:

In the event of a conflict between the provisions of your plan documents and the provisions of this notice, the provisions that provide the better benefit shall apply.

Mental Health and Substance Abuse Exclusions:

The following exclusion is hereby deleted and no longer applies:

- any court ordered treatment or therapy, or any treatment or therapy ordered as a condition of parole, probation or custody or visitation evaluations unless Medically Necessary and otherwise covered under this policy or agreement.

Terms within the agreement:

The term "mental retardation" within your Certificate is hereby changed to "intellectual disabilities".

Visit Limits:

Any health care service billed with a Mental Health or Substance Abuse diagnosis, will not incur a visit limit, including but not limited to genetic counseling and nutritional evaluation/counseling.

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10-14

How To File Your Claim

There's no paperwork for In-Network care. Just show your identification card and pay your share of the cost, if any; your provider will submit a claim to Cigna for reimbursement. Out-of-Network claims can be submitted by the provider if the provider is able and willing to file on your behalf. If the provider is not submitting on your behalf, you must send your completed claim form and itemized bills to the claims address listed on the claim form.

You may get the required claim forms from the website listed on your identification card or by using the toll-free number on your identification card.

CLAIM REMINDERS

- BE SURE TO USE YOUR MEMBER ID AND ACCOUNT/GROUP NUMBER WHEN YOU FILE CIGNA'S CLAIM FORMS, OR WHEN YOU CALL YOUR CIGNA CLAIM OFFICE.
YOUR MEMBER ID IS THE ID SHOWN ON YOUR BENEFIT IDENTIFICATION CARD.
YOUR ACCOUNT/GROUP NUMBER IS SHOWN ON YOUR BENEFIT IDENTIFICATION CARD.
- BE SURE TO FOLLOW THE INSTRUCTIONS LISTED ON THE BACK OF THE CLAIM FORM CAREFULLY WHEN SUBMITTING A CLAIM TO CIGNA.

Timely Filing of Out-of-Network Claims

Cigna will consider claims for coverage under our plans when proof of loss (a claim) is submitted within 180 days for Out-of-Network benefits after services are rendered. If services are rendered on consecutive days, such as for a Hospital Confinement, the limit will be counted from the last date of service. If claims are not submitted within 180 days for Out-of-Network benefits, the claim will not be considered valid and will be denied.

WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information; or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act.

HC-CLM25

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V11

Eligibility - Effective Date

Employee Insurance

This plan is offered to you as a retired Employee.

Eligibility for Employee Insurance

You will become eligible for insurance on the date you retire if you are in a Class of Eligible Employees.

Eligibility for Dependent Insurance

You will become eligible for Dependent insurance on the later of:

- the day you become eligible for yourself; or
- the day you acquire your first Dependent.

Classes of Eligible Employees

Each retired Employee as reported to the insurance company by your former Employer.



Effective Date of Employee Insurance

You will become insured on the date you elect the insurance by signing a written agreement with the Policyholder to make the required contribution, but no earlier than the date you become eligible.

To be insured for these benefits, you must elect the insurance for yourself no later than 30 days after your retirement.

Dependent Insurance

For your Dependents to be insured, you will have to pay the required contribution, if any, toward the cost of Dependent Insurance.

Effective Date of Dependent Insurance

Insurance for your Dependents will become effective on the date you elect it by signing a written agreement with the Policyholder to make the required contribution, but no earlier than the day you become eligible for Dependent Insurance. All of your Dependents as defined will be included.

For your Dependents to be insured for these benefits, you must elect the Dependent insurance for yourself no later than 30 days after you become eligible.

A newborn child will be covered for the first 31 days of life even if you fail to enroll the child. If you enroll the child after the first 31 days and by the 60th day after his birth, coverage will be offered at an additional premium. Coverage for an adopted child will become effective from the date of placement in your home or from birth for the first 31 days even if you fail to enroll the child. However, if you enroll the adopted child between the 31st and 60th days after his birth or placement in your home, coverage will be offered at an additional premium.

Your Dependents will be insured only if you are insured.

Exception for Newborns

Any Dependent child born while you are insured will become insured on the date of his birth if you elect Dependent Insurance no later than 31 days after his birth. If you do not elect to insure your newborn child within such 31 days, coverage for that child will end on the 31st day. No benefits for expenses incurred beyond the 31st day will be payable.

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Opportunity to Select a Primary Care Physician

Choice of Primary Care Physician:

This medical plan does not require that you select a Primary Care Physician or obtain a referral from a Primary Care Physician in order to receive all benefits available to you under this medical plan. Notwithstanding, a Primary Care Physician may serve an important role in meeting your health care needs by providing or arranging for medical care for you and your Dependents. For this reason, we encourage the use of Primary Care Physicians and provide you with the opportunity to select a Primary Care Physician from a list provided by Cigna for yourself and your Dependents. If you choose to select a Primary Care Physician, the Primary Care Physician you select for yourself may be different from the Primary Care Physician you select for each of your Dependents.

Changing Primary Care Physicians:

You may request a transfer from one Primary Care Physician to another by contacting us at the member services number on your ID card. Any such transfer will be effective on the first day of the month following the month in which the processing of the change request is completed.

In addition, if at any time a Primary Care Physician ceases to be a Participating Provider, you or your Dependent will be notified for the purpose of selecting a new Primary Care Physician, if you choose.

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Important Information About Your Medical Plan

Details of your medical benefits are described on the following pages.



Open Access Plus Medical Benefits

The Schedule

For You and Your Dependents

Open Access Plus Medical Benefits provide coverage for care In-Network and Out-of-Network. To receive Open Access Plus Medical Benefits, you and your Dependents may be required to pay a portion of the Covered Expenses for services and supplies. That portion is the Deductible or Coinsurance.

When you receive services from an In-Network Provider, remind your provider to utilize In-Network Providers for x-rays, lab tests and other services to ensure the cost may be considered at the In-Network level.

If you are unable to locate an In-Network Provider in your area who can provide you with a service or supply that is covered under this plan, you must call the number on the back of your I.D. card to obtain authorization for Out-of-Network Provider coverage. If you obtain authorization for services provided by an Out-of-Network Provider, benefits for those services will be covered at the In-Network benefit level.

Coinsurance

The term Coinsurance means the percentage of charges for Covered Expenses that an insured person is required to pay under the plan.

Deductibles

Deductibles are expenses to be paid by you or your Dependent. Deductibles are in addition to any Coinsurance. Once the Deductible maximum in The Schedule has been reached, you and your family need not satisfy any further medical deductible for the rest of that year.

Out-of-Pocket Expenses

Out-of-Pocket Expenses are Covered Expenses incurred for charges that are not paid by the benefit plan. The following Expenses contribute to the Out-of-Pocket Maximum, and when the Out-of-Pocket Maximum shown in The Schedule is reached, they are payable by the benefit plan at 100%:

- Coinsurance.
- Plan Deductible.

The following Out-of-Pocket Expenses and charges do not contribute to the Out-of-Pocket Maximum, and they are not payable by the benefit plan at 100% when the Out-of-Pocket Maximum shown in The Schedule is reached:

- Non-compliance penalties.
- Any benefit deductibles.
- Provider charges in excess of the Maximum Reimbursable Charge.

Accumulation of Plan Deductibles and Out-of-Pocket Maximums

Deductibles and Out-of-Pocket Maximums will accumulate in one direction (that is, Out-of-Network will accumulate to In-Network). All other plan maximums and service-specific maximums (dollar and occurrence) cross-accumulate between In- and Out-of-Network unless otherwise noted.

Multiple Surgical Reduction

Multiple surgeries performed during one operating session result in payment reduction of 50% to the surgery of lesser charge. The most expensive procedure is paid as any other surgery.



Open Access Plus Medical Benefits

The Schedule

Assistant Surgeon and Co-Surgeon Charges

Assistant Surgeon

The maximum amount payable will be limited to charges made by an assistant surgeon that do not exceed a percentage of the surgeon's allowable charge as specified in Cigna Reimbursement Policies. (For purposes of this limitation, allowable charge means the amount payable to the surgeon prior to any reductions due to coinsurance or deductible amounts.)

Co-Surgeon

The maximum amount payable for charges made by co-surgeons will be limited to the amount specified in Cigna Reimbursement Policies.

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Lifetime Maximum	Unlimited	
The Percentage of Covered Expenses the Plan Pays Note: "No charge" means an insured person is not required to pay Coinsurance.	90%	70% of the Maximum Reimbursable Charge



BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
<p>Maximum Reimbursable Charge</p> <p>Maximum Reimbursable Charge is determined based on the lesser of the provider's normal charge for a similar service or supply; or</p> <p>A percentage of a schedule that we have developed that is based upon a methodology similar to a methodology utilized by Medicare to determine the allowable fee for similar services within the geographic market. In some cases, a Medicare based schedule will not be used and the Maximum Reimbursable Charge for covered services is determined based on the lesser of:</p> <ul style="list-style-type: none"> the provider's normal charge for a similar service or supply; or the 80th percentile of charges made by providers of such service or supply in the geographic area where it is received as compiled in a database selected by the Insurance Company. <p>Note: The provider may bill you for the difference between the provider's normal charge and the Maximum Reimbursable Charge, in addition to applicable deductibles and coinsurance.</p> <p>Note: Some providers forgive or waive the cost share obligation (e.g. your deductible and/or coinsurance) that this plan requires you to pay. Waiver of your required cost share obligation can jeopardize your coverage under this plan. For more details, see the Exclusions Section.</p>	Not Applicable	110%



BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible Retiree Retiree Plus 1 Retiree Plus Two or more Collective Deductible: All family members contribute towards the family deductible. An individual cannot have claims covered under the plan coinsurance until the total family deductible has been satisfied.	\$2,000 per retiree \$3,000 per retiree plus one \$4,000 per retiree plus family	\$2,000 per retiree \$3,000 per retiree plus one \$4,000 per retiree plus family
Combined Medical/Pharmacy Calendar Year Deductible Combined Medical/Pharmacy Deductible: includes retail and home delivery prescription drugs Home Delivery Pharmacy Costs Contribute to the Combined Medical/Pharmacy Deductible	Yes Yes	In-Network coverage only In-Network coverage only
Out-of-Pocket Maximum Retiree Retiree Plus 1 Retiree Plus Two or more Collective Out-of-Pocket Maximum: All family members contribute towards the family Out-of-Pocket. An individual cannot have claims covered at 100% until the total family Out-of-Pocket has been satisfied.	\$5,000 per retiree \$7,000 per retiree plus one \$10,000 per family	\$5,000 per retiree \$7,000 per retiree plus one \$10,000 per family



BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Combined Medical/Pharmacy Out-of-Pocket Maximum Combined Medical/Pharmacy Out-of-Pocket: includes retail and home delivery prescription drugs Home Delivery Pharmacy Costs Contribute to the Combined Medical/Pharmacy Out-of-Pocket Maximum	Yes Yes	In-Network coverage only In-Network coverage only
Physician's Services Primary Care Physician's Office Visit Specialty Care Physician's Office Visits Consultant and Referral Physician's Services Surgery Performed in the Physician's Office Second Opinion Consultations (provided on a voluntary basis) Allergy Treatment/Injections Allergy Serum (dispensed by the Physician in the office)	90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible	70% after plan deductible 70% after plan deductible 70% after plan deductible 70% after plan deductible 70% after plan deductible
Preventive Care Note: Includes coverage of additional services, such as urinalysis, EKG, and other laboratory tests, supplementing the standard Preventive Care benefit. Routine Preventive Care (for children to age 16) Immunizations (for children to age 16)	No charge No charge	70% 70%
Routine Preventive Care (for ages 16 and over) Immunizations (for ages 16 and over)	No charge No charge	70% after plan deductible 70% after plan deductible
Mammograms, PSA, PAP Smear Preventive Care Related Services (i.e. "routine" services) Diagnostic Related Services (i.e. "non-routine" services)	No charge No charge	70% after plan deductible 70% after plan deductible



BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Early Cancer Detection Colon/Rectal		
Preventive Care Related Services (i.e. "routine" services)	No charge	70% after plan deductible
Diagnostic Related Services (i.e. "non-routine" services)	No charge	70% after plan deductible
Inpatient Hospital - Facility Services	90% after plan deductible	70% after plan deductible
Semi-Private Room and Board	Limited to the semi-private room negotiated rate	Limited to the semi-private room rate
Private Room	Limited to the semi-private room negotiated rate	Limited to the semi-private room rate
Special Care Units (ICU/CCU)	Limited to the negotiated rate	Limited to the ICU/CCU daily room rate
Outpatient Facility Services		
Operating Room, Recovery Room, Procedures Room, Treatment Room and Observation Room	90% after plan deductible	70% after plan deductible
Inpatient Hospital Physician's Visits/Consultations	90% after plan deductible	70% after plan deductible
Inpatient Hospital Professional Services	90% after plan deductible	70% after plan deductible
Surgeon Radiologist Pathologist Anesthesiologist		
Outpatient Professional Services	90% after plan deductible	70% after plan deductible
Surgeon Radiologist Pathologist Anesthesiologist		



BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Emergency and Urgent Care Services Physician's Office Visit Hospital Emergency Room Outpatient Professional Services (radiology, pathology and ER Physician) Urgent Care Facility or Outpatient Facility X-ray and/or Lab performed at the Emergency Room/Urgent Care Facility (billed by the facility as part of the ER/UC visit) Independent x-ray and/or Lab Facility in conjunction with an ER visit Advanced Radiological Imaging (i.e. MRIs, MRAs, CAT Scans, PET Scans etc.) Ambulance	90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible	90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible
Inpatient Services at Other Health Care Facilities Includes Skilled Nursing Facility, Rehabilitation Hospital and Sub-Acute Facilities Calendar Year Maximum: 90 days combined	90% after plan deductible	70% after plan deductible
Laboratory and Radiology Services (includes pre-admission testing) Physician's Office Visit Outpatient Hospital Facility Independent X-ray and/or Lab Facility	90% after plan deductible 90% after plan deductible 90% after plan deductible	70% after plan deductible 70% after plan deductible 70% after plan deductible
Advanced Radiological Imaging (i.e. MRIs, MRAs, CAT Scans and PET Scans) Physician's Office Visit Inpatient Facility Outpatient Facility	90% after plan deductible 90% after plan deductible 90% after plan deductible	70% after plan deductible 70% after plan deductible 70% after plan deductible



BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Outpatient Short-Term Rehabilitative Therapy Calendar Year Maximum: 60 days for each therapy Includes: Physical Therapy Speech Therapy Occupational Therapy Pulmonary Rehab Cognitive Therapy * *Cognitive therapy can be related to any therapy and will be combined with the respective therapy. Note: The Short-Term Rehabilitative Therapy maximum does not apply to the treatment of autism.	90% after plan deductible	70% after plan deductible
Outpatient Cardiac Rehabilitation Calendar Year Maximum: 18 days	90% after plan deductible	70% after plan deductible
Chiropractic Care Calendar Year Maximum: 20 days Physician's Office Visit	90% after plan deductible	70% after plan deductible
Home Health Care Calendar Year Maximum: 60 days (includes outpatient private nursing when approved as medically necessary)	90% after plan deductible	70% after plan deductible
Hospice Inpatient Services Outpatient Services (same coinsurance level as Home Health Care)	90% after plan deductible 90% after plan deductible	70% after plan deductible 70% after plan deductible
Bereavement Counseling Services provided as part of Hospice Care Inpatient Outpatient Services provided by Mental Health Professional	90% after plan deductible 90% after plan deductible Covered under Mental Health Benefit	70% after plan deductible 70% after plan deductible Covered under Mental Health Benefit



BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Maternity Care Services Initial Visit to Confirm Pregnancy All subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges (i.e. global maternity fee) Physician's Office Visits in addition to the global maternity fee when performed by an OB/GYN or Specialist Delivery - Facility (Inpatient Hospital, Birthing Center)	90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible	70% after plan deductible 70% after plan deductible 70% after plan deductible 70% after plan deductible
Abortion Includes elective and non-elective procedures Physician's Office Visit Inpatient Facility Outpatient Facility Physician's Services	90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible	70% after plan deductible 70% after plan deductible 70% after plan deductible 70% after plan deductible
Women's Family Planning Services Office Visits, Lab and Radiology Tests and Counseling Note: Includes coverage for contraceptive devices (e.g., Depo-Provera and Intrauterine Devices (IUDs)) as ordered or prescribed by a physician. Diaphragms also are covered when services are provided in the physician's office. Surgical Sterilization Procedures for Tubal Ligation (excludes reversals) Physician's Office Visit Inpatient Facility Outpatient Facility Physician's Services	No charge No charge No charge No charge No charge No charge No charge	70% after plan deductible 70% after plan deductible 70% after plan deductible 70% after plan deductible 70% after plan deductible 70% after plan deductible



BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Men's Family Planning Services Office Visits, Lab and Radiology Tests and Counseling Surgical Sterilization Procedures for Vasectomy (excludes reversals) Physician's Office Visit Inpatient Facility Outpatient Facility Physician's Services	90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible	70% after plan deductible 70% after plan deductible 70% after plan deductible 70% after plan deductible 70% after plan deductible
Infertility Treatment Services Not Covered include: <ul style="list-style-type: none"> • Testing performed specifically to determine the cause of infertility. • Treatment and/or procedures performed specifically to restore fertility (e.g. procedures to correct an infertility condition). • Artificial means of becoming pregnant (e.g. Artificial Insemination, In-vitro, GIFT, ZIFT, etc). Note: Coverage will be provided for the treatment of an underlying medical condition up to the point an infertility condition is diagnosed. Services will be covered as any other illness.	Not Covered	Not Covered



BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Organ Transplants Includes all medically appropriate, non-experimental transplants Physician's Office Visit Inpatient Facility Physician's Services Lifetime Travel Maximum: \$10,000 per transplant	90% after plan deductible 100% at Lifesource center, otherwise 90% after plan deductible 100% at Lifesource center, otherwise 90% after plan deductible No charge (only available when using Lifesource facility)	In-Network coverage only In-Network coverage only In-Network coverage only In-Network coverage only
Durable Medical Equipment Calendar Year Maximum: Unlimited	90% after plan deductible	70% after plan deductible
Diabetic Equipment Calendar Year Maximum: Unlimited	90% after plan deductible	70% after plan deductible
Breast Feeding Equipment and Supplies Note: Includes the rental of one breast pump per birth as ordered or prescribed by a physician. Includes related supplies.	No charge	70% after plan deductible
External Prosthetic Appliances Calendar Year Maximum: Unlimited	90% after plan deductible	70% after plan deductible
Nutritional Evaluation Calendar Year Maximum: 3 visits per person, however the 3 visit limit will not apply to treatment of diabetes. Physician's Office Visit Inpatient Facility Outpatient Facility Physician's Services	90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible	70% after plan deductible 70% after plan deductible 70% after plan deductible 70% after plan deductible



BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Dental Care Limited to charges made for a continuous course of dental treatment started within six months of an injury to sound, natural teeth. Physician's Office Visit Inpatient Facility Outpatient Facility Physician's Services	90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible	70% after plan deductible 70% after plan deductible 70% after plan deductible 70% after plan deductible
Bariatric Surgery Note: Subject to any limitations shown in the "Exclusions, Expenses Not Covered and General Limitations" section of this certificate. Physician's Office Visit Inpatient Facility Outpatient Facility Physician's Services	90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible	In-Network coverage only In-Network coverage only In-Network coverage only In-Network coverage only
Acupuncture Calendar Year Maximum: Unlimited	90% after plan deductible	70% after plan deductible
Penile Pump Note: For use as a result of Prostate Cancer treatment based on Cigna's coverage position.	90% after plan deductible	70% after plan deductible
Routine Foot Disorders	Not covered except for services associated with foot care for diabetes and peripheral vascular disease.	Not covered except for services associated with foot care for diabetes and peripheral vascular disease.
Treatment Resulting From Life Threatening Emergencies Medical treatment required as a result of an emergency, such as a suicide attempt, will be considered a medical expense until the medical condition is stabilized. Once the medical condition is stabilized, whether the treatment will be characterized as either a medical expense or a mental health/substance abuse expense will be determined by the utilization review Physician in accordance with the applicable mixed services claim guidelines.		
Mental Health Inpatient Outpatient (Includes Individual, Group and Intensive Outpatient) Physician's Office Visit Outpatient Facility	90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible	70% after plan deductible 70% after plan deductible 70% after plan deductible 70% after plan deductible



BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Substance Abuse		
Inpatient	90% after plan deductible	70% after plan deductible
Outpatient (Includes Individual and Intensive Outpatient)		
Physician's Office Visit	90% after plan deductible	70% after plan deductible
Outpatient Facility	90% after plan deductible	70% after plan deductible



Open Access Plus Medical Benefits

Certification Requirements - Out-of-Network

For You and Your Dependents

Pre-Admission Certification/Continued Stay Review for Hospital Confinement

Pre-Admission Certification (PAC) and Continued Stay Review (CSR) refer to the process used to certify the Medical Necessity and length of a Hospital Confinement when you or your Dependent require treatment in a Hospital:

- as a registered bed patient;
- for a Partial Hospitalization for the treatment of Mental Health or Substance Abuse;
- for Mental Health or Substance Abuse Residential Treatment Services.

You or your Dependent should request PAC prior to any non-emergency treatment in a Hospital described above. In the case of an emergency admission, you should contact the Review Organization within 72 hours after the admission. For an admission due to pregnancy, you should call the Review Organization by the end of the third month of pregnancy. CSR should be requested, prior to the end of the certified length of stay, for continued Hospital Confinement.

Covered Expenses incurred will be reduced by 50% for Hospital charges made for each separate admission to the Hospital unless PAC is received: prior to the date of admission; or in the case of an emergency admission, within 72 hours after the date of admission.

Covered Expenses incurred for which benefits would otherwise be payable under this plan for the charges listed below will not include:

- Hospital charges for Bed and Board, for treatment listed above for which PAC was performed, which are made for any day in excess of the number of days certified through PAC or CSR; and
- any Hospital charges for treatment listed above for which PAC was requested, but which was not certified as Medically Necessary.

PAC and CSR are performed through a utilization review program by a Review Organization with which Cigna has contracted.

In any case, those expenses incurred for which payment is excluded by the terms set forth above will not be considered as expenses incurred for the purpose of any other part of this plan, except for the "Coordination of Benefits" section.

Outpatient Certification Requirements – Out-of-Network

Outpatient Certification refers to the process used to certify the Medical Necessity of outpatient diagnostic testing and outpatient procedures, including, but not limited to, those listed in this section when performed as an outpatient in a Free-standing Surgical Facility, Other Health Care Facility or a Physician's office. You or your Dependent should call the toll-free number on the back of your I.D. card to determine if Outpatient Certification is required prior to any outpatient diagnostic testing or procedures. Outpatient Certification is performed through a utilization review program by a Review Organization with which Cigna has contracted. Outpatient Certification should only be requested for nonemergency procedures or services, and should be requested by you or your Dependent at least four working days (Monday through Friday) prior to having the procedure performed or the service rendered.

Covered Expenses incurred will be reduced by 50% for charges made for any outpatient diagnostic testing or procedure performed unless Outpatient Certification is received prior to the date the testing or procedure is performed.

Covered Expenses incurred will not include expenses incurred for charges made for outpatient diagnostic testing or procedures for which Outpatient Certification was performed, but, which was not certified as Medically Necessary.

In any case, those expenses incurred for which payment is excluded by the terms set forth above will not be considered as expenses incurred for the purpose of any other part of this plan, except for the "Coordination of Benefits" section.

Diagnostic Testing and Outpatient Procedures

Including, but not limited to:

- Advanced radiological imaging – CT Scans, MRI, MRA or PET scans.
- Hysterectomy.

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Prior Authorization/Pre-Authorized

The term Prior Authorization means the approval that a Participating Provider must receive from the Review Organization, prior to services being rendered, in order for certain services and benefits to be covered under this policy.

Services that require Prior Authorization include, but are not limited to:

- inpatient Hospital services;



- inpatient services at any participating Other Health Care Facility;
- residential treatment;
- outpatient facility services;
- intensive outpatient programs;
- advanced radiological imaging;
- non-emergency ambulance; or
- transplant services.

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Covered Expenses

The term Covered Expenses means the expenses incurred by or on behalf of a person for the charges listed below if they are incurred after he becomes insured for these benefits. Expenses incurred for such charges are considered Covered Expenses to the extent that the services or supplies provided are recommended by a Physician, and are Medically Necessary for the care and treatment of an Injury or a Sickness, as determined by Cigna. **Any applicable Copayments, Deductibles or limits are shown in The Schedule.**

Covered Expenses

- charges made by a Hospital, on its own behalf, for Bed and Board and other Necessary Services and Supplies; except that for any day of Hospital Confinement, Covered Expenses will not include that portion of charges for Bed and Board which is more than the Bed and Board Limit shown in The Schedule.
- charges for licensed ambulance service to or from the nearest Hospital where the needed medical care and treatment can be provided.
- charges made by a Hospital, on its own behalf, for medical care and treatment received as an outpatient.
- charges made by a Free-Standing Surgical Facility, on its own behalf for medical care and treatment.
- charges made on its own behalf, by an Other Health Care Facility, including a Skilled Nursing Facility, a Rehabilitation Hospital or a subacute facility for medical care and treatment; except that for any day of Other Health Care Facility confinement, Covered Expenses will not include that portion of charges which are in excess of the Other Health Care Facility Daily Limit shown in The Schedule.
- charges made for Emergency Services and Urgent Care.
- charges made by a Physician or a Psychologist for professional services.
- charges made by a Nurse, other than a member of your family or your Dependent's family, for professional nursing service.
- charges made for anesthetics and their administration; diagnostic x-ray and laboratory examinations; x-ray, radium, and radioactive isotope treatment; chemotherapy; blood transfusions; oxygen and other gases and their administration.
- charges made for an annual prostate-specific antigen test (PSA).
- charges made for laboratory services, radiation therapy and other diagnostic and therapeutic radiological procedures.
- charges made for Family Planning, including medical history, physical exam, related laboratory tests, medical supervision in accordance with generally accepted medical practices, other medical services, information and counseling on contraception, implanted/injected contraceptives, after appropriate counseling, medical services connected with surgical therapies (tubal ligations, vasectomies).
- charges made for the following preventive care services (detailed information is available at www.healthcare.gov):
 - (1) evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force;
 - (2) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the Covered Person involved;
 - (3) for infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration;
 - (4) for women, such additional preventive care and screenings not described in paragraph (1) as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.
- charges made for acupuncture.
- coverage for diagnosis and treatment of autism spectrum disorder to include autistic disorder, Asperger's Syndrome and pervasive developmental disorder not otherwise specified, when prescribed by a treating Physician in accordance with a treatment plan for individuals diagnosed at age 8 or younger. Coverage is provided for Dependents to age 18, or older if attending High School. Treatment includes well-baby and well-child screening for diagnosis and treatment through speech therapy, occupational therapy, physical therapy and applied behavior analysis. Day or visit



maximums applied to such treatment for other causes will not apply to treatment of autism spectrum disorder.

- charges made by a Physician, certified diabetes educator or licensed dietitian for a program which provides instruction on an outpatient basis for a person who has been diagnosed as having diabetes, for the purpose of instructing such person about the condition and its control;
- charges for general anesthesia and hospitalization services for dental procedures for an individual who is under age 8 and for whom it is determined by a licensed Dentist and the child's Physician that treatment in a Hospital or ambulatory surgical center is necessary due to a significantly complex dental condition or developmental disability in which patient management in the dental office has proven to be ineffective; or has one or more medical conditions that would create significant or undue medical risk if the procedure were not rendered in a Hospital or ambulatory surgical center;
- charges for the services of certified nurse-midwives, licensed midwives, and licensed birth centers regardless of whether or not such services are received in a home birth setting.
- charges for the treatment of cleft lip and cleft palate including medical, dental, speech therapy, audiology and nutrition services, when prescribed by a Physician.
- charges for newborn and infant hearing screening and Medically Necessary follow-up evaluations. When ordered by the treating Physician, a newborn's hearing screening must include auditory brainstem responses or evoked otacoustic emissions or other appropriate technology approved by the FDA. All screenings shall be conducted by a licensed audiologist, Physician, or supervised individual who has training specific to newborn hearing screening. Newborn means an age range from birth through 29 days. Infant means an age range from 30 days through 12 months
- charges for or in connection with Medically Necessary diagnosis and treatment of osteoporosis for high risk individuals. This includes, but is not limited to individuals who: have vertebral abnormalities; are receiving long-term glucocorticoid (steroid) therapy; have primary hyperparathyroidism; have a family history of osteoporosis; and/or are estrogen-deficient individuals who are at clinical risk for osteoporosis.
- charges made for diagnosis and Medically Necessary surgical procedures to treat dysfunction of the temporomandibular joint
- charges made for or in connection with mammograms for breast cancer screening or diagnostic purposes, including, but not limited to: a baseline mammogram for women ages 35 through 39; a mammogram for women ages 40 through 49, every two years or more frequently based on the

attending Physician's recommendations; a mammogram every year for women age 50 and over; and one or more mammograms upon the recommendation of a Physician for any woman who is at risk for breast cancer due to her family history; has biopsy proven benign breast disease; or has not given birth before age 30. A mammogram will be covered with or without a Physician's recommendation, provided the mammogram is performed at an approved facility for breast cancer screening.

- charges for an inpatient Hospital stay following a mastectomy will be covered for a period determined to be Medically Necessary by the Physician and in consultation with the patient. Postsurgical follow-up care may be provided at the Hospital, Physician's office, outpatient center, or at the home of the patient.

In addition, Covered Expenses will include expenses incurred at any of the Approximate Age Intervals shown below, for a Dependent child who is age 15 or less, for charges made for Child Preventive Care Services consisting of the following services delivered or supervised by a Physician, in keeping with prevailing medical standards:

- a history;
- physical examination;
- development assessment;
- anticipatory guidance; and
- appropriate immunizations and laboratory tests;
- excluding any charges for:
- more than one visit to one provider for Child Preventive Care Services at each of the Approximate Age Intervals, up to a total of 18 visits for each Dependent child;
- services for which benefits are otherwise provided under this Covered Expenses section;
- services for which benefits are not payable, according to the Expenses Not Covered section.

It is provided that any Deductible that would otherwise apply will be waived for those Covered Expenses incurred for Child Preventive Care Services. Approximate Age Intervals are: Birth, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4 years, 5 years, 6 years, 8 years, 10 years, 12 years, 14 years and 15 years.

Clinical Trials

This benefit plan covers routine patient care costs related to a qualified clinical trial for an individual who meets the following requirements:

- (a) is eligible to participate in an approved clinical trial according to the trial protocol with respect to treatment of cancer or other life-threatening disease or condition; and



(b) either

- the referring health care professional is a participating health care provider and has concluded that the individual's participation in such trial would be appropriate based upon the individual meeting the conditions described in paragraph (a); or
- the individual provides medical and scientific information establishing that the individual's participation in such trial would be appropriate based upon the individual meeting the conditions described in paragraph (a).

For purposes of clinical trials, the term "life-threatening disease or condition" means any disease or condition from which the likelihood of death is probable unless the course of the disease or condition is interrupted.

The clinical trial must meet the following requirements:

The study or investigation must:

- be approved or funded by any of the agencies or entities authorized by federal law to conduct clinical trials;
- be conducted under an investigational new drug application reviewed by the Food and Drug Administration; or
- involve a drug trial that is exempt from having such an investigational new drug application.

Routine patient care costs are costs associated with the provision of health care items and services including drugs, items, devices and services otherwise covered by this benefit plan for an individual who is not enrolled in a clinical trial and, in addition:

- services required solely for the provision of the investigational drug, item, device or service;
- services required for the clinically appropriate monitoring of the investigational drug, device, item or service;
- services provided for the prevention of complications arising from the provision of the investigational drug, device, item or service; and
- reasonable and necessary care arising from the provision of the investigational drug, device, item or service, including the diagnosis or treatment of complications.

Routine patient care costs do not include:

- the investigational drug, item, device, or service, itself; or
- items and services that are provided solely to satisfy data collection and analysis needs and that are not used in the direct clinical management of the patient.

If your plan includes In-Network providers, Clinical trials conducted by non-participating providers will be covered at the In-Network benefit level if:

- there are not In-Network providers participating in the clinical trial that are willing to accept the individual as a patient, or
- the clinical trial is conducted outside the individual's state of residence.

Genetic Testing

Charges made for genetic testing that uses a proven testing method for the identification of genetically-linked inheritable disease. Genetic testing is covered only if:

- a person has symptoms or signs of a genetically-linked inheritable disease;
- it has been determined that a person is at risk for carrier status as supported by existing peer-reviewed, evidence-based, scientific literature for the development of a genetically-linked inheritable disease when the results will impact clinical outcome; or
- the therapeutic purpose is to identify specific genetic mutation that has been demonstrated in the existing peer-reviewed, evidence-based, scientific literature to directly impact treatment options.

Pre-implantation genetic testing, genetic diagnosis prior to embryo transfer, is covered when either parent has an inherited disease or is a documented carrier of a genetically-linked inheritable disease.

Genetic counseling is covered if a person is undergoing approved genetic testing, or if a person has an inherited disease and is a potential candidate for genetic testing. Genetic counseling is limited to 3 visits per calendar year for both pre- and post-genetic testing.

Nutritional Evaluation

Charges made for nutritional evaluation and counseling when diet is a part of the medical management of a documented organic disease.

Internal Prosthetic/Medical Appliances

Charges made for internal prosthetic/medical appliances that provide permanent or temporary internal functional supports for nonfunctional body parts are covered. Medically Necessary repair, maintenance or replacement of a covered appliance is also covered.

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Orthognathic Surgery

- orthognathic surgery to repair or correct a severe facial deformity or disfigurement that orthodontics alone can not correct, provided:
 - the deformity or disfigurement is accompanied by a documented clinically significant functional impairment, and there is a reasonable expectation that the procedure will result in meaningful functional improvement; or
 - the orthognathic surgery is Medically Necessary as a result of tumor, trauma, disease; or
 - the orthognathic surgery is performed prior to age 19 and is required as a result of severe congenital facial deformity or congenital condition.

Repeat or subsequent orthognathic surgeries for the same condition are covered only when the previous orthognathic surgery met the above requirements, and there is a high probability of significant additional improvement as determined by the utilization review Physician.

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Cardiac Rehabilitation

- Phase II cardiac rehabilitation provided on an outpatient basis following diagnosis of a qualifying cardiac condition when Medically Necessary. Phase II is a Hospital-based outpatient program following an inpatient Hospital discharge. The Phase II program must be Physician directed with active treatment and EKG monitoring.

Phase III and Phase IV cardiac rehabilitation is not covered. Phase III follows Phase II and is generally conducted at a recreational facility primarily to maintain the patient's status achieved through Phases I and II. Phase IV is an advancement of Phase III which includes more active participation and weight training.

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Home Health Services

- charges made for Home Health Services when you: require skilled care; are unable to obtain the required care as an ambulatory outpatient; and do not require confinement in a Hospital or Other Health Care Facility.

Home Health Services are provided only if Cigna has determined that the home is a medically appropriate setting. If you are a minor or an adult who is dependent upon others for nonskilled care and/or custodial services (e.g., bathing,

eating, toileting), Home Health Services will be provided for you only during times when there is a family member or care giver present in the home to meet your nonskilled care and/or custodial services needs.

Home Health Services are those skilled health care services that can be provided during visits by Other Health Care Professionals. The services of a home health aide are covered when rendered in direct support of skilled health care services provided by Other Health Care Professionals. A visit is defined as a period of 2 hours or less. Home Health Services are subject to a maximum of 16 hours in total per day. Necessary consumable medical supplies and home infusion therapy administered or used by Other Health Care Professionals in providing Home Health Services are covered. Home Health Services do not include services by a person who is a member of your family or your Dependent's family or who normally resides in your house or your Dependent's house even if that person is an Other Health Care Professional. Skilled nursing services or private duty nursing services provided in the home are subject to the Home Health Services benefit terms, conditions and benefit limitations. Physical, occupational, and other Short-Term Rehabilitative Therapy services provided in the home are not subject to the Home Health Services benefit limitations in the Schedule, but are subject to the benefit limitations described under Short-term Rehabilitative Therapy Maximum shown in The Schedule.

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Hospice Care Services

- charges made for a person who has been diagnosed as having six months or fewer to live, due to Terminal Illness, for the following Hospice Care Services provided under a Hospice Care Program:
 - by a Hospice Facility for Bed and Board and Services and Supplies;
 - by a Hospice Facility for services provided on an outpatient basis;
 - by a Physician for professional services;
 - by a Psychologist, social worker, family counselor or ordained minister for individual and family counseling;
 - for pain relief treatment, including drugs, medicines and medical supplies;
 - by an Other Health Care Facility for:
 - part-time or intermittent nursing care by or under the supervision of a Nurse;



- part-time or intermittent services of an Other Health Care Professional;
- physical, occupational and speech therapy;
- medical supplies; drugs and medicines lawfully dispensed only on the written prescription of a Physician; and laboratory services; but only to the extent such charges would have been payable under the policy if the person had remained or been Confined in a Hospital or Hospice Facility.

The following charges for Hospice Care Services are not included as Covered Expenses:

- for the services of a person who is a member of your family or your Dependent's family or who normally resides in your house or your Dependent's house;
- for any period when you or your Dependent is not under the care of a Physician;
- for services or supplies not listed in the Hospice Care Program;
- for any curative or life-prolonging procedures;
- to the extent that any other benefits are payable for those expenses under the policy;
- for services or supplies that are primarily to aid you or your Dependent in daily living.

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Mental Health and Substance Abuse Services

Mental Health Services are services that are required to treat a disorder that impairs the behavior, emotional reaction or thought processes. In determining benefits payable, charges made for the treatment of any physiological conditions related to Mental Health will not be considered to be charges made for treatment of Mental Health.

Substance Abuse is defined as the psychological or physical dependence on alcohol or other mind-altering drugs that requires diagnosis, care, and treatment. In determining benefits payable, charges made for the treatment of any physiological conditions related to rehabilitation services for alcohol or drug abuse or addiction will not be considered to be charges made for treatment of Substance Abuse.

Inpatient Mental Health Services

Services that are provided by a Hospital while you or your Dependent is Confined in a Hospital for the treatment and evaluation of Mental Health. Inpatient Mental Health Services include Partial Hospitalization and Mental Health Residential Treatment Services.

Partial Hospitalization sessions are services that are provided for not less than 4 hours and not more than 12 hours in any 24-hour period.

Mental Health Residential Treatment Services are services provided by a Hospital for the evaluation and treatment of the psychological and social functional disturbances that are a result of subacute Mental Health conditions.

Mental Health Residential Treatment Center means an institution which specializes in the treatment of psychological and social disturbances that are the result of Mental Health conditions; provides a subacute, structured, psychotherapeutic treatment program, under the supervision of Physicians; provides 24-hour care, in which a person lives in an open setting; and is licensed in accordance with the laws of the appropriate legally authorized agency as a residential treatment center.

A person is considered confined in a Mental Health Residential Treatment Center when she/he is a registered bed patient in a Mental Health Residential Treatment Center upon the recommendation of a Physician.

Outpatient Mental Health Services

Services of Providers who are qualified to treat Mental Health when treatment is provided on an outpatient basis, while you or your Dependent is not Confined in a Hospital, and is provided in an individual, group or Mental Health Intensive Outpatient Therapy Program. Covered services include, but are not limited to, outpatient treatment of conditions such as: anxiety or depression which interfere with daily functioning; emotional adjustment or concerns related to chronic conditions, such as psychosis or depression; emotional reactions associated with marital problems or divorce; child/adolescent problems of conduct or poor impulse control; affective disorders; suicidal or homicidal threats or acts; eating disorders; or acute exacerbation of chronic Mental Health conditions (crisis intervention and relapse prevention) and outpatient testing and assessment.

A Mental Health Intensive Outpatient Therapy Program consists of distinct levels or phases of treatment that are provided by a certified/licensed Mental Health program. Intensive Outpatient Therapy Programs provide a combination of individual, family and/or group therapy in a day, totaling nine or more hours in a week.

Inpatient Substance Abuse Rehabilitation Services

Services provided for rehabilitation, while you or your Dependent is Confined in a Hospital, when required for the diagnosis and treatment of abuse or addiction to alcohol and/or drugs. Inpatient Substance Abuse Services include Partial Hospitalization sessions and Residential Treatment services.

Partial Hospitalization sessions are services that are provided for not less than 4 hours and not more than 12 hours in any 24-hour period.



Substance Abuse Residential Treatment Services are services provided by a Hospital for the evaluation and treatment of the psychological and social functional disturbances that are a result of subacute Substance Abuse conditions.

Substance Abuse Residential Treatment Center means an institution which specializes in the treatment of psychological and social disturbances that are the result of Substance Abuse; provides a subacute, structured, psychotherapeutic treatment program, under the supervision of Physicians; provides 24-hour care, in which a person lives in an open setting; and is licensed in accordance with the laws of the appropriate legally authorized agency as a residential treatment center.

A person is considered confined in a Substance Abuse Residential Treatment Center when she/he is a registered bed patient in a Substance Abuse Residential Treatment Center upon the recommendation of a Physician.

Outpatient Substance Abuse Rehabilitation Services

Services provided for the diagnosis and treatment of abuse or addiction to alcohol and/or drugs, while you or your Dependent is not Confined in a Hospital, including outpatient rehabilitation in an individual, or a Substance Abuse Intensive Outpatient Therapy Program.

A Substance Abuse Intensive Outpatient Therapy Program consists of distinct levels or phases of treatment that are provided by a certified/licensed Substance Abuse program. Intensive Outpatient Therapy Programs provide a combination of individual, family and/or group therapy in a day, totaling nine, or more hours in a week.

Substance Abuse Detoxification Services

Detoxification and related medical ancillary services are provided when required for the diagnosis and treatment of addiction to alcohol and/or drugs. Cigna will decide, based on the Medical Necessity of each situation, whether such services will be provided in an inpatient or outpatient setting.

Exclusions

The following are specifically excluded from Mental Health and Substance Abuse Services:

- any court ordered treatment or therapy, or any treatment or therapy ordered as a condition of parole, probation or custody or visitation evaluations unless Medically Necessary and otherwise covered under this policy or agreement.
- treatment of disorders which have been diagnosed as organic mental disorders associated with permanent dysfunction of the brain.
- developmental disorders, including but not limited to, developmental reading disorders, developmental arithmetic disorders, developmental language disorders or developmental articulation disorders.

- counseling for activities of an educational nature.
- counseling for borderline intellectual functioning.
- counseling for occupational problems.
- counseling related to consciousness raising.
- vocational or religious counseling.
- I.Q. testing.
- custodial care, including but not limited to geriatric day care.
- psychological testing on children requested by or for a school system.
- occupational/recreational therapy programs even if combined with supportive therapy for age-related cognitive decline.

HC-COV7

04-10

V4

Durable Medical Equipment

- charges made for purchase or rental of Durable Medical Equipment that is ordered or prescribed by a Physician and provided by a vendor approved by Cigna for use outside a Hospital or Other Health Care Facility. Coverage for repair, replacement or duplicate equipment is provided only when required due to anatomical change and/or reasonable wear and tear. All maintenance and repairs that result from a person's misuse are the person's responsibility. Coverage for Durable Medical Equipment is limited to the lowest-cost alternative as determined by the utilization review Physician.

Durable Medical Equipment is defined as items which are designed for and able to withstand repeated use by more than one person; customarily serve a medical purpose; generally are not useful in the absence of Injury or Sickness; are appropriate for use in the home; and are not disposable. Such equipment includes, but is not limited to, crutches, hospital beds, respirators, wheel chairs, and dialysis machines.

Durable Medical Equipment items that are not covered include but are not limited to those that are listed below:

- **Bed Related Items:** bed trays, over the bed tables, bed wedges, pillows, custom bedroom equipment, mattresses, including nonpower mattresses, custom mattresses and posturepedic mattresses.
- **Bath Related Items:** bath lifts, nonportable whirlpools, bathtub rails, toilet rails, raised toilet seats, bath benches, bath stools, hand held showers, paraffin baths, bath mats, and spas.
- **Chairs, Lifts and Standing Devices:** computerized or gyroscopic mobility systems, roll about chairs, geriatric



chairs, hip chairs, seat lifts (mechanical or motorized), patient lifts (mechanical or motorized – manual hydraulic lifts are covered if patient is two-person transfer), and auto tilt chairs.

- **Fixtures to Real Property:** ceiling lifts and wheelchair ramps.
- **Car/Van Modifications.**
- **Air Quality Items:** room humidifiers, vaporizers, air purifiers and electrostatic machines.
- **Blood/Injection Related Items:** blood pressure cuffs, centrifuges, nova pens and needleless injectors.
- **Other Equipment:** heat lamps, heating pads, cryounits, cryotherapy machines, electronic-controlled therapy units, ultraviolet cabinets, sheepskin pads and boots, postural drainage board, AC/DC adaptors, enuresis alarms, magnetic equipment, scales (baby and adult), stair gliders, elevators, saunas, any exercise equipment and diathermy machines.

HC-COV8

04-10
V2

External Prosthetic Appliances and Devices

- charges made or ordered by a Physician for: the initial purchase and fitting of external prosthetic appliances and devices available only by prescription which are necessary for the alleviation or correction of Injury, Sickness or congenital defect. Coverage for External Prosthetic Appliances is limited to the most appropriate and cost effective alternative as determined by the utilization review Physician.

External prosthetic appliances and devices shall include prostheses/prosthetic appliances and devices, orthoses and orthotic devices; braces; and splints.

Prostheses/Prosthetic Appliances and Devices

Prostheses/prosthetic appliances and devices are defined as fabricated replacements for missing body parts. Prostheses/prosthetic appliances and devices include, but are not limited to:

- basic limb prostheses;
- terminal devices such as hands or hooks; and
- speech prostheses.

Orthoses and Orthotic Devices

Orthoses and orthotic devices are defined as orthopedic appliances or apparatuses used to support, align, prevent or correct deformities. Coverage is provided for custom foot orthoses and other orthoses as follows:

- Nonfoot orthoses – only the following nonfoot orthoses are covered:
 - rigid and semirigid custom fabricated orthoses;
 - semirigid prefabricated and flexible orthoses; and
 - rigid prefabricated orthoses including preparation, fitting and basic additions, such as bars and joints.
- Custom foot orthoses – custom foot orthoses are only covered as follows:
 - for persons with impaired peripheral sensation and/or altered peripheral circulation (e.g. diabetic neuropathy and peripheral vascular disease);
 - when the foot orthosis is an integral part of a leg brace and is necessary for the proper functioning of the brace;
 - when the foot orthosis is for use as a replacement or substitute for missing parts of the foot (e.g. amputated toes) and is necessary for the alleviation or correction of Injury, Sickness or congenital defect; and
 - for persons with neurologic or neuromuscular condition (e.g. cerebral palsy, hemiplegia, spina bifida) producing spasticity, malalignment, or pathological positioning of the foot and there is reasonable expectation of improvement.

The following are specifically excluded orthoses and orthotic devices:

- prefabricated foot orthoses;
- cranial banding and/or cranial orthoses. Other similar devices are excluded except when used postoperatively for synostotic plagiocephaly. When used for this indication, the cranial orthosis will be subject to the limitations and maximums of the External Prosthetic Appliances and Devices benefit;
- orthosis shoes, shoe additions, procedures for foot orthopedic shoes, shoe modifications and transfers;
- orthoses primarily used for cosmetic rather than functional reasons; and
- orthoses primarily for improved athletic performance or sports participation.

Braces

A Brace is defined as an orthosis or orthopedic appliance that supports or holds in correct position any movable part of the body and that allows for motion of that part.



The following braces are specifically excluded: Copes scoliosis braces.

Splints

A Splint is defined as an appliance for preventing movement of a joint or for the fixation of displaced or movable parts.

Coverage for replacement of external prosthetic appliances and devices is limited to the following:

- replacement due to regular wear. Replacement for damage due to abuse or misuse by the person will not be covered.
- replacement will be provided when anatomic change has rendered the external prosthetic appliance or device ineffective. Anatomic change includes significant weight gain or loss, atrophy and/or growth.
- Coverage for replacement is limited as follows:
 - no more than once every 24 months for persons 19 years of age and older;
 - no more than once every 12 months for persons 18 years of age and under; and
 - replacement due to a surgical alteration or revision of the site.

The following are specifically excluded external prosthetic appliances and devices:

- external and internal power enhancements or power controls for prosthetic limbs and terminal devices; and
- myoelectric prostheses peripheral nerve stimulators.

HC-COV9

04-10

V2

Short-Term Rehabilitative Therapy

Short-term Rehabilitative Therapy that is part of a rehabilitation program, including physical, speech, occupational, cognitive, osteopathic manipulative, and pulmonary rehabilitation therapy, when provided in the most medically appropriate setting.

The following limitation applies to Short-term Rehabilitative Therapy:

- occupational therapy is provided only for purposes of enabling persons to perform the activities of daily living after an Illness or Injury or Sickness.

Short-term Rehabilitative Therapy services that are not covered include but are not limited to:

- sensory integration therapy, group therapy; treatment of dyslexia; behavior modification or myofunctional therapy for dysfluency, such as stuttering or other involuntarily acted conditions without evidence of an underlying medical condition or neurological disorder;

- treatment for functional articulation disorder such as correction of tongue thrust, lisp, verbal apraxia or swallowing dysfunction that is not based on an underlying diagnosed medical condition or Injury; and
- maintenance or preventive treatment consisting of routine, long term or non-Medically Necessary care provided to prevent recurrence or to maintain the patient's current status.

Multiple outpatient services provided on the same day constitute one day.

Services that are provided by a chiropractic Physician are not covered. These services include the conservative management of acute neuromusculoskeletal conditions through manipulation and ancillary physiological treatment rendered to restore motion, reduce pain and improve function.

Chiropractic Care Services

Charges made for diagnostic and treatment services utilized in an office setting by chiropractic Physicians. Chiropractic treatment includes the conservative management of acute neuromusculoskeletal conditions through manipulation and ancillary physiological treatment rendered to specific joints to restore motion, reduce pain, and improve function. For these services you have direct access to qualified chiropractic Physicians.

The following limitation applies to Chiropractic Care Services:

- occupational therapy is provided only for purposes of enabling persons to perform the activities of daily living after an Injury or Sickness.

Chiropractic Care services that are not covered include but are not limited to:

- services of a chiropractor which are not within his scope of practice, as defined by state law;
- charges for care not provided in an office setting;
- maintenance or preventive treatment consisting of routine, long term or non-Medically Necessary care provided to prevent recurrence or to maintain the patient's current status;
- vitamin therapy.

HC-COV13

04-10

V2

Breast Reconstruction and Breast Prostheses

- charges made for reconstructive surgery following a mastectomy; benefits include: surgical services for reconstruction of the breast on which surgery was performed; surgical services for reconstruction of the nondiseased breast to produce symmetrical appearance;



postoperative breast prostheses; and mastectomy bras and external prosthetics, limited to the lowest cost alternative available that meets external prosthetic placement needs. During all stages of mastectomy, treatment of physical complications, including lymphedema therapy, are covered.

Reconstructive Surgery

- charges made for reconstructive surgery or therapy to repair or correct a severe physical deformity or disfigurement which is accompanied by functional deficit; (other than abnormalities of the jaw or conditions related to TMJ disorder) provided that: the surgery or therapy restores or improves function; reconstruction is required as a result of Medically Necessary, noncosmetic surgery; or the surgery or therapy is performed prior to age 19 and is required as a result of the congenital absence or agenesis (lack of formation or development) of a body part. Repeat or subsequent surgeries for the same condition are covered only when there is the probability of significant additional improvement as determined by the utilization review Physician.

HC-COV14

04-10
V1

Transplant Services

- charges made for human organ and tissue Transplant services which include solid organ and bone marrow/stem cell procedures at designated facilities throughout the United States or its territories. This coverage is subject to the following conditions and limitations.

Transplant services include the recipient's medical, surgical and Hospital services; inpatient immunosuppressive medications; and costs for organ or bone marrow/stem cell procurement. Transplant services are covered only if they are required to perform any of the following human to human organ or tissue transplants: allogeneic bone marrow/stem cell, autologous bone marrow/stem cell, cornea, heart, heart/lung, kidney, kidney/pancreas, liver, lung, pancreas or intestine which includes small bowel-liver or multi-visceral.

All Transplant services, other than cornea, are covered at 100% when received at Cigna LIFESOURCE Transplant Network® facilities. Cornea transplants are not covered at Cigna LIFESOURCE Transplant Network® facilities. Transplant services, including cornea, received at participating facilities specifically contracted with Cigna for those Transplant services, other than Cigna LIFESOURCE Transplant Network® facilities, are payable at the In-Network level. Transplant services received at any other facilities, including Non-Participating Providers and Participating Providers not specifically contracted with Cigna for Transplant services, are not covered.

Coverage for organ procurement costs are limited to costs directly related to the procurement of an organ, from a cadaver or a live donor. Organ procurement costs shall consist of surgery necessary for organ removal, organ transportation and the transportation, hospitalization and surgery of a live donor. Compatibility testing undertaken prior to procurement is covered if Medically Necessary. Costs related to the search for, and identification of a bone marrow or stem cell donor for an allogeneic transplant are also covered.

Transplant Travel Services

Charges made for reasonable travel expenses incurred by you in connection with a preapproved organ/tissue transplant are covered subject to the following conditions and limitations. Transplant travel benefits are not available for cornea transplants. Benefits for transportation, lodging and food are available to you only if you are the recipient of a preapproved organ/tissue transplant from a designated Cigna LIFESOURCE Transplant Network® facility. The term recipient is defined to include a person receiving authorized transplant related services during any of the following: evaluation, candidacy, transplant event, or post-transplant care. Travel expenses for the person receiving the transplant will include charges for: transportation to and from the transplant site (including charges for a rental car used during a period of care at the transplant facility); lodging while at, or traveling to and from the transplant site; and food while at, or traveling to and from the transplant site.

In addition to your coverage for the charges associated with the items above, such charges will also be considered covered travel expenses for one companion to accompany you. The term companion includes your spouse, a member of your family, your legal guardian, or any person not related to you, but actively involved as your caregiver. The following are specifically excluded travel expenses: travel costs incurred due to travel within 60 miles of your home; laundry bills; telephone bills; alcohol or tobacco products; and charges for transportation that exceed coach class rates.

These benefits are only available when the covered person is the recipient of an organ transplant. No benefits are available when the covered person is a donor.

HC-COV15

04-10
V2



Prescription Drug Benefits		
The Schedule		
For You and Your Dependents		
This plan provides Prescription Drug benefits for Prescription Drugs and Related Supplies provided by Pharmacies as shown in this Schedule. To receive Prescription Drug Benefits, you and your Dependents may be required to pay a portion of the Covered Expenses for Prescription Drugs and Related Supplies. That portion includes any applicable Copayment, Deductible and/or Coinsurance.		
Coinsurance		
The term Coinsurance means the percentage of Charges for covered Prescription Drugs and Related Supplies that you or your Dependent are required to pay under this plan.		
Charges		
The term Charges means the amount charged by the Insurance Company to the plan when the Pharmacy is a Participating Pharmacy.		
BENEFIT HIGHLIGHTS	PARTICIPATING PHARMACY	Non-PARTICIPATING PHARMACY
Lifetime Maximum	Refer to the Medical Benefits Schedule	Refer to the Medical Benefits Schedule
Calendar Year Deductible		
Individual	Refer to the Medical Benefits Schedule	Refer to the Medical Benefits Schedule
Family	Refer to the Medical Benefits Schedule	Refer to the Medical Benefits Schedule
Out-of-Pocket Maximum		
Individual	Refer to the Medical Benefits Schedule	Refer to the Medical Benefits Schedule
Family	Refer to the Medical Benefits Schedule	Refer to the Medical Benefits Schedule
Retail Prescription Drugs	The amount you pay for each 30-day supply	The amount you pay for each 30-day supply
Medications required as part of preventive care services (detailed information is available at www.healthcare.gov) are covered at 100% with no copayment or deductible.		
Tier 1		
Generic* drugs on the Prescription Drug List	30% after plan deductible	In-network coverage only



BENEFIT HIGHLIGHTS	PARTICIPATING PHARMACY	Non-PARTICIPATING PHARMACY
Tier 2 Brand-Name* drugs designated as preferred on the Prescription Drug List with no Generic equivalent	40% after plan deductible	In-network coverage only
Tier 3 Brand-Name* drugs with a Generic equivalent and drugs designated as non-preferred on the Prescription Drug List	60% after plan deductible	In-network coverage only
* Designated as per generally-accepted industry sources and adopted by the Insurance Company Note: Oral lifestyle drugs quantity limit 6/30 days. All Preventive generic drugs are covered at 100%, no deductible applies.		
Home Delivery Prescription Drugs	The amount you pay for each 90-day supply	The amount you pay for each 90-day supply
Medications required as part of preventive care services (detailed information is available at www.healthcare.gov) are covered at 100% with no copayment or deductible.		
Tier 1 Generic* drugs on the Prescription Drug List	30% after plan deductible	In-network coverage only
Tier 2 Brand-Name* drugs designated as preferred on the Prescription Drug List with no Generic equivalent	40% after plan deductible	In-network coverage only
Tier 3 Brand-Name* drugs with a Generic equivalent and drugs designated as non-preferred on the Prescription Drug List	60% after plan deductible	In-network coverage only
* Designated as per generally-accepted industry sources and adopted by the Insurance Company Note: Oral lifestyle drugs quantity limit 6/30 days. All Preventive generic drugs are covered at 100%, no deductible applies.		



Prescription Drug Benefits

For You and Your Dependents

Covered Expenses

If you or any one of your Dependents, while insured for Prescription Drug Benefits, incurs expenses for charges made by a Pharmacy, for Medically Necessary Prescription Drugs or Related Supplies ordered by a Physician, Cigna will provide coverage for those expenses as shown in the Schedule.

Coverage also includes Medically Necessary Prescription Drugs and Related Supplies dispensed for a prescription issued to you or your Dependents by a licensed dentist for the prevention of infection or pain in conjunction with a dental procedure.

When you or a Dependent is issued a prescription for Medically Necessary Prescription Drugs or Related Supplies as part of the rendering of Emergency Services and that prescription cannot reasonably be filled by a Participating Pharmacy, the prescription will be covered by Cigna, as if filled by a Participating Pharmacy.

Limitations

Each Prescription Order or refill shall be limited as follows:

- up to a consecutive 30-day supply, at a retail Participating Pharmacy, unless limited by the drug manufacturer's packaging; or
- up to a consecutive 90-day supply at a home delivery Participating Pharmacy, unless limited by the drug manufacturer's packaging; or
- to a dosage and/or dispensing limit as determined by the P&T Committee.

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V2

Coverage for certain Prescription Drugs and Related Supplies requires your Physician to obtain authorization prior to prescribing. Prior authorization may include, for example, a step therapy determination. Step therapy determines the specific usage progression of therapeutically equivalent drug products or supplies appropriate for treatment of a specific condition. If your Physician wishes to request coverage for Prescription Drugs or Related Supplies for which prior authorization is required, your Physician may call or complete the appropriate prior authorization form and fax it to Cigna to request a prior authorization for coverage of the Prescription

Drugs or Related Supplies. Your Physician should make this request before writing the prescription.

If the request is approved, your Physician will receive confirmation. The authorization will be processed in our claim system to allow you to have coverage for those Prescription Drugs or Related Supplies. The length of the authorization will depend on the diagnosis and Prescription Drugs or Related Supplies. When your Physician advises you that coverage for the Prescription Drugs or Related Supplies has been approved, you should contact the Pharmacy to fill the prescription(s).

If the request is denied, your Physician and you will be notified that coverage for the Prescription Drugs or Related Supplies is not authorized. If you disagree with a coverage decision, you may appeal that decision in accordance with the provisions of the policy, by submitting a written request stating why the Prescription Drugs or Related Supplies should be covered.

If you have questions about a specific prior authorization request, you should call Member Services at the toll-free number on the ID card.

All drugs newly approved by the Food and Drug Administration (FDA) are designated as either non-Preferred or non-Prescription Drug List drugs until the P&T Committee clinically evaluates the Prescription Drug for a different designation. Prescription Drugs that represent an advance over available therapy according to the FDA will be reviewed by the P&T Committee within six months after FDA approval. Prescription Drugs that appear to have therapeutic qualities similar to those of an already marketed drug according to the FDA, will not be reviewed by the P&T Committee for at least six months after FDA approval. In the case of compelling clinical data, an ad hoc group will be formed to make an interim decision on the merits of a Prescription Drug.

HC-PHR2

04-10

V6

Your Payments

Coverage for Prescription Drugs and Related Supplies purchased at a Pharmacy is subject to the Copayment or Coinsurance shown in the Schedule, after you have satisfied your Prescription Drug Deductible, if applicable. Please refer to the Schedule for any required Copayments, Coinsurance, Deductibles or Maximums if applicable.

In no event will the Copayment or Coinsurance for the Prescription Drug or Related Supply exceed the amount paid by the plan to the Pharmacy, or the Pharmacy's Usual and



Customary (U&C) charge. Usual & Customary (U&C) means the established Pharmacy retail cash price, less all applicable customer discounts that Pharmacy usually applies to its customers regardless of the customer's payment source.

HC-PHR3

04-10

V4

Exclusions

No payment will be made for the following expenses:

- drugs available over the counter that do not require a prescription by federal or state law unless state or federal law requires coverage of such drugs;
- any drug that is a pharmaceutical alternative to an over-the-counter drug other than insulin;
- a drug class in which at least one of the drugs is available over the counter and the drugs in the class are deemed to be therapeutically equivalent as determined by the P&T Committee;
- injectable infertility drugs and any injectable drugs that require Physician supervision and are not typically considered self-administered drugs. The following are examples of Physician supervised drugs: Injectables used to treat hemophilia and RSV (respiratory syncytial virus), chemotherapy injectables and endocrine and metabolic agents;
- Food and Drug Administration (FDA) approved drugs used for purposes other than those approved by the FDA unless the drug is recognized for the treatment of the particular indication in the standard reference compendia (AHFS or The American Hospital Formulary Service Drug Information) or in medical literature. Medical literature means scientific studies published in peer-reviewed English-language bio-medical journals;
- prescription and nonprescription supplies (such as ostomy supplies), devices, and appliances other than Related Supplies;
- implantable contraceptive products;
- any fertility drug;
- drugs used for cosmetic purposes such as drugs used to reduce wrinkles, drugs to promote hair growth as well as drugs used to control perspiration and fade cream products;
- immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis;
- replacement of Prescription Drugs and Related Supplies due to loss or theft;

- drugs used to enhance athletic performance;
- drugs which are to be taken by or administered to you while you are a patient in a licensed Hospital, Skilled Nursing Facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals;
- prescriptions more than one year from the original date of issue;
- any drugs that are experimental or investigational as described under the Medical "Exclusions" section of your certificate.

Other limitations are shown in the Medical "Exclusions" section of your certificate.

HC-PHR4

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V24

Reimbursement/Filing a Claim

When you or your Dependents purchase your Prescription Drugs or Related Supplies through a retail Participating Pharmacy, you pay any applicable Copayment, Coinsurance or Deductible shown in the Schedule at the time of purchase. You do not need to file a claim form unless you are unable to purchase Prescription Drugs at a Participating Pharmacy for Emergency Services.

To purchase Prescription Drugs or Related Supplies from a home delivery Participating Pharmacy, see your home delivery drug introductory kit for details, or contact member services for assistance.

See your Employer's Benefit Plan Administrator to obtain the appropriate claim form.

HC-PHR5

04-10

V2

Exclusions, Expenses Not Covered and General Limitations

Exclusions and Expenses Not Covered

Additional coverage limitations determined by plan or provider type are shown in the Schedule. Payment for the following is specifically excluded from this plan:

- care for health conditions that are required by state or local law to be treated in a public facility.
- care required by state or federal law to be supplied by a public school system or school district.



- care for military service disabilities treatable through governmental services if you are legally entitled to such treatment and facilities are reasonably available.
- treatment of an Injury or Sickness which is due to war, declared, or undeclared, riot or insurrection.
- charges which you are not obligated to pay or for which you are not billed or for which you would not have been billed except that they were covered under this plan. For example, if Cigna determines that a provider is or has waived, reduced, or forgiven any portion of its charges and/or any portion of copayment, deductible, and/or coinsurance amount(s) you are required to pay for a Covered Service (as shown on the Schedule) without Cigna's express consent, then Cigna in its sole discretion shall have the right to deny the payment of benefits in connection with the Covered Service, or reduce the benefits in proportion to the amount of the copayment, deductible, and/or coinsurance amounts waived, forgiven or reduced, regardless of whether the provider represents that you remain responsible for any amounts that your plan does not cover. In the exercise of that discretion, Cigna shall have the right to require you to provide proof sufficient to Cigna that you have made your required cost share payment(s) prior to the payment of any benefits by Cigna. This exclusion includes, but is not limited to, charges of a Non-Participating Provider who has agreed to charge you or charged you at an in-network benefits level or some other benefits level not otherwise applicable to the services received.
- charges arising out of or relating to any violation of a healthcare-related state or federal law or which themselves are a violation of a healthcare-related state or federal law.
- assistance in the activities of daily living, including but not limited to eating, bathing, dressing or other Custodial Services or self-care activities, homemaker services and services primarily for rest, domiciliary or convalescent care.
- for or in connection with experimental, investigational or unproven services.
Experimental, investigational and unproven services are medical, surgical, diagnostic, psychiatric, substance abuse or other health care technologies, supplies, treatments, procedures, drug therapies or devices that are determined by the utilization review Physician to be:
 - not demonstrated, through existing peer-reviewed, evidence-based, scientific literature to be safe and effective for treating or diagnosing the condition or sickness for which its use is proposed;
 - not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed for the proposed use;
- the subject of review or approval by an Institutional Review Board for the proposed use except as provided in the "Clinical Trials" section(s) of this plan; or
- the subject of an ongoing phase I, II or III clinical trial, except for routine patient care costs related to qualified clinical trials as provided in the "Clinical Trials" section(s) of this plan.
- cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.
- The following services are excluded from coverage regardless of clinical indications: Macromastia or Gynecomastia Surgeries; Abdominoplasty; Panniculectomy; Rhinoplasty; Blepharoplasty; Redundant skin surgery; Removal of skin tags; Acupressure; Craniosacral/cranial therapy; Dance therapy, Movement therapy; Applied kinesiology; Rolfing; Prolotherapy; and Extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
- dental treatment of the teeth, gums or structures directly supporting the teeth, including dental X-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition. Charges made for services or supplies provided for or in connection with an accidental injury to sound natural teeth are covered provided a continuous course of dental treatment is started within six months of an accident. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least 50% bony support and are functional in the arch.
- for medical and surgical services intended primarily for the treatment or control of obesity. However, treatment of clinically severe obesity, as defined by the body mass index (BMI) classifications of the National Heart, Lung, and Blood Institute (NHLBI) guideline is covered only at approved centers if the services are demonstrated, through existing peer-reviewed, evidence-based, scientific literature and scientifically based guidelines, to be safe and effective for treatment of the condition. Clinically severe obesity is defined by the NHLBI as a BMI of 40 or greater without comorbidities, or 35-39 with comorbidities. The following are specifically excluded:
 - medical and surgical services to alter appearances or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity; and
 - weight loss programs or treatments, whether prescribed or recommended by a Physician or under medical supervision.



- unless otherwise covered in this plan, for reports, evaluations, physical examinations, or hospitalization not required for health reasons including, but not limited to, employment, insurance or government licenses, and court-ordered, forensic or custodial evaluations.
- court-ordered treatment or hospitalization, unless such treatment is prescribed by a Physician and listed as covered in this plan.
- infertility services including infertility drugs, surgical or medical treatment programs for infertility, including in vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), variations of these procedures, and any costs associated with the collection, washing, preparation or storage of sperm for artificial insemination (including donor fees). Cryopreservation of donor sperm and eggs are also excluded from coverage.
- reversal of male or female voluntary sterilization procedures.
- transsexual surgery including medical or psychological counseling and hormonal therapy in preparation for, or subsequent to, any such surgery.
- any services or supplies for the treatment of male or female sexual dysfunction such as, but not limited to, treatment of erectile dysfunction (including penile implants), anorgasm, and premature ejaculation.
- medical and Hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under this plan.
- nonmedical counseling or ancillary services, including but not limited to Custodial Services, education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, hypnosis, sleep therapy, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other nonmedical ancillary services for learning disabilities, developmental delays or mental retardation.
- therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
- consumable medical supplies other than ostomy supplies and urinary catheters. Excluded supplies include, but are not limited to bandages and other disposable medical supplies, skin preparations and test strips, except as specified in the "Home Health Services" or "Breast Reconstruction and Breast Prostheses" sections of this plan.
- private Hospital rooms and/or private duty nursing except as provided under the Home Health Services provision.
- personal or comfort items such as personal care kits provided on admission to a Hospital, television, telephone, newborn infant photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of an Injury or Sickness.
- artificial aids including, but not limited to, corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets, dentures and wigs.
- hearing aids, including but not limited to semi-implantable hearing devices, audiant bone conductors and Bone Anchored Hearing Aids (BAHAs). A hearing aid is any device that amplifies sound.
- aids or devices that assist with nonverbal communications, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
- eyeglass lenses and frames and contact lenses (except for the first pair of contact lenses for treatment of keratoconus or post-cataract surgery).
- routine refractions, eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
- all noninjectable prescription drugs, injectable prescription drugs that do not require Physician supervision and are typically considered self-administered drugs, nonprescription drugs, and investigational and experimental drugs, except as provided in this plan.
- routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.
- membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs.
- genetic screening or pre-implantations genetic screening. General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
- dental implants for any condition.
- fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.



- blood administration for the purpose of general improvement in physical condition.
- cost of biologicals that are immunizations or medications for the purpose of travel, or to protect against occupational hazards and risks.
- cosmetics, dietary supplements and health and beauty aids.
- all nutritional supplements and formulae except for infant formula needed for the treatment of inborn errors of metabolism.
- medical treatment for a person age 65 or older, who is covered under this plan as a retiree, or their Dependent, when payment is denied by the Medicare plan because treatment was received from a nonparticipating provider.
- medical treatment when payment is denied by a Primary Plan because treatment was received from a nonparticipating provider.
- for or in connection with an Injury or Sickness arising out of, or in the course of, any employment for wage or profit.
- telephone, e-mail, and Internet consultations, and telemedicine.
- massage therapy.

General Limitations

No payment will be made for expenses incurred for you or any one of your Dependents:

- for charges made by a Hospital owned or operated by or which provides care or performs services for, the United States Government, if such charges are directly related to a military-service-connected Injury or Sickness.
- to the extent that you or any one of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid.
- to the extent that payment is unlawful where the person resides when the expenses are incurred.
- for charges which would not have been made if the person had no insurance.
- to the extent that they are more than Maximum Reimbursable Charges.
- to the extent of the exclusions imposed by any certification requirement shown in this plan.
- expenses for supplies, care, treatment, or surgery that are not Medically Necessary.
- charges made by any covered provider who is a member of your or your Dependent's family.

- expenses incurred outside the United States other than expenses for medically necessary urgent or emergent care while temporarily traveling abroad.

HC-EXC56

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Coordination of Benefits

This section applies if you or any one of your Dependents is covered under more than one Plan and determines how benefits payable from all such Plans will be coordinated. You should file all claims with each Plan.

Definitions

For the purposes of this section, the following terms have the meanings set forth below:

Plan

Any of the following that provides benefits or services for medical care or treatment:

- Group insurance and/or group-type coverage, whether insured or self-insured which neither can be purchased by the general public, nor is individually underwritten, including closed panel coverage.
- Coverage under Medicare and other governmental benefits as permitted by law, excepting Medicaid and Medicare supplement policies.
- Medical benefits coverage of group, group-type, and individual automobile contracts.

Each Plan or part of a Plan which has the right to coordinate benefits will be considered a separate Plan.

Closed Panel Plan

A Plan that provides medical or dental benefits primarily in the form of services through a panel of employed or contracted providers, and that limits or excludes benefits provided by providers outside of the panel, except in the case of emergency or if referred by a provider within the panel.

Primary Plan

The Plan that determines and provides or pays benefits without taking into consideration the existence of any other Plan.

Secondary Plan

A Plan that determines, and may reduce its benefits after taking into consideration, the benefits provided or paid by the Primary Plan. A Secondary Plan may also recover from the Primary Plan the Reasonable Cash Value of any services it provided to you.



Allowable Expense

A necessary, reasonable and customary service or expense, including deductibles, coinsurance or copayments, that is covered in full or in part by any Plan covering you. When a Plan provides benefits in the form of services, the Reasonable Cash Value of each service is the Allowable Expense and is a paid benefit.

Examples of expenses or services that are not Allowable Expenses include, but are not limited to the following:

- An expense or service or a portion of an expense or service that is not covered by any of the Plans is not an Allowable Expense.
- If you are confined to a private Hospital room and no Plan provides coverage for more than a semiprivate room, the difference in cost between a private and semiprivate room is not an Allowable Expense.
- If you are covered by two or more Plans that provide services or supplies on the basis of reasonable and customary fees, any amount in excess of the highest reasonable and customary fee is not an Allowable Expense.
- If you are covered by one Plan that provides services or supplies on the basis of reasonable and customary fees and one Plan that provides services and supplies on the basis of negotiated fees, the Primary Plan's fee arrangement shall be the Allowable Expense.
- If your benefits are reduced under the Primary Plan (through the imposition of a higher copayment amount, higher coinsurance percentage, a deductible and/or a penalty) because you did not comply with Plan provisions or because you did not use a preferred provider, the amount of the reduction is not an Allowable Expense. Such Plan provisions include second surgical opinions and precertification of admissions or services.

Claim Determination Period

A calendar year, but does not include any part of a year during which you are not covered under this policy or any date before this section or any similar provision takes effect.

Reasonable Cash Value

An amount which a duly licensed provider of health care services usually charges patients and which is within the range of fees usually charged for the same service by other health care providers located within the immediate geographic area where the health care service is rendered under similar or comparable circumstances.

Order of Benefit Determination Rules

A Plan that does not have a coordination of benefits rule consistent with this section shall always be the Primary Plan. If the Plan does have a coordination of benefits rule consistent

with this section, the first of the following rules that applies to the situation is the one to use:

- The Plan that covers you as an enrollee or an employee shall be the Primary Plan and the Plan that covers you as a Dependent shall be the Secondary Plan;
- If you are a Dependent child whose parents are not divorced or legally separated, the Primary Plan shall be the Plan which covers the parent whose birthday falls first in the calendar year as an enrollee or employee;
- If you are the Dependent of divorced or separated parents, benefits for the Dependent shall be determined in the following order:
 - first, if a court decree states that one parent is responsible for the child's healthcare expenses or health coverage and the Plan for that parent has actual knowledge of the terms of the order, but only from the time of actual knowledge;
 - then, the Plan of the parent with custody of the child;
 - then, the Plan of the spouse of the parent with custody of the child;
 - then, the Plan of the parent not having custody of the child, and
 - finally, the Plan of the spouse of the parent not having custody of the child.
- The Plan that covers you as an active employee (or as that employee's Dependent) shall be the Primary Plan and the Plan that covers you as laid-off or retired employee (or as that employee's Dependent) shall be the secondary Plan. If the other Plan does not have a similar provision and, as a result, the Plans cannot agree on the order of benefit determination, this paragraph shall not apply.
- The Plan that covers you under a right of continuation which is provided by federal or state law shall be the Secondary Plan and the Plan that covers you as an active employee or retiree (or as that employee's Dependent) shall be the Primary Plan. If the other Plan does not have a similar provision and, as a result, the Plans cannot agree on the order of benefit determination, this paragraph shall not apply.
- If one of the Plans that covers you is issued out of the state whose laws govern this Policy, and determines the order of benefits based upon the gender of a parent, and as a result, the Plans do not agree on the order of benefit determination, the Plan with the gender rules shall determine the order of benefits.

If none of the above rules determines the order of benefits, the Plan that has covered you for the longer period of time shall be primary.

When coordinating benefits with Medicare, this Plan will be the Secondary Plan and determine benefits after Medicare,



where permitted by the Social Security Act of 1965, as amended. However, when more than one Plan is secondary to Medicare, the benefit determination rules identified above, will be used to determine how benefits will be coordinated.

Effect on the Benefits of This Plan

If this Plan is the Secondary Plan, this Plan may reduce benefits so that the total benefits paid by all Plans during a Claim Determination Period are not more than 100% of the total of all Allowable Expenses.

The difference between the amount that this Plan would have paid if this Plan had been the Primary Plan, and the benefit payments that this Plan had actually paid as the Secondary Plan, will be recorded as a benefit reserve for you. Cigna will use this benefit reserve to pay any Allowable Expense not otherwise paid during the Claim Determination Period.

As each claim is submitted, Cigna will determine the following:

- Cigna's obligation to provide services and supplies under this policy;
- whether a benefit reserve has been recorded for you; and
- whether there are any unpaid Allowable Expenses during the Claims Determination Period.

If there is a benefit reserve, Cigna will use the benefit reserve recorded for you to pay up to 100% of the total of all Allowable Expenses. At the end of the Claim Determination Period, your benefit reserve will return to zero and a new benefit reserve will be calculated for each new Claim Determination Period.

Recovery of Excess Benefits

If Cigna pays charges for benefits that should have been paid by the Primary Plan, or if Cigna pays charges in excess of those for which we are obligated to provide under the Policy, Cigna will have the right to recover the actual payment made or the Reasonable Cash Value of any services.

Cigna will have sole discretion to seek such recovery from any person to, or for whom, or with respect to whom, such services were provided or such payments made by any insurance company, healthcare plan or other organization. If we request, you must execute and deliver to us such instruments and documents as we determine are necessary to secure the right of recovery.

Right to Receive and Release Information

Cigna, without consent or notice to you, may obtain information from and release information to any other Plan with respect to you in order to coordinate your benefits pursuant to this section. You must provide us with any information we request in order to coordinate your benefits pursuant to this section. This request may occur in connection with a submitted claim; if so, you will be advised that the

"other coverage" information, (including an Explanation of Benefits paid under the Primary Plan) is required before the claim will be processed for payment. If no response is received within 90 days of the request, the claim will be denied. If the requested information is subsequently received, the claim will be processed.

Medicare Eligibles

Cigna will pay as the Secondary Plan as permitted by the Social Security Act of 1965 as amended for the following:

- (a) a former Employee who is eligible for Medicare and whose insurance is continued for any reason as provided in this plan;
- (b) a former Employee's Dependent, or a former Dependent Spouse, who is eligible for Medicare and whose insurance is continued for any reason as provided in this plan;
- (c) a retired Employee or retired Employee's Dependent who is eligible for Medicare due to End Stage Renal Disease after that person has been eligible for Medicare for 30 months;

Cigna will assume the amount payable under:

- Part A of Medicare for a person who is eligible for that Part without premium payment, but has not applied, to be the amount he would receive if he had applied.
- Part B of Medicare for a person who is entitled to be enrolled in that Part, but is not, to be the amount he would receive if he were enrolled.
- Part B of Medicare for a person who has entered into a private contract with a provider, to be the amount he would receive in the absence of such private contract.

A person is considered eligible for Medicare on the earliest date any coverage under Medicare could become effective for him.

This reduction will not apply to any former Employee and his Dependent unless he is listed under (a) through (c) above.

Domestic Partners

Under federal law, the Medicare Secondary Payer Rules do not apply to Domestic Partners covered under a group health plan when Medicare coverage is due to age. Therefore, when Medicare coverage is due to age, Medicare is always the Primary Plan for a person covered as a Domestic Partner, and Cigna is the Secondary Plan. However, when Medicare coverage is due to disability, the Medicare Secondary Payer rules explained above will apply.

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Expenses For Which A Third Party May Be Responsible

This plan does not cover:

- Expenses incurred by you or your Dependent (hereinafter individually and collectively referred to as a "Participant,") for which another party may be responsible as a result of having caused or contributed to an Injury or Sickness.
- Expenses incurred by a Participant to the extent any payment is received for them either directly or indirectly from a third party tortfeasor or as a result of a settlement, judgment or arbitration award in connection with any automobile medical, automobile no-fault, uninsured or underinsured motorist, homeowners, workers' compensation, government insurance (other than Medicaid), or similar type of insurance or coverage.

Subrogation/Right of Reimbursement

If a Participant incurs a Covered Expense for which, in the opinion of the plan or its claim administrator, another party may be responsible or for which the Participant may receive payment as described above:

- Subrogation: The plan shall, to the extent permitted by law, be subrogated to all rights, claims or interests that a Participant may have against such party and shall automatically have a lien upon the proceeds of any recovery by a Participant from such party to the extent of any benefits paid under the plan. A Participant or his/her representative shall execute such documents as may be required to secure the plan's subrogation rights.
- Right of Reimbursement: The plan is also granted a right of reimbursement from the proceeds of any recovery whether by settlement, judgment, or otherwise. This right of reimbursement is cumulative with and not exclusive of the subrogation right granted in paragraph 1, but only to the extent of the benefits provided by the plan.

Lien of the Plan

By accepting benefits under this plan, a Participant:

- grants a lien and assigns to the plan an amount equal to the benefits paid under the plan against any recovery made by or on behalf of the Participant which is binding on any attorney or other party who represents the Participant whether or not an agent of the Participant or of any insurance company or other financially responsible party against whom a Participant may have a claim provided said attorney, insurance carrier or other party has been notified by the plan or its agents;
- agrees that this lien shall constitute a charge against the proceeds of any recovery and the plan shall be entitled to assert a security interest thereon;

- agrees to hold the proceeds of any recovery in trust for the benefit of the plan to the extent of any payment made by the plan.

Additional Terms

- No adult Participant hereunder may assign any rights that it may have to recover medical expenses from any third party or other person or entity to any minor Dependent of said adult Participant without the prior express written consent of the plan. The plan's right to recover shall apply to decedents', minors', and incompetent or disabled persons' settlements or recoveries.
- No Participant shall make any settlement, which specifically reduces or excludes, or attempts to reduce or exclude, the benefits provided by the plan.
- The plan's right of recovery shall be a prior lien against any proceeds recovered by the Participant. This right of recovery shall not be defeated nor reduced by the application of any so-called "Made-Whole Doctrine", "Rimes Doctrine", or any other such doctrine purporting to defeat the plan's recovery rights by allocating the proceeds exclusively to non-medical expense damages.
- No Participant hereunder shall incur any expenses on behalf of the plan in pursuit of the plan's rights hereunder, specifically; no court costs, attorneys' fees or other representatives' fees may be deducted from the plan's recovery without the prior express written consent of the plan. This right shall not be defeated by any so-called "Fund Doctrine", "Common Fund Doctrine", or "Attorney's Fund Doctrine".
- The plan shall recover the full amount of benefits provided hereunder without regard to any claim of fault on the part of any Participant, whether under comparative negligence or otherwise.
- In the event that a Participant shall fail or refuse to honor its obligations hereunder, then the plan shall be entitled to recover any costs incurred in enforcing the terms hereof including, but not limited to, attorney's fees, litigation, court costs, and other expenses. The plan shall also be entitled to offset the reimbursement obligation against any entitlement to future medical benefits hereunder until the Participant has fully complied with his reimbursement obligations hereunder, regardless of how those future medical benefits are incurred.
- Any reference to state law in any other provision of this plan shall not be applicable to this provision, if the plan is governed by ERISA. By acceptance of benefits under the plan, the Participant agrees that a breach hereof would cause irreparable and substantial harm and that no adequate remedy at law would exist. Further, the Plan shall be entitled to invoke such equitable remedies as may be necessary to enforce the terms of the plan, including, but not



limited to, specific performance, restitution, the imposition of an equitable lien and/or constructive trust, as well as injunctive relief.

- the methodologies as reported by generally recognized professionals or publications.

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Payment of Benefits

To Whom Payable

Medical Benefits are assignable to the provider. When you assign benefits to a provider, you have assigned the entire amount of the benefits due on that claim. If the provider is overpaid because of accepting a patient's payment on the charge, it is the provider's responsibility to reimburse the patient. Because of Cigna's contracts with providers, all claims from contracted providers should be assigned.

Cigna may, at its option, make payment to you for the cost of any Covered Expenses from a Non-Participating Provider even if benefits have been assigned. When benefits are paid to you or your Dependent, you or your Dependents are responsible for reimbursing the provider.

If any person to whom benefits are payable is a minor or, in the opinion of Cigna is not able to give a valid receipt for any payment due him, such payment will be made to his legal guardian. If no request for payment has been made by his legal guardian, Cigna may, at its option, make payment to the person or institution appearing to have assumed his custody and support.

When one of our participants passes away, Cigna may receive notice that an executor of the estate has been established. The executor has the same rights as our insured and benefit payments for unassigned claims should be made payable to the executor.

Payment as described above will release Cigna from all liability to the extent of any payment made.

Recovery of Overpayment

When an overpayment has been made by Cigna, Cigna will have the right at any time to: recover that overpayment from the person to whom or on whose behalf it was made; or offset the amount of that overpayment from a future claim payment.

Calculation of Covered Expenses

Cigna, in its discretion, will calculate Covered Expenses following evaluation and validation of all provider billings in accordance with:

- the methodologies in the most recent edition of the Current Procedural terminology,

Termination of Insurance

Employees

Your insurance will cease on the earliest date below:

- the date you cease to be in a Class of Eligible Employees or cease to qualify for the insurance.
- the last day for which you have made any required contribution for the insurance.
- the date the policy is canceled.

Any continuation of insurance must be based on a plan which precludes individual selection.

Dependents

Your insurance for all of your Dependents will cease on the earliest date below:

- the date your insurance ceases.
- the date you cease to be eligible for Dependent Insurance.
- the last day for which you have made any required contribution for the insurance.
- the date Dependent Insurance is canceled.

The insurance for any one of your Dependents will cease on the date that Dependent no longer qualifies as a Dependent.

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Medical Benefits Extension Upon Policy Cancellation

If the Medical Benefits under this plan cease for you or your Dependent due to cancellation of the policy, and you or your Dependent is Totally Disabled on that date due to an Injury, Sickness or pregnancy, Medical Benefits will be paid for Covered Expenses incurred in connection with that Injury, Sickness or pregnancy. However, no benefits will be paid after the earliest of:

- the date you exceed the Maximum Benefit, if any, shown in the Schedule;



- the date a succeeding carrier agrees to provide coverage without limitation for the disabling condition;
- the date you are no longer Totally Disabled;
- 12 months from the date the policy is canceled; or
- for pregnancy, until delivery.

Totally Disabled

You will be considered Totally Disabled if, because of an Injury or a Sickness:

- you are unable to perform the basic duties of your occupation; and
- you are not performing any other work or engaging in any other occupation for wage or profit.

Your Dependent will be considered Totally Disabled if, because of an Injury or a Sickness:

- he is unable to engage in the normal activities of a person of the same age, sex and ability; or
- in the case of a Dependent who normally works for wage or profit, he is not performing such work.

HC-BEX42

04-11

Federal Requirements

The following pages explain your rights and responsibilities under federal laws and regulations. Some states may have similar requirements. If a similar provision appears elsewhere in this booklet, the provision which provides the better benefit will apply.

HC-FED1

10-10

Notice of Provider Directory/Networks

Notice Regarding Provider/Pharmacy Directories and Provider/Pharmacy Networks

If your Plan utilizes a network of Providers, a separate listing of Participating Providers who participate in the network is available to you without charge by visiting www.cigna.com; mycigna.com or by calling the toll-free telephone number on your ID card.

Your Participating Provider/Pharmacy networks consist of a group of local medical practitioners, and Hospitals, of varied specialties as well as general practice or a group of local Pharmacies who are employed by or contracted with Cigna HealthCare.

HC-FED2

10-10

Qualified Medical Child Support Order (QMCSO)

Eligibility for Coverage Under a QMCSO

If a Qualified Medical Child Support Order (QMCSO) is issued for your child, that child will be eligible for coverage as required by the order and you will not be considered a Late Entrant for Dependent Insurance.

You must notify your Employer and elect coverage for that child, and yourself if you are not already enrolled, within 31 days of the QMCSO being issued.

Qualified Medical Child Support Order Defined

A Qualified Medical Child Support Order is a judgment, decree or order (including approval of a settlement agreement) or administrative notice, which is issued pursuant to a state domestic relations law (including a community property law), or to an administrative process, which provides for child support or provides for health benefit coverage to such child and relates to benefits under the group health plan, and satisfies all of the following:

- the order recognizes or creates a child's right to receive group health benefits for which a participant or beneficiary is eligible;
- the order specifies your name and last known address, and the child's name and last known address, except that the name and address of an official of a state or political subdivision may be substituted for the child's mailing address;
- the order provides a description of the coverage to be provided, or the manner in which the type of coverage is to be determined;
- the order states the period to which it applies; and
- if the order is a National Medical Support Notice completed in accordance with the Child Support Performance and Incentive Act of 1998, such Notice meets the requirements above.

The QMCSO may not require the health insurance policy to provide coverage for any type or form of benefit or option not otherwise provided under the policy, except that an order may require a plan to comply with State laws regarding health care coverage.



Payment of Benefits

Any payment of benefits in reimbursement for Covered Expenses paid by the child, or the child's custodial parent or legal guardian, shall be made to the child, the child's custodial parent or legal guardian, or a state official whose name and address have been substituted for the name and address of the child.

HC-FED4

10-10

Special Enrollment Rights Under the Health Insurance Portability & Accountability Act (HIPAA)

If you or your eligible Dependent(s) experience a special enrollment event as described below, you or your eligible Dependent(s) may be entitled to enroll in the Plan outside of a designated enrollment period upon the occurrence of one of the special enrollment events listed below. If you are already enrolled in the Plan, you may request enrollment for you and your eligible Dependent(s) under a different option offered by the Employer for which you are currently eligible. If you are not already enrolled in the Plan, you must request special enrollment for yourself in addition to your eligible Dependent(s). You and all of your eligible Dependent(s) must be covered under the same option. The special enrollment events include:

- **Acquiring a new Dependent.** If you acquire a new Dependent(s) through marriage, birth, adoption or placement for adoption, you may request special enrollment for any of the following combinations of individuals if not already enrolled in the Plan: Employee only; spouse only; Employee and spouse; Dependent child(ren) only; Employee and Dependent child(ren); Employee, spouse and Dependent child(ren). Enrollment of Dependent children is limited to the newborn or adopted children or children who became Dependent children of the Employee due to marriage. Dependent children who were already Dependents of the Employee but not currently enrolled in the Plan are not entitled to special enrollment.
- **Loss of eligibility for State Medicaid or Children's Health Insurance Program (CHIP).** If you and/or your Dependent(s) were covered under a state Medicaid or CHIP plan and the coverage is terminated due to a loss of eligibility, you may request special enrollment for yourself and any affected Dependent(s) who are not already enrolled in the Plan. You must request enrollment within 60 days after termination of Medicaid or CHIP coverage.
- **Loss of eligibility for other coverage (excluding continuation coverage).** If coverage was declined under

this Plan due to coverage under another plan, and eligibility for the other coverage is lost, you and all of your eligible Dependent(s) may request special enrollment in this Plan. If required by the Plan, when enrollment in this Plan was previously declined, it must have been declined in writing with a statement that the reason for declining enrollment was due to other health coverage. This provision applies to loss of eligibility as a result of any of the following:

- divorce or legal separation;
- cessation of Dependent status (such as reaching the limiting age);
- death of the Employee;
- termination of employment;
- reduction in work hours to below the minimum required for eligibility;
- you or your Dependent(s) no longer reside, live or work in the other plan's network service area and no other coverage is available under the other plan;
- you or your Dependent(s) incur a claim which meets or exceeds the lifetime maximum limit that is applicable to all benefits offered under the other plan; or
- the other plan no longer offers any benefits to a class of similarly situated individuals.
- **Termination of employer contributions (excluding continuation coverage).** If a current or former employer ceases all contributions toward the Employee's or Dependent's other coverage, special enrollment may be requested in this Plan for you and all of your eligible Dependent(s).
- **Exhaustion of COBRA or other continuation coverage.** Special enrollment may be requested in this Plan for you and all of your eligible Dependent(s) upon exhaustion of COBRA or other continuation coverage. If you or your Dependent(s) elect COBRA or other continuation coverage following loss of coverage under another plan, the COBRA or other continuation coverage must be exhausted before any special enrollment rights exist under this Plan. An individual is considered to have exhausted COBRA or other continuation coverage only if such coverage ceases: due to failure of the employer or other responsible entity to remit premiums on a timely basis; when the person no longer resides or works in the other plan's service area and there is no other COBRA or continuation coverage available under the plan; or when the individual incurs a claim that would meet or exceed a lifetime maximum limit on all benefits and there is no other COBRA or other continuation coverage available to the individual. This does not include termination of an employer's limited period of contributions toward COBRA or other continuation coverage as provided under any severance or other agreement.



- **Eligibility for employment assistance under State Medicaid or Children's Health Insurance Program (CHIP).** If you and/or your Dependent(s) become eligible for assistance with group health plan premium payments under a state Medicaid or CHIP plan, you may request special enrollment for yourself and any affected Dependent(s) who are not already enrolled in the Plan. You must request enrollment within 60 days after the date you are determined to be eligible for assistance.

Except as stated above, special enrollment must be requested within 30 days after the occurrence of the special enrollment event. If the special enrollment event is the birth or adoption of a Dependent child, coverage will be effective immediately on the date of birth, adoption or placement for adoption. Coverage with regard to any other special enrollment event will be effective on the first day of the calendar month following receipt of the request for special enrollment.

Domestic Partners and their children (if not legal children of the Employee) are not eligible for special enrollment.

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Eligibility for Coverage for Adopted Children

Any child who is adopted by you, including a child who is placed with you for adoption, will be eligible for Dependent Insurance, if otherwise eligible as a Dependent, upon the date of placement with you. A child will be considered placed for adoption when you become legally obligated to support that child, totally or partially, prior to that child's adoption.

If a child placed for adoption is not adopted, all health coverage ceases when the placement ends, and will not be continued.

The provisions in the "Exception for Newborns" section of this document that describe requirements for enrollment and effective date of insurance will also apply to an adopted child or a child placed with you for adoption.

HC-FED67

09-14

Coverage for Maternity Hospital Stay

Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the

plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification. For information on precertification, contact your plan administrator.

HC-FED10

10-10

Women's Health and Cancer Rights Act (WHCRA)

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call Member Services at the toll free number listed on your ID card for more information.

HC-FED12

10-10

Group Plan Coverage Instead of Medicaid

If your income and liquid resources do not exceed certain limits established by law, the state may decide to pay premiums for this coverage instead of for Medicaid, if it is cost effective. This includes premiums for continuation coverage required by federal law.

HC-FED13

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Claim Determination Procedures

The following complies with federal law. Provisions of the laws of your state may supersede.

Procedures Regarding Medical Necessity Determinations

In general, health services and benefits must be Medically Necessary to be covered under the plan. The procedures for determining Medical Necessity vary, according to the type of service or benefit requested, and the type of health plan. Medical Necessity determinations are made on either a preservice, concurrent, or postservice basis, as described below:

Certain services require prior authorization in order to be covered. This prior authorization is called a "preservice Medical Necessity determination." The Certificate describes who is responsible for obtaining this review. You or your authorized representative (typically, your health care provider) must request Medical Necessity determinations according to the procedures described below, in the Certificate, and in your provider's network participation documents as applicable.

When services or benefits are determined to be not Medically Necessary, you or your representative will receive a written description of the adverse determination, and may appeal the determination. Appeal procedures are described in the Certificate, in your provider's network participation documents, and in the determination notices.

Preservice Medical Necessity Determinations

When you or your representative request a required Medical Necessity determination prior to care, Cigna will notify you or your representative of the determination within 15 days after receiving the request. However, if more time is needed due to matters beyond Cigna's control, Cigna will notify you or your representative within 15 days after receiving your request. This notice will include the date a determination can be expected, which will be no more than 30 days after receipt of the request. If more time is needed because necessary information is missing from the request, the notice will also specify what information is needed, and you or your representative must provide the specified information to Cigna within 45 days after receiving the notice. The determination period will be suspended on the date Cigna sends such a notice of missing information, and the determination period will resume on the date you or your representative responds to the notice.

If the determination periods above would seriously jeopardize your life or health, your ability to regain maximum function, or in the opinion of a Physician with knowledge of your health condition, cause you severe pain which cannot be managed without the requested services, Cigna will make the preservice determination on an expedited basis. Cigna's Physician reviewer, in consultation with the treating Physician, will decide if an expedited determination is necessary. Cigna will

notify you or your representative of an expedited determination within 72 hours after receiving the request.

However, if necessary information is missing from the request, Cigna will notify you or your representative within 24 hours after receiving the request to specify what information is needed. You or your representative must provide the specified information to Cigna within 48 hours after receiving the notice. Cigna will notify you or your representative of the expedited benefit determination within 48 hours after you or your representative responds to the notice. Expedited determinations may be provided orally, followed within 3 days by written or electronic notification.

If you or your representative fails to follow Cigna's procedures for requesting a required preservice Medical Necessity determination, Cigna will notify you or your representative of the failure and describe the proper procedures for filing within 5 days (or 24 hours, if an expedited determination is required, as described above) after receiving the request. This notice may be provided orally, unless you or your representative requests written notification.

Concurrent Medical Necessity Determinations

When an ongoing course of treatment has been approved for you and you wish to extend the approval, you or your representative must request a required concurrent Medical Necessity determination at least 24 hours prior to the expiration of the approved period of time or number of treatments. When you or your representative requests such a determination, Cigna will notify you or your representative of the determination within 24 hours after receiving the request.

Postservice Medical Necessity Determinations

When you or your representative requests a Medical Necessity determination after services have been rendered, Cigna will notify you or your representative of the determination within 30 days after receiving the request. However, if more time is needed to make a determination due to matters beyond Cigna's control Cigna will notify you or your representative within 30 days after receiving the request. This notice will include the date a determination can be expected, which will be no more than 45 days after receipt of the request.

If more time is needed because necessary information is missing from the request, the notice will also specify what information is needed, and you or your representative must provide the specified information to Cigna within 45 days after receiving the notice. The determination period will be suspended on the date Cigna sends such a notice of missing information, and the determination period will resume on the date you or your representative responds to the notice.

Postservice Claim Determinations

When you or your representative requests payment for services which have been rendered, Cigna will notify you of the claim payment determination within 30 days after



receiving the request. However, if more time is needed to make a determination due to matters beyond Cigna's control, Cigna will notify you or your representative within 30 days after receiving the request. This notice will include the date a determination can be expected, which will be no more than 45 days after receipt of the request. If more time is needed because necessary information is missing from the request, the notice will also specify what information is needed, and you or your representative must provide the specified information within 45 days after receiving the notice. The determination period will be suspended on the date Cigna sends such a notice of missing information, and resume on the date you or your representative responds to the notice.

Notice of Adverse Determination

Every notice of an adverse benefit determination will be provided in writing or electronically, and will include all of the following that pertain to the determination: the specific reason or reasons for the adverse determination; reference to the specific plan provisions on which the determination is based; a description of any additional material or information necessary to perfect the claim and an explanation of why such material or information is necessary; a description of the plan's review procedures and the time limits applicable, including a statement of a claimant's rights to bring a civil action under section 502(a) of ERISA following an adverse benefit determination on appeal; upon request and free of charge, a copy of any internal rule, guideline, protocol or other similar criterion that was relied upon in making the adverse determination regarding your claim; and an explanation of the scientific or clinical judgment for a determination that is based on a Medical Necessity, experimental treatment or other similar exclusion or limit; in the case of a claim involving urgent care, a description of the expedited review process applicable to such claim.

HC-FED40

04-12

Medical - When You Have a Complaint or an Appeal

For the purposes of this section, any reference to "you" or "your" also refers to a representative or provider designated by you to act on your behalf; unless otherwise noted.

We want you to be completely satisfied with the care you receive. That is why we have established a process for addressing your concerns and solving your problems.

Start With Customer Service

We are here to listen and help. If you have a concern regarding a person, a service, the quality of care, or contractual benefits, you may call the toll-free number on

your ID card, explanation of benefits, or claim form and explain your concern to one of our Customer Service representatives. You may also express that concern in writing.

We will do our best to resolve the matter on your initial contact. If we need more time to review or investigate your concern, we will get back to you as soon as possible, but in any case within 30 days. If you are not satisfied with the results of a coverage decision, you may start the appeals procedure.

Internal Appeals Procedure

To initiate an appeal, you must submit a request for an appeal in writing to Cigna within 180 days of receipt of a denial notice. You should state the reason why you feel your appeal should be approved and include any information supporting your appeal. If you are unable or choose not to write, you may ask Cigna to register your appeal by telephone. Call or write us at the toll-free number on your ID card, explanation of benefits, or claim form.

Your appeal will be reviewed and the decision made by someone not involved in the initial decision. Appeals involving Medical Necessity or clinical appropriateness will be considered by a health care professional.

We will respond in writing with a decision within 30 calendar days after we receive an appeal for a required preservice or concurrent care coverage determination or a postservice Medical Necessity determination. We will respond within 60 calendar days after we receive an appeal for any other postservice coverage determination. If more time or information is needed to make the determination, we will notify you in writing to request an extension of up to 15 calendar days and to specify any additional information needed to complete the review.

You may request that the appeal process be expedited if, (a) the time frames under this process would seriously jeopardize your life, health or ability to regain maximum functionality or in the opinion of your Physician would cause you severe pain which cannot be managed without the requested services; or (b) your appeal involves nonauthorization of an admission or continuing inpatient Hospital stay.

When an appeal is expedited, Cigna will respond orally with a decision within 72 hours, followed up in writing.

External Review Procedure

If you are not fully satisfied with the decision of Cigna's internal appeal review regarding your Medical Necessity or clinical appropriateness issue, you may request that your appeal be referred to an Independent Review Organization (IRO). The IRO is composed of persons who are not employed by Cigna, or any of its affiliates. A decision to use an external review to an IRO will not affect the claimant's rights to any other benefits under the plan.



There is no charge for you to initiate an external review. Cigna and your benefit plan will abide by the decision of the IRO.

In order to request a referral to an IRO, the reason for the denial must be based on a Medical Necessity or clinical appropriateness determination by Cigna. Administrative, eligibility or benefit coverage limits or exclusions are not eligible for appeal under this process.

To request a review, you must notify the Appeals Coordinator within 4 months of your receipt of Cigna's appeal review denial. Cigna will then forward the file to a randomly selected IRO. The IRO will render an opinion within 30 days.

When requested and when a delay would be detrimental to your medical condition, as determined by Cigna's Physician Reviewer, the external review shall be completed within 3 days.

Notice of Benefit Determination on Appeal

Every notice of a determination on appeal will be provided in writing or electronically and, if an adverse determination, will include: the specific reason or reasons for the adverse determination; reference to the specific plan provisions on which the determination is based; a statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to and copies of all documents, records, and other Relevant Information as defined below; a statement describing any voluntary appeal procedures offered by the plan and the claimant's right to bring an action under ERISA section 502(a), if applicable; upon request and free of charge, a copy of any internal rule, guideline, protocol or other similar criterion that was relied upon in making the adverse determination regarding your appeal, and an explanation of the scientific or clinical judgment for a determination that is based on a Medical Necessity, experimental treatment or other similar exclusion or limit.

You also have the right to bring a civil action under section 502(a) of ERISA if you are not satisfied with the decision on review. You or 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. You may also contact the Plan Administrator.

Relevant Information

Relevant Information is any document, record or other information which: was relied upon in making the benefit determination; was submitted, considered or generated in the course of making the benefit determination, without regard to whether such document, record, or other information was relied upon in making the benefit determination; demonstrates compliance with the administrative processes and safeguards required by federal law in making the benefit determination; or constitutes a statement of policy or guidance with respect to

the plan concerning the denied treatment option or benefit for the claimant's diagnosis, without regard to whether such advice or statement was relied upon in making the benefit determination.

Legal Action

If your plan is governed by ERISA, you have the right to bring a civil action under section 502(a) of ERISA if you are not satisfied with the outcome of the Appeals Procedure. In most instances, you may not initiate a legal action against Cigna until you have completed the appeal processes. However, no action will be brought at all unless brought within three years after proof of claim is required under the Plan. However, no action will be brought at all unless brought within 3 years after a claim is submitted for In-Network Services or within three years after proof of claim is required under the Plan for Out-of-Network services.

HC-FED60

03-14

COBRA Continuation Rights Under Federal Law

For You and Your Dependents

What is COBRA Continuation Coverage?

Under federal law, your Dependents must be given the opportunity to continue health insurance when there is a "qualifying event" that would result in loss of coverage under the Plan. Your Dependents will be permitted to continue the same coverage under which you or your Dependents were covered on the day before the qualifying event occurred, unless you move out of that plan's coverage area or the plan is no longer available. Your Dependents cannot change coverage options until the next open enrollment period.

When is COBRA Continuation Available?

For your Dependents, COBRA continuation coverage is available for up to 36 months from the date of the following qualifying events if the event would result in a loss of coverage under the Plan:

- your death;
- your divorce or legal separation; or
- for a Dependent child, failure to continue to qualify as a Dependent under the Plan.

Who is Entitled to COBRA Continuation?

Only a "qualified beneficiary" (as defined by federal law) may elect to continue health insurance coverage. A qualified beneficiary may include the following individuals who were covered by the Plan on the day the qualifying event occurred: your spouse and your Dependent children. Each qualified



beneficiary has their own right to elect or decline COBRA continuation coverage even if you decline or are not eligible for COBRA continuation.

The following individuals are not qualified beneficiaries for purposes of COBRA continuation: domestic partners, grandchildren (unless adopted by you), stepchildren (unless adopted by you).

Medicare Extension for Your Dependents

If you retire and you became enrolled in Medicare (Part A, Part B or both) within the 18 months retirement, COBRA continuation coverage for your Dependents will last for up to 36 months after the date you became enrolled in Medicare.

Termination of COBRA Continuation

COBRA continuation coverage will be terminated upon the occurrence of any of the following:

- the end of the COBRA continuation period of 18, 29 or 36 months, as applicable;
- failure to pay the required premium within 30 calendar days after the due date;
- cancellation of the Employer's policy with Cigna;
- after electing COBRA continuation coverage, a qualified beneficiary enrolls in Medicare (Part A, Part B, or both);
- after electing COBRA continuation coverage, a qualified beneficiary becomes covered under another group health plan, unless the qualified beneficiary has a condition for which the new plan limits or excludes coverage under a pre-existing condition provision. In such case coverage will continue until the earliest of: the end of the applicable maximum period; the date the pre-existing condition provision is no longer applicable; or the occurrence of an event described in one of the first three bullets above;
- any reason the Plan would terminate coverage of a participant or beneficiary who is not receiving continuation coverage (e.g., fraud).

Moving Out of Employer's Service Area or Elimination of a Service Area

If your Dependents move out of the Employer's service area or the Employer eliminates a service area in their location, their COBRA continuation coverage under the plan will be limited to out-of-network coverage only. In-network coverage is not available outside of the Employer's service area. If the Employer offers another benefit option through Cigna or another carrier which can provide coverage in your Dependent's location, they may elect COBRA continuation coverage under that option.

Employer's Notification Requirements

Your former Employer is required to provide you and/or your Dependents with the following notices:

- An initial notification of COBRA continuation rights must be provided within 90 days after your (or your spouse's) coverage under the Plan begins (or the Plan first becomes subject to COBRA continuation requirements, if later). If you and/or your Dependents experience a qualifying event before the end of that 90-day period, the initial notice must be provided within the time frame required for the COBRA continuation coverage election notice as explained below.
- A COBRA continuation coverage election notice must be provided to you and/or your Dependents within the following timeframes:
 - if the Plan provides that COBRA continuation coverage and the period within which an Employer must notify the Plan Administrator of a qualifying event starts upon the loss of coverage, 44 days after loss of coverage under the Plan;
 - if the Plan provides that COBRA continuation coverage and the period within which an Employer must notify the Plan Administrator of a qualifying event starts upon the occurrence of a qualifying event, 44 days after the qualifying event occurs; or
 - in the case of a multi-employer plan, no later than 14 days after the end of the period in which Employers must provide notice of a qualifying event to the Plan Administrator.

How to Elect COBRA Continuation Coverage

The COBRA coverage election notice will list the individuals who are eligible for COBRA continuation coverage and inform you of the applicable premium. The notice will also include instructions for electing COBRA continuation coverage. You or your Dependents must notify the Plan Administrator of the election no later than the due date stated on the COBRA election notice. If a written election notice is required, it must be post-marked no later than the due date stated on the COBRA election notice. If proper notification is not made by the due date shown on the notice, your Dependents will lose the right to elect COBRA continuation coverage. If COBRA continuation coverage is rejected before the due date, your Dependents may change their mind as long as they furnish a completed election form before the due date.

Each qualified beneficiary has an independent right to elect COBRA continuation coverage. Continuation coverage may be elected for only one, several, or for all Dependents who are qualified beneficiaries. Parents may elect to continue coverage on behalf of their Dependent children. You or your spouse may elect continuation coverage on behalf of all the qualified beneficiaries.



How Much Does COBRA Continuation Coverage Cost?

Each qualified beneficiary may be required to pay the entire cost of continuation coverage. The amount may not exceed 102% of the cost to the group health plan (including both Employer and Employee contributions) for coverage of a similarly situated active Employee or family member.

For example: If the spouse or one Dependent child alone elects COBRA continuation coverage, they will be charged 102% of the active Employee premium. If more than one qualified beneficiary elects COBRA continuation coverage, they will be charged 102% of the applicable family premium.

When and How to Pay COBRA Premiums

First payment for COBRA continuation

If you elect COBRA continuation coverage, you do not have to send any payment with the election form. However, you must make your first payment no later than 45 calendar days after the date of your election. (This is the date the Election Notice is postmarked, if mailed.) If you do not make your first payment within that 45 days, you will lose all COBRA continuation rights under the Plan.

Subsequent payments

After you make your first payment for COBRA continuation coverage, you will be required to make subsequent payments of the required premium for each additional month of coverage. Payment is due on the first day of each month. If you make a payment on or before its due date, your coverage under the Plan will continue for that coverage period without any break.

Grace periods for subsequent payments

Although subsequent payments are due by the first day of the month, you will be given a grace period of 30 days after the first day of the coverage period to make each monthly payment. Your COBRA continuation coverage will be provided for each coverage period as long as payment for that coverage period is made before the end of the grace period for that payment. However, if your payment is received after the due date, your coverage under the Plan may be suspended during this time. Any providers who contact the Plan to confirm coverage during this time may be informed that coverage has been suspended. If payment is received before the end of the grace period, your coverage will be reinstated back to the beginning of the coverage period. This means that any claim you submit for benefits while your coverage is suspended may be denied and may have to be resubmitted once your coverage is reinstated. If you fail to make a payment before the end of the grace period for that coverage period, you will lose all rights to COBRA continuation coverage under the Plan.

You Must Give Notice of Certain Qualifying Events

If your Dependent(s) experience one of the following qualifying events, you or your Dependents must notify the Plan Administrator within 60 calendar days after the later of the date the qualifying event occurs or the date coverage would cease as a result of the qualifying event:

- Your divorce or legal separation; or
- Your child ceases to qualify as a Dependent under the Plan.

Notice must be made in writing and must include: the name of the Plan, name and address of the Employee covered under the Plan, name and address(es) of the qualified beneficiaries affected by the qualifying event; the qualifying event; the date the qualifying event occurred; and supporting documentation (e.g., divorce decree, birth certificate, etc.).

Newly Acquired Dependents

If you acquire a new Dependent through marriage, birth, adoption or placement for adoption while your coverage is being continued, you may cover such Dependent under your COBRA continuation coverage.

COBRA Continuation for Retirees Following Employer's Bankruptcy

If you are covered as a retiree, and a proceeding in bankruptcy is filed with respect to the Employer under Title 11 of the United States Code, you may be entitled to COBRA continuation coverage. If the bankruptcy results in a loss of coverage for you, your Dependents or your surviving spouse within one year before or after such proceeding, you and your covered Dependents will become COBRA qualified beneficiaries with respect to the bankruptcy. You will be entitled to COBRA continuation coverage until your death. Your surviving spouse and covered Dependent children will be entitled to COBRA continuation coverage for up to 36 months following your death. However, COBRA continuation coverage will cease upon the occurrence of any of the events listed under "Termination of COBRA Continuation" above.

Interaction With Other Continuation Benefits

You may be eligible for other continuation benefits under state law. Refer to the Termination section for any other continuation benefits.

HC-FED66

07-14

Definitions

Bed and Board

The term Bed and Board includes all charges made by a Hospital on its own behalf for room and meals and for all



general services and activities needed for the care of registered bed patients.

HC-DFS2

04-10
V2

Charges

The term "charges" means the actual billed charges; except when the provider has contracted directly or indirectly with Cigna for a different amount.

HC-DFS3

04-10
V1

Chiropractic Care

The term Chiropractic Care means the conservative management of neuromusculoskeletal conditions through manipulation and ancillary physiological treatment rendered to specific joints to restore motion, reduce pain and improve function.

HC-DFS55

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V1

Custodial Services

Any services that are of a sheltering, protective, or safeguarding nature. Such services may include a stay in an institutional setting, at-home care, or nursing services to care for someone because of age or mental or physical condition. This service primarily helps the person in daily living. Custodial care also can provide medical services, given mainly to maintain the person's current state of health. These services cannot be intended to greatly improve a medical condition; they are intended to provide care while the patient cannot care for himself or herself. Custodial Services include but are not limited to:

- Services related to watching or protecting a person;
- Services related to performing or assisting a person in performing any activities of daily living, such as: walking, grooming, bathing, dressing, getting in or out of bed, toileting, eating, preparing foods, or taking medications that can be self administered, and
- Services not required to be performed by trained or skilled medical or paramedical personnel.

HC-DFS4

04-10
V1

Dependent

Dependents are:

- your lawful spouse; and
- any child of yours who is:
 - less than 26 years old.
 - 26 or more years old, unmarried, and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a Dependent under this Plan, or while covered as a dependent under a prior plan with no break in coverage.

Proof of the child's condition and dependence must be submitted to Cigna within 31 days after the date the child ceases to qualify above. From time to time, but not more frequently than once a year, Cigna may require proof of the continuation of such condition and dependence.

A child includes a legally adopted child, including that child from the date of placement in the home or from birth provided that a written agreement to adopt such child has been entered into prior to the birth of such child. Coverage for a legally adopted child will include the necessary care and treatment of an Injury or a Sickness existing prior to the date of placement or adoption. A child also includes a foster child or a child placed in your custody by a court order from the date of placement in the home. Coverage is not required if the adopted or foster child is ultimately not placed in your home. It also includes:

- a stepchild or a child for whom you are the legal guardian;
- a child born to an insured Dependent child of yours until such child is 18 months old.

Benefits for a Dependent child or student will continue until the last day of the calendar year in which the limiting age is reached.

Anyone who is eligible as an Employee will not be considered as a Dependent.

No one may be considered as a Dependent of more than one Employee.

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Emergency Services

Emergency services are medical, psychiatric, surgical, Hospital and related health care services and testing, including ambulance service, which are required to treat a sudden, unexpected onset of a bodily Injury or serious Sickness which



could reasonably be expected by a prudent layperson to result in serious medical complications, loss of life or permanent impairment to bodily functions in the absence of immediate medical attention. Examples of emergency situations include uncontrolled bleeding, seizures or loss of consciousness, shortness of breath, chest pains or severe squeezing sensations in the chest, suspected overdose of medication or poisoning, sudden paralysis or slurred speech, burns, cuts and broken bones. The symptoms that led you to believe you needed emergency care, as coded by the provider and recorded by the Hospital on the UB92 claim form, or its successor, or the final diagnosis, whichever reasonably indicated an emergency medical condition, will be the basis for the determination of coverage, provided such symptoms reasonably indicate an emergency.

HC-DFS6

04-10
V1

Employee

The term Employee means a full-time employee of the Employer who is currently in Active Service. The term does not include employees who are part-time or temporary or who normally work less than hours a week for the Employer.

HC-DFS7

04-10
V3

Employer

The term Employer means the plan sponsor self-insuring the benefits described in this booklet, on whose behalf Cigna is providing claim administration services.

HC-DFS8

04-10
V1

Expense Incurred

An expense is incurred when the service or the supply for which it is incurred is provided.

HC-DFS10

04-10
V1

Free-Standing Surgical Facility

The term Free-standing Surgical Facility means an institution which meets all of the following requirements:

- it has a medical staff of Physicians, Nurses and licensed anesthesiologists;
- it maintains at least two operating rooms and one recovery room;
- it maintains diagnostic laboratory and x-ray facilities;
- it has equipment for emergency care;
- it has a blood supply;
- it maintains medical records;
- it has agreements with Hospitals for immediate acceptance of patients who need Hospital Confinement on an inpatient basis; and
- it is licensed in accordance with the laws of the appropriate legally authorized agency.

HC-DFS11

04-10
V1

Hospice Care Program

The term Hospice Care Program means:

- a coordinated, interdisciplinary program to meet the physical, psychological, spiritual and social needs of dying persons and their families;
- a program that provides palliative and supportive medical, nursing and other health services through home or inpatient care during the illness;
- a program for persons who have a Terminal Illness and for the families of those persons.

HC-DFS51

04-10
V1

Hospice Care Services

The term Hospice Care Services means any services provided by: a Hospital, a Skilled Nursing Facility or a similar institution, a Home Health Care Agency, a Hospice Facility, or any other licensed facility or agency under a Hospice Care Program.

HC-DFS52

04-10
V1



Hospice Facility

The term Hospice Facility means an institution or part of it which:

- primarily provides care for Terminally Ill patients;
- is accredited by the National Hospice Organization;
- meets standards established by Cigna; and
- fulfills any licensing requirements of the state or locality in which it operates.

HC-DFS53

04-10

V1

- receiving treatment for Mental Health and Substance Abuse Services in a Mental Health or Substance Abuse Residential Treatment Center.

HC-DFS49

04-10

V1

Injury

The term Injury means an accidental bodily injury.

HC-DFS12

04-10

V1

Hospital

The term Hospital means:

- an institution licensed as a hospital, which: maintains, on the premises, all facilities necessary for medical and surgical treatment; provides such treatment on an inpatient basis, for compensation, under the supervision of Physicians; and provides 24-hour service by Registered Graduate Nurses;
- an institution which qualifies as a hospital, a psychiatric hospital or a tuberculosis hospital, and a provider of services under Medicare, if such institution is accredited as a hospital by the Joint Commission on the Accreditation of Healthcare Organizations; or
- an institution which: specializes in treatment of Mental Health and Substance Abuse or other related illness; provides residential treatment programs; and is licensed in accordance with the laws of the appropriate legally authorized agency.

The term Hospital will not include an institution which is primarily a place for rest, a place for the aged, or a nursing home.

HC-DFS48

04-10

V1

Maintenance Treatment

The term Maintenance Treatment means:

- treatment rendered to keep or maintain the patient's current status.

HC-DFS56

04-10

V1

Maximum Reimbursable Charge - Medical

The Maximum Reimbursable Charge for covered services is determined based on the lesser of:

- the provider's normal charge for a similar service or supply; or
- a policyholder-selected percentage of a schedule developed by Cigna that is based upon a methodology similar to a methodology utilized by Medicare to determine the allowable fee for the same or similar service within the geographic market.

The percentage used to determine the Maximum Reimbursable Charge is listed in The Schedule.

In some cases, a Medicare based schedule will not be used and the Maximum Reimbursable Charge for covered services is determined based on the lesser of:

- the provider's normal charge for a similar service or supply; or
- the 80th percentile of charges made by providers of such service or supply in the geographic area where it is received as compiled in a database selected by Cigna.

The Maximum Reimbursable Charge is subject to all other benefit limitations and applicable coding and payment methodologies determined by Cigna. Additional information about how Cigna determines the Maximum Reimbursable Charge or for help determining the Maximum Reimbursable

Hospital Confinement or Confined in a Hospital

A person will be considered Confined in a Hospital if he is:

- a registered bed patient in a Hospital upon the recommendation of a Physician;
- receiving treatment for Mental Health and Substance Abuse Services in a Partial Hospitalization program;



Charge for a specified service is available upon request by calling the toll-free number shown on your ID card.

HC-DFS13

04-10
V1

Medicaid

The term Medicaid means a state program of medical aid for needy persons established under Title XIX of the Social Security Act of 1965 as amended.

HC-DFS16

04-10
V1

Medically Necessary/Medical Necessity

Medically Necessary Covered Services and Supplies are those determined by the Medical Director to be:

- required to diagnose or treat an illness, injury, disease or its symptoms;
- in accordance with generally accepted standards of medical practice;
- clinically appropriate in terms of type, frequency, extent, site and duration;
- not primarily for the convenience of the patient, Physician or other health care provider; and
- rendered in the least intensive setting that is appropriate for the delivery of the services and supplies. Where applicable, the Medical Director may compare the cost-effectiveness of alternative services, settings or supplies when determining least intensive setting.

HC-DFS19

04-10
V1

Medicare

The term Medicare means the program of medical care benefits provided under Title XVIII of the Social Security Act of 1965 as amended.

HC-DFS17

04-10
V1

Necessary Services and Supplies

The term Necessary Services and Supplies includes any charges, except charges for Bed and Board, made by a Hospital on its own behalf for medical services and supplies

actually used during Hospital Confinement, any charges, by whomever made, for licensed ambulance service to or from the nearest Hospital where the needed medical care and treatment can be provided; and any charges, by whomever made, for the administration of anesthetics during Hospital Confinement.

The term Necessary Services and Supplies will not include any charges for special nursing fees, dental fees or medical fees.

HC-DFS21

04-10
V1

Nurse

The term Nurse means a Registered Graduate Nurse, a Licensed Practical Nurse or a Licensed Vocational Nurse who has the right to use the abbreviation "R.N.," "L.P.N." or "L.V.N."

HC-DFS22

04-10
V1

Other Health Care Facility/Other Health Professional

The term Other Health Care Facility means a facility other than a Hospital or hospice facility. Examples of Other Health Care Facilities include, but are not limited to, licensed skilled nursing facilities, rehabilitation Hospitals and subacute facilities. The term Other Health Professional means an individual other than a Physician who is licensed or otherwise authorized under the applicable state law to deliver medical services and supplies. Other Health Professionals include, but are not limited to physical therapists, registered nurses and licensed practical nurses. Other Health Professionals do not include providers such as Certified First Assistants, Certified Operating Room Technicians, Certified Surgical Assistants/Technicians, Licensed Certified Surgical Assistants/Technicians, Licensed Surgical Assistants, Orthopedic Physician Assistants and Surgical First Assistants.

HC-DFS23

04-10
V1

Participating Pharmacy

The term Participating Pharmacy means a retail Pharmacy with which Cigna has contracted to provide prescription services to insureds, or a designated home delivery Pharmacy with which Cigna has contracted to provide home delivery prescription services to insureds. A home delivery Pharmacy



is a Pharmacy that provides Prescription Drugs through mail order.

HC-DFS60

04-10
V1

Participating Provider

The term Participating Provider means a hospital, a Physician or any other health care practitioner or entity that has a direct or indirect contractual arrangement with Cigna to provide covered services with regard to a particular plan under which the participant is covered.

HC-DFS45

04-10
V1

Pharmacy

The term Pharmacy means a retail Pharmacy, or a home delivery Pharmacy.

HC-DFS61

04-10
V1

Pharmacy & Therapeutics (P & T) Committee

A committee of Cigna Participating Providers, Medical Directors and Pharmacy Directors which regularly reviews Prescription Drugs and Related Supplies for safety and efficacy. The P&T Committee evaluates Prescription Drugs and Related Supplies for potential addition to or deletion from the Prescription Drug List and may also set dosage and/or dispensing limits on Prescription Drugs and Related Supplies.

HC-DFS62

04-10
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Physician

The term Physician means a licensed medical practitioner who is practicing within the scope of his license and who is licensed to prescribe and administer drugs or to perform surgery. It will also include any other licensed medical practitioner whose services are required to be covered by law in the locality where the policy is issued if he is:

- operating within the scope of his license; and

- performing a service for which benefits are provided under this plan when performed by a Physician.

HC-DFS25

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Prescription Drug

Prescription Drug means; a drug which has been approved by the Food and Drug Administration for safety and efficacy; certain drugs approved under the Drug Efficacy Study Implementation review; or drugs marketed prior to 1938 and not subject to review, and which can, under federal or state law, be dispensed only pursuant to a Prescription Order.

HC-DFS63

04-10
V1

Prescription Drug List

Prescription Drug List means a listing of approved Prescription Drugs and Related Supplies. The Prescription Drugs and Related Supplies included in the Prescription Drug List have been approved in accordance with parameters established by the P&T Committee. The Prescription Drug List is regularly reviewed and updated.

HC-DFS64

04-10
V1

Prescription Order

Prescription Order means the lawful authorization for a Prescription Drug or Related Supply by a Physician who is duly licensed to make such authorization within the course of such Physician's professional practice or each authorized refill thereof.

HC-DFS65

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Preventive Treatment

The term Preventive Treatment means treatment rendered to prevent disease or its recurrence.

HC-DFS57

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Primary Care Physician

The term Primary Care Physician means a Physician who qualifies as a Participating Provider in general practice, internal medicine, family practice or pediatrics; and who has been selected by you, as authorized by Cigna, to provide or arrange for medical care for you or any of your insured Dependents.

HC-DFS40

04-10

V1

Psychologist

The term Psychologist means a person who is licensed or certified as a clinical psychologist. Where no licensure or certification exists, the term Psychologist means a person who is considered qualified as a clinical psychologist by a recognized psychological association. It will also include any other licensed counseling practitioner whose services are required to be covered by law in the locality where the policy is issued if he is operating within the scope of his license and performing a service for which benefits are provided under this plan when performed by a Psychologist.

HC-DFS26

04-10

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Related Supplies

Related Supplies means diabetic supplies (insulin needles and syringes, lancets and glucose test strips), needles and syringes for injectables covered under the pharmacy plan, and spacers for use with oral inhalers.

HC-DFS68

04-10

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Review Organization

The term Review Organization refers to an affiliate of Cigna or another entity to which Cigna has delegated responsibility for performing utilization review services. The Review Organization is an organization with a staff of clinicians which may include Physicians, Registered Graduate Nurses, licensed mental health and substance abuse professionals, and other trained staff members who perform utilization review services.

HC-DFS30

04-10

V1

Sickness – For Medical Insurance

The term Sickness means a physical or mental illness. It also includes pregnancy. Expenses incurred for routine Hospital and pediatric care of a newborn child prior to discharge from the Hospital nursery will be considered to be incurred as a result of Sickness.

HC-DFS50

04-10

V1

Skilled Nursing Facility

The term Skilled Nursing Facility means a licensed institution (other than a Hospital, as defined) which specializes in:

- physical rehabilitation on an inpatient basis; or
- skilled nursing and medical care on an inpatient basis; but only if that institution: maintains on the premises all facilities necessary for medical treatment; provides such treatment, for compensation, under the supervision of Physicians; and provides Nurses' services.

HC-DFS31

04-10

V1

Terminal Illness

A Terminal Illness will be considered to exist if a person becomes terminally ill with a prognosis of six months or less to live, as diagnosed by a Physician.

HC-DFS54

04-10

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Urgent Care

Urgent Care is medical, surgical, Hospital or related health care services and testing which are not Emergency Services, but which are determined by Cigna, in accordance with generally accepted medical standards, to have been necessary to treat a condition requiring prompt medical attention. This does not include care that could have been foreseen before leaving the immediate area where you ordinarily receive and/or were scheduled to receive services. Such care includes, but is not limited to, dialysis, scheduled medical treatments or therapy, or care received after a Physician's recommendation that the insured should not travel due to any medical condition.

HC-DFS34

04-10

V1



City of Fort Lauderdale

OPEN ACCESS PLUS MEDICAL
BENEFITS
Health Reimbursement Arrangement

EFFECTIVE DATE: January 1, 2016

ASO9
3335139

This document printed in March, 2016 takes the place of any documents previously issued to you which described your benefits.

Printed in U.S.A.

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Important Information

THIS IS NOT AN INSURED BENEFIT PLAN. THE BENEFITS DESCRIBED IN THIS BOOKLET OR ANY RIDER ATTACHED HERETO ARE SELF-INSURED BY CITY OF FORT LAUDERDALE WHICH IS RESPONSIBLE FOR THEIR PAYMENT. CIGNA HEALTH AND LIFE INSURANCE COMPANY (CIGNA) PROVIDES CLAIM ADMINISTRATION SERVICES TO THE PLAN, BUT CIGNA DOES NOT INSURE THE BENEFITS DESCRIBED.

THIS DOCUMENT MAY USE WORDS THAT DESCRIBE A PLAN INSURED BY CIGNA. BECAUSE THE PLAN IS NOT INSURED BY CIGNA, ALL REFERENCES TO INSURANCE SHALL BE READ TO INDICATE THAT THE PLAN IS SELF-INSURED. FOR EXAMPLE, REFERENCES TO "CIGNA," "INSURANCE COMPANY," AND "POLICYHOLDER" SHALL BE DEEMED TO MEAN YOUR "EMPLOYER" AND "POLICY" TO MEAN "PLAN" AND "INSURED" TO MEAN "COVERED" AND "INSURANCE" SHALL BE DEEMED TO MEAN "COVERAGE."

HC-NOT1

Explanation of Terms

You will find terms starting with capital letters throughout your certificate. To help you understand your benefits, most of these terms are defined in the Definitions section of your certificate.

The Schedule

The Schedule is a brief outline of your maximum benefits which may be payable under your insurance. For a full description of each benefit, refer to the appropriate section listed in the Table of Contents.



Special Plan Provisions

When you select a Participating Provider, this Plan pays a greater share of the costs than if you select a non-Participating Provider. Participating Providers include Physicians, Hospitals and Other Health Care Professionals and Other Health Care Facilities. Consult your Physician Guide for a list of Participating Providers in your area. Participating Providers are committed to providing you and your Dependents appropriate care while lowering medical costs.

Services Available in Conjunction With Your Medical Plan

The following pages describe helpful services available in conjunction with your medical plan. You can access these services by calling the toll-free number shown on the back of your ID card.

HC-SPP1

04-10

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Case Management

Case Management is a service provided through a Review Organization, which assists individuals with treatment needs that extend beyond the acute care setting. The goal of Case Management is to ensure that patients receive appropriate care in the most effective setting possible whether at home, as an outpatient, or an inpatient in a Hospital or specialized facility. Should the need for Case Management arise, a Case Management professional will work closely with the patient, his or her family and the attending Physician to determine appropriate treatment options which will best meet the patient's needs and keep costs manageable. The Case Manager will help coordinate the treatment program and arrange for necessary resources. Case Managers are also available to answer questions and provide ongoing support for the family in times of medical crisis.

Case Managers are Registered Nurses (RNs) and other credentialed health care professionals, each trained in a clinical specialty area such as trauma, high risk pregnancy and neonates, oncology, mental health, rehabilitation or general medicine and surgery. A Case Manager trained in the appropriate clinical specialty area will be assigned to you or your dependent. In addition, Case Managers are supported by a panel of Physician advisors who offer guidance on up-to-date treatment programs and medical technology. While the Case Manager recommends alternate treatment programs and helps coordinate needed resources, the patient's attending Physician remains responsible for the actual medical care.

- You, your dependent or an attending Physician can request Case Management services by calling the **toll-free number** shown on your ID card during normal business hours, Monday through Friday. In addition, a claim office or a utilization review program (see the PAC/CSR section of your certificate) may refer an individual for Case Management.
- The Review Organization assesses each case to determine whether Case Management is appropriate.
- You or your Dependent is contacted by an assigned Case Manager who explains in detail how the program works. Participation in the program is voluntary - no penalty or benefit reduction is imposed if you do not wish to participate in Case Management.
- Following an initial assessment, the Case Manager works with you, your family and Physician to determine the needs of the patient and to identify what alternate treatment programs are available (for example, in-home medical care in lieu of an extended Hospital convalescence). You are not penalized if the alternate treatment program is not followed.
- The Case Manager arranges for alternate treatment services and supplies, as needed (for example, nursing services or a Hospital bed and other Durable Medical Equipment for the home).
- The Case Manager also acts as a liaison between the insurer, the patient, his or her family and Physician as needed (for example, by helping you to understand a complex medical diagnosis or treatment plan).
- Once the alternate treatment program is in place, the Case Manager continues to manage the case to ensure the treatment program remains appropriate to the patient's needs.

While participation in Case Management is strictly voluntary, Case Management professionals can offer quality, cost-effective treatment alternatives, as well as provide assistance in obtaining needed medical resources and ongoing family support in a time of need.

HC-SPP2

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Additional Programs

We may, from time to time, offer or arrange for various entities to offer discounts, benefits, or other consideration to our members for the purpose of promoting the general health and well being of our members. We may also arrange for the reimbursement of all or a portion of the cost of services



provided by other parties to the Policyholder. Contact us for details regarding any such arrangements.

HC-SPP3

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Care Management and Care Coordination Services

Your plan may enter into specific collaborative arrangements with health care professionals committed to improving quality care, patient satisfaction and affordability. Through these collaborative arrangements, health care professionals commit to proactively providing participants with certain care management and care coordination services to facilitate achievement of these goals. Reimbursement is provided at 100% for these services when rendered by designated health care professionals in these collaborative arrangements.

HC-SPP27

06-15
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Important Notices

Direct Access to Obstetricians and Gynecologists

You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, visit www.mycigna.com or contact customer service at the phone number listed on the back of your ID card.

Selection of a Primary Care Provider

This plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit www.mycigna.com or contact customer service at the phone number listed on the back of your ID card.

For children, you may designate a pediatrician as the primary care provider.

HC-NOT5

01-11

Important Information

Mental Health Parity and Addiction Equity Act

The Certificate is amended as stated below:

In the event of a conflict between the provisions of your plan documents and the provisions of this notice, the provisions that provide the better benefit shall apply.

The Schedule and Mental Health and Substance Abuse Covered Expenses:

Partial Hospitalization charges for Mental Health and Substance Abuse will be paid at the Outpatient level. Covered Expenses are changed as follows:

Mental Health and Substance Abuse Services

Mental Health Services are services that are required to treat a disorder that impairs the behavior, emotional reaction or thought processes. In determining benefits payable, charges made for the treatment of any physiological conditions related to Mental Health will not be considered to be charges made for treatment of Mental Health.

Substance Abuse is defined as the psychological or physical dependence on alcohol or other mind-altering drugs that requires diagnosis, care, and treatment. In determining benefits payable, charges made for the treatment of any physiological conditions related to rehabilitation services for alcohol or drug abuse or addiction will not be considered to be charges made for treatment of Substance Abuse.

Inpatient Mental Health Services

Services that are provided by a Hospital while you or your Dependent is Confined in a Hospital for the treatment and evaluation of Mental Health. Inpatient Mental Health Services include Mental Health Residential Treatment Services.

Mental Health Residential Treatment Services are services provided by a Hospital for the evaluation and treatment of the psychological and social functional disturbances that are a result of subacute Mental Health conditions.

Mental Health Residential Treatment Center means an institution which specializes in the treatment of psychological and social disturbances that are the result of Mental Health conditions; provides a subacute, structured, psychotherapeutic treatment program, under the supervision of Physicians; provides 24-hour care, in which a person lives in an open setting; and is licensed in accordance with the laws of the appropriate legally authorized agency as a residential treatment center.

A person is considered confined in a Mental Health Residential Treatment Center when she/he is a registered bed patient in a Mental Health Residential Treatment Center upon the recommendation of a Physician.

Outpatient Mental Health Services are Services of Providers who are qualified to treat Mental Health when treatment is



provided on an outpatient basis, while you or your Dependent is not Confined in a Hospital, or for Partial Hospitalization sessions, and is provided in an individual, group or Mental Health Intensive Outpatient Therapy Program. Covered services include, but are not limited to, outpatient treatment of conditions such as: anxiety or depression which interfere with daily functioning; emotional adjustment or concerns related to chronic conditions, such as psychosis or depression; emotional reactions associated with marital problems or divorce; child/adolescent problems of conduct or poor impulse control; affective disorders; suicidal or homicidal threats or acts; eating disorders; or acute exacerbation of chronic Mental Health conditions (crisis intervention and relapse prevention) and outpatient testing and assessment.

Partial Hospitalization sessions are services that are provided for not less than 4 hours and not more than 12 hours in any 24-hour period.

Inpatient Substance Abuse Rehabilitation Services

Services provided for rehabilitation, while you or your Dependent is Confined in a Hospital, when required for the diagnosis and treatment of abuse or addiction to alcohol and/or drugs. Inpatient Substance Abuse Services include Residential Treatment services.

Substance Abuse Residential Treatment Services are services provided by a Hospital for the evaluation and treatment of the psychological and social functional disturbances that are a result of subacute Substance Abuse conditions.

Substance Abuse Residential Treatment Center means an institution which specializes in the treatment of psychological and social disturbances that are the result of Substance Abuse; provides a subacute, structured, psychotherapeutic treatment program, under the supervision of Physicians; provides 24-hour care, in which a person lives in an open setting; and is licensed in accordance with the laws of the appropriate legally authorized agency as a residential treatment center.

A person is considered confined in a Substance Abuse Residential Treatment Center when she/he is a registered bed patient in a Substance Abuse Residential Treatment Center upon the recommendation of a Physician.

Outpatient Substance Abuse Rehabilitation Services

Services provided for the diagnosis and treatment of abuse or addiction to alcohol and/or drugs, while you or your Dependent is not Confined in a Hospital, including outpatient rehabilitation in an individual, or a Substance Abuse Intensive Outpatient Therapy Program and for Partial Hospitalization sessions.

Partial Hospitalization sessions are services that are provided for not less than 4 hours and not more than 12 hours in any 24-hour period.

A Substance Abuse Intensive Outpatient Therapy Program consists of distinct levels or phases of treatment that are provided by a certified/licensed Substance Abuse program. Intensive Outpatient Therapy Programs provide a combination of individual, family and/or group therapy in a day, totaling nine, or more hours in a week.

Substance Abuse Detoxification Services

Detoxification and related medical ancillary services are provided when required for the diagnosis and treatment of addiction to alcohol and/or drugs. Cigna will decide, based on the Medical Necessity of each situation, whether such services will be provided in an inpatient or outpatient setting.

Mental Health and Substance Abuse Exclusions:

The following exclusion is hereby deleted and no longer applies:

- any court ordered treatment or therapy, or any treatment or therapy ordered as a condition of parole, probation or custody or visitation evaluations unless Medically Necessary and otherwise covered under this policy or agreement.

Terms within the agreement:

The term "mental retardation" within your Certificate is hereby changed to "intellectual disabilities".

Visit Limits:

Any health care service billed with a Mental Health or Substance Abuse diagnosis, will not incur a visit limit, including but not limited to genetic counseling and nutritional evaluation/counseling.

HC-NOT69

12-14

How To File Your Claim

There's no paperwork for In-Network care. Just show your identification card and pay your share of the cost, if any; your provider will submit a claim to Cigna for reimbursement. Out-of-Network claims can be submitted by the provider if the provider is able and willing to file on your behalf. If the provider is not submitting on your behalf, you must send your completed claim form and itemized bills to the claims address listed on the claim form.

You may get the required claim forms from the website listed on your identification card or by using the toll-free number on your identification card.

CLAIM REMINDERS

- BE SURE TO USE YOUR MEMBER ID AND ACCOUNT/GROUP NUMBER WHEN YOU FILE



CIGNA'S CLAIM FORMS, OR WHEN YOU CALL YOUR CIGNA CLAIM OFFICE.

YOUR MEMBER ID IS THE ID SHOWN ON YOUR BENEFIT IDENTIFICATION CARD.

YOUR ACCOUNT/GROUP NUMBER IS SHOWN ON YOUR BENEFIT IDENTIFICATION CARD.

- BE SURE TO FOLLOW THE INSTRUCTIONS LISTED ON THE BACK OF THE CLAIM FORM CAREFULLY WHEN SUBMITTING A CLAIM TO CIGNA.

Timely Filing of Out-of-Network Claims

Cigna will consider claims for coverage under our plans when proof of loss (a claim) is submitted within 180 days for Out-of-Network benefits after services are rendered. If services are rendered on consecutive days, such as for a Hospital Confinement, the limit will be counted from the last date of service. If claims are not submitted within 180 days for Out-of-Network benefits, the claim will not be considered valid and will be denied.

WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information; or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act.

HC-CLM25

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V11

Eligibility - Effective Date

Employee Insurance

This plan is offered to you as an Employee.

Eligibility for Employee Insurance

You will become eligible for insurance on the day you complete the waiting period if:

- you are in a Class of Eligible Employees; and
- you are an eligible, full-time Employee who normally works at least 30 hours a week; or
- you are an eligible, variable hour Employee who normally works an average of 30 hours per week during the City's Measurement period as required by the Affordable Care Act; and
- you pay any required contribution.

If you were previously insured and your insurance ceased, you must satisfy the Waiting Period to become insured again. If your insurance ceased because you were no longer employed in a Class of Eligible Employees, you are not required to

satisfy any waiting period if you again become a member of a Class of Eligible Employees within one year after your insurance ceased.

Eligibility for Dependent Insurance

You will become eligible for Dependent insurance on the later of:

- the day you become eligible for yourself; or
- the day you acquire your first Dependent.

Waiting Period

The first day of the month following date of hire.

Classes of Eligible Employees

Each Employee as reported to the insurance company by your Employer.

Effective Date of Employee Insurance

You will become insured on the date you elect the insurance by signing an approved payroll deduction or enrollment form, as applicable, but no earlier than the date you become eligible.

You will become insured on your first day of eligibility, following your election, if you are in Active Service on that date, or if you are not in Active Service on that date due to your health status.

Late Entrant - Employee

You are a Late Entrant if:

- you elect the insurance more than 30 days after you become eligible; or
- you again elect it after you cancel your payroll deduction (if required).

Dependent Insurance

For your Dependents to be insured, you will have to pay the required contribution, if any, toward the cost of Dependent Insurance.

Effective Date of Dependent Insurance

Insurance for your Dependents will become effective on the date you elect it by signing an approved payroll deduction form (if required), but no earlier than the day you become eligible for Dependent Insurance. All of your Dependents as defined will be included. A newborn child will be covered for the first 31 days of life even if you fail to enroll the child. If you enroll the child after the first 31 days and by the 60th day after his birth, coverage will be offered at an additional premium. Coverage for an adopted child will become effective from the date of placement in your home or from birth for the first 31 days even if you fail to enroll the child. However, if you enroll the adopted child between the 31st and 60th days after his birth or placement in your home, coverage will be offered at an additional premium.



Your Dependents will be insured only if you are insured.

Late Entrant – Dependent

You are a Late Entrant for Dependent Insurance if:

- you elect that insurance more than 30 days after you become eligible for it; or
- you again elect it after you cancel your payroll deduction (if required).

Exception for Newborns

Any Dependent child born while you are insured will become insured on the date of his birth if you elect Dependent Insurance no later than 31 days after his birth. If you do not elect to insure your newborn child within such 31 days, coverage for that child will end on the 31st day. No benefits for expenses incurred beyond the 31st day will be payable.

In addition, if at any time a Primary Care Physician ceases to be a Participating Provider, you or your Dependent will be notified for the purpose of selecting a new Primary Care Physician, if you choose.

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Important Information About Your Medical Plan

Details of your medical benefits are described on the following pages.

Opportunity to Select a Primary Care Physician

Choice of Primary Care Physician:

This medical plan does not require that you select a Primary Care Physician or obtain a referral from a Primary Care Physician in order to receive all benefits available to you under this medical plan. Notwithstanding, a Primary Care Physician may serve an important role in meeting your health care needs by providing or arranging for medical care for you and your Dependents. For this reason, we encourage the use of Primary Care Physicians and provide you with the opportunity to select a Primary Care Physician from a list provided by Cigna for yourself and your Dependents. If you choose to select a Primary Care Physician, the Primary Care Physician you select for yourself may be different from the Primary Care Physician you select for each of your Dependents.

Changing Primary Care Physicians:

You may request a transfer from one Primary Care Physician to another by contacting us at the member services number on your ID card. Any such transfer will be effective on the first day of the month following the month in which the processing of the change request is completed.



Open Access Plus Medical Benefits

The Schedule

For You and Your Dependents

Open Access Plus Medical Benefits provide coverage for care In-Network and Out-of-Network. To receive Open Access Plus Medical Benefits, you and your Dependents may be required to pay a portion of the Covered Expenses for services and supplies. That portion is the Deductible or Coinsurance.

When you receive services from an In-Network Provider, remind your provider to utilize In-Network Providers for x-rays, lab tests and other services to ensure the cost may be considered at the In-Network level.

If you are unable to locate an In-Network Provider in your area who can provide you with a service or supply that is covered under this plan, you must call the number on the back of your I.D. card to obtain authorization for Out-of-Network Provider coverage. If you obtain authorization for services provided by an Out-of-Network Provider, benefits for those services will be covered at the In-Network benefit level.

Coinsurance

The term Coinsurance means the percentage of charges for Covered Expenses that an insured person is required to pay under the plan.

Deductibles

Deductibles are expenses to be paid by you or your Dependent. Deductibles are in addition to any Coinsurance. Once the Deductible maximum in The Schedule has been reached, you and your family need not satisfy any further medical deductible for the rest of that year.

Out-of-Pocket Expenses - For In-Network Charges Only

Out-of-Pocket Expenses are Covered Expenses incurred for charges that are not paid by the benefit plan because of any Deductibles or Coinsurance. Such Covered Expenses accumulate to the Out-of-Pocket Maximum shown in the Schedule. When the Out-of-Pocket Maximum is reached, all Covered Expenses, except charges for non-compliance penalties, are payable by the benefit plan at 100%.

Out-of-Pocket Expenses - For Out-of-Network Charges Only

Out-of-Pocket Expenses are Covered Expenses incurred for charges that are not paid by the benefit plan. The following Expenses contribute to the Out-of-Pocket Maximum, and when the Out-of-Pocket Maximum shown in The Schedule is reached, they are payable by the benefit plan at 100%:

- Coinsurance.
- Plan Deductible.

The following Out-of-Pocket Expenses and charges do not contribute to the Out-of-Pocket Maximum, and they are not payable by the benefit plan at 100% when the Out-of-Pocket Maximum shown in The Schedule is reached:

- Non-compliance penalties.
- Any benefit deductibles.
- Provider charges in excess of the Maximum Reimbursable Charge.

Accumulation of Plan Deductibles and Out-of-Pocket Maximums

Deductibles and Out-of-Pocket Maximums will accumulate in one direction (that is, Out-of-Network will accumulate to In-Network). All other plan maximums and service-specific maximums (dollar and occurrence) cross-accumulate between In- and Out-of-Network unless otherwise noted.



Open Access Plus Medical Benefits

The Schedule

Note:

For information about your health fund benefit and how it can help you pay for expenses that may not be covered under this plan, refer to "What You Should Know about Cigna Choice Fund".

Multiple Surgical Reduction

Multiple surgeries performed during one operating session result in payment reduction of 50% to the surgery of lesser charge. The most expensive procedure is paid as any other surgery.

Assistant Surgeon and Co-Surgeon Charges

Assistant Surgeon

The maximum amount payable will be limited to charges made by an assistant surgeon that do not exceed a percentage of the surgeon's allowable charge as specified in Cigna Reimbursement Policies. (For purposes of this limitation, allowable charge means the amount payable to the surgeon prior to any reductions due to coinsurance or deductible amounts.)

Co-Surgeon

The maximum amount payable for charges made by co-surgeons will be limited to the amount specified in Cigna Reimbursement Policies.

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Lifetime Maximum	Unlimited	
The Percentage of Covered Expenses the Plan Pays Note: "No charge" means an insured person is not required to pay Coinsurance.	90%	70% of the Maximum Reimbursable Charge



BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
<p>Maximum Reimbursable Charge</p> <p>Maximum Reimbursable Charge is determined based on the lesser of the provider's normal charge for a similar service or supply; or</p> <p>A percentage of a schedule that we have developed that is based upon a methodology similar to a methodology utilized by Medicare to determine the allowable fee for similar services within the geographic market. In some cases, a Medicare based schedule will not be used and the Maximum Reimbursable Charge for covered services is determined based on the lesser of:</p> <ul style="list-style-type: none"> the provider's normal charge for a similar service or supply; or the 80th percentile of charges made by providers of such service or supply in the geographic area where it is received as compiled in a database selected by the Insurance Company. <p>Note: The provider may bill you for the difference between the provider's normal charge and the Maximum Reimbursable Charge, in addition to applicable deductibles and coinsurance.</p> <p>Note: Some providers forgive or waive the cost share obligation (e.g. your deductible and/or coinsurance) that this plan requires you to pay. Waiver of your required cost share obligation can jeopardize your coverage under this plan. For more details, see the Exclusions Section.</p>	Not Applicable	110% of Medicare allowable



BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible Employee Employee Plus One Employee Two or More Family Maximum Calculation Collective Deductible: All family members contribute towards the family deductible. An individual cannot have claims covered under the plan coinsurance until the total family deductible has been satisfied.	\$2,000 per employee \$3,000 per employee plus one \$4,000 per employee two or more	\$2,000 per employee \$3,000 per employee plus one \$4,000 per employee two or more
Combined Medical/Pharmacy Calendar Year Deductible Combined Medical/Pharmacy Deductible: includes retail and home delivery prescription drugs Home Delivery Pharmacy Costs Contribute to the Combined Medical/Pharmacy Deductible	Yes Yes	In-Network coverage only In-Network coverage only
Combined Out-of-Pocket Maximum for Medical and Pharmacy expenses Employee Employee – within a family Employee Plus One Employee Two or More Family Maximum Calculation Individual Calculation: Family members meet only their individual Out-of-Pocket and then their claims will be covered at 100%; if the family Out-of-Pocket has been met prior to their individual Out-of-Pocket being met, their claims will be paid at 100%.	\$5,000 \$5,000 \$7,000 \$10,000	\$5,000 \$5,000 \$7,000 \$10,000



BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Combined Medical/Pharmacy Out-of-Pocket Maximum Combined Medical/Pharmacy Out-of-Pocket: includes retail and home delivery prescription drugs Home Delivery Pharmacy Costs Contribute to the Combined Medical/Pharmacy Out-of-Pocket Maximum	Yes Yes	In-Network coverage only In-Network coverage only
Physician's Services Primary Care Physician's Office Visit Specialty Care Physician's Office Visits Consultant and Referral Physician's Services Note: OB/GYN providers will be considered either as a PCP or Specialist, depending on how the provider contracts with the Insurance Company. Surgery Performed in the Physician's Office Second Opinion Consultations (provided on a voluntary basis) Allergy Treatment/Injections Allergy Serum (dispensed by the Physician in the office)	90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible	70% after plan deductible 70% after plan deductible 70% after plan deductible 70% after plan deductible 70% after plan deductible 70% after plan deductible
Preventive Care Note: Includes coverage of additional services, such as urinalysis, EKG, and other laboratory tests, supplementing the standard Preventive Care benefit. Routine Preventive Care (for children to age 16 yrs) Immunizations (for children to age 16 yrs) Routine Preventive Care (for ages 16 years and over) Immunizations (for ages 16 years and over)	No charge No charge No charge No charge	70% 70% 70% after plan deductible 70% after plan deductible



BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Mammograms, PSA, PAP Smear, Early Cancer Detection Colon/Rectal Preventive Care Related Services (i.e. "routine" services) Diagnostic Related Services (i.e. "non-routine" services) Note: Colonoscopies and all associated charges covered at 100% preventive/diagnostic	No charge No charge	70% after plan deductible 70% after plan deductible
Inpatient Hospital - Facility Services Semi-Private Room and Board Private Room Special Care Units (ICU/CCU)	90% after plan deductible Limited to the semi-private room negotiated rate Limited to the semi-private room negotiated rate Limited to the negotiated rate	70% after plan deductible Limited to the semi-private room rate Limited to the semi-private room rate Limited to the ICU/CCU daily room rate
Outpatient Facility Services Operating Room, Recovery Room, Procedures Room, Treatment Room and Observation Room	90% after plan deductible	70% after plan deductible
Inpatient Hospital Physician's Visits/Consultations	90% after plan deductible	70% after plan deductible
Inpatient Hospital Professional Services Surgeon Radiologist Pathologist Anesthesiologist	90% after plan deductible	70% after plan deductible
Outpatient Professional Services Surgeon Radiologist Pathologist Anesthesiologist	90% after plan deductible	70% after plan deductible



BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Emergency and Urgent Care Services Physician's Office Visit Hospital Emergency Room Outpatient Professional Services (radiology, pathology and ER Physician) Urgent Care Facility or Outpatient Facility X-ray and/or Lab performed at the Emergency Room/Urgent Care Facility (billed by the facility as part of the ER/UC visit) Independent x-ray and/or Lab Facility in conjunction with an ER visit Advanced Radiological Imaging (i.e. MRIs, MRAs, CAT Scans, PET Scans etc.) Ambulance	90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible	90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible
Inpatient Services at Other Health Care Facilities Includes Skilled Nursing Facility, Rehabilitation Hospital and Sub-Acute Facilities Calendar Year Maximum: 90 days combined	90% after plan deductible	70% after plan deductible
Laboratory and Radiology Services (includes pre-admission testing) Physician's Office Visit Outpatient Hospital Facility Independent X-ray and/or Lab Facility	90% after plan deductible 90% after plan deductible 90% after plan deductible	70% after plan deductible 70% after plan deductible 70% after plan deductible
Advanced Radiological Imaging (i.e. MRIs, MRAs, CAT Scans and PET Scans) Physician's Office Visit Inpatient Facility Outpatient Facility	90% after plan deductible 90% after plan deductible 90% after plan deductible	70% after plan deductible 70% after plan deductible 70% after plan deductible



BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Outpatient Short-Term Rehabilitative Therapy Calendar Year Maximum: 60 days for each therapy Includes: Physical Therapy Speech Therapy Occupational Therapy Pulmonary Rehab Note: The Short-Term Rehabilitative Therapy maximum does not apply to the treatment of autism. Cognitive therapy can be related to any therapy and will be combined with the respective therapy.	90% after plan deductible	70% after plan deductible
Outpatient Cardiac Rehabilitation Calendar Year Maximum: 18 days	90% after plan deductible	70% after plan deductible
Chiropractic Care Calendar Year Maximum: 20 days Physician's Office Visit	90% after plan deductible	70% after plan deductible
Home Health Care Calendar Year Maximum: 60 days (includes outpatient private nursing when approved as Medically Necessary)	90% after plan deductible	70% after plan deductible
Hospice Inpatient Services Outpatient Services (same coinsurance level as Home Health Care)	90% after plan deductible 90% after plan deductible	70% after plan deductible 70% after plan deductible
Bereavement Counseling Services provided as part of Hospice Care Inpatient Outpatient Services provided by Mental Health Professional	90% after plan deductible 90% after plan deductible Covered under Mental Health Benefit	70% after plan deductible 70% after plan deductible Covered under Mental Health Benefit



BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Maternity Care Services Initial Visit to Confirm Pregnancy Note: OB/GYN providers will be considered either as a PCP or Specialist depending on how the provider contracts with the Insurance Company. All subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges (i.e. global maternity fee) Physician's Office Visits in addition to the global maternity fee when performed by an OB/GYN or Specialist Delivery - Facility (Inpatient Hospital, Birthing Center)	90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible	70% after plan deductible 70% after plan deductible 70% after plan deductible 70% after plan deductible
Abortion Includes elective and non-elective procedures Physician's Office Visit Inpatient Facility Outpatient Facility Physician's Services	90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible	70% after plan deductible 70% after plan deductible 70% after plan deductible 70% after plan deductible
Women's Family Planning Services Office Visits, Lab and Radiology Tests and Counseling Note: Includes coverage for contraceptive devices (e.g., Depo-Provera and Intrauterine Devices (IUDs)) as ordered or prescribed by a physician. Diaphragms also are covered when services are provided in the physician's office. Surgical Sterilization Procedures for Tubal Ligation (excludes reversals) Physician's Office Visit Inpatient Facility Outpatient Facility Physician's Services	No charge No charge No charge No charge No charge	70% after plan deductible 70% after plan deductible 70% after plan deductible 70% after plan deductible 70% after plan deductible



BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Men's Family Planning Services Office Visits, Lab and Radiology Tests and Counseling Surgical Sterilization Procedures for Vasectomy (excludes reversals) Physician's Office Visit Inpatient Facility Outpatient Facility Physician's Services	90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible	70% after plan deductible 70% after plan deductible 70% after plan deductible 70% after plan deductible 70% after plan deductible
Infertility Treatment Services Not Covered include: <ul style="list-style-type: none"> • Testing performed specifically to determine the cause of infertility. • Treatment and/or procedures performed specifically to restore fertility (e.g. procedures to correct an infertility condition). • Artificial means of becoming pregnant (e.g. Artificial Insemination, In-vitro, GIFT, ZIFT, etc). Note: Coverage will be provided for the treatment of an underlying medical condition up to the point an infertility condition is diagnosed. Services will be covered as any other illness.	Not Covered	Not Covered
Organ Transplants Includes all medically appropriate, non-experimental transplants Physician's Office Visit Inpatient Facility Physician's Services Lifetime Travel Maximum: \$10,000 per transplant	90% after plan deductible 100% at Lifesource center after plan deductible, otherwise 90% after plan deductible 100% at Lifesource center after plan deductible, otherwise 90% after plan deductible No charge (only available when using Lifesource facility)	In-Network coverage only In-Network coverage only In-Network coverage only In-Network coverage only
Durable Medical Equipment Calendar Year Maximum: Unlimited	90% after plan deductible	70% after plan deductible



BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Breast Feeding Equipment and Supplies Note: Includes the rental of one breast pump per birth as ordered or prescribed by a physician. Includes related supplies.	No charge	70% after plan deductible
External Prosthetic Appliances Calendar Year Maximum: Unlimited	90% after plan deductible	70% after plan deductible
Diabetic Equipment Calendar Year Maximum: Unlimited	90% after plan deductible	70% after plan deductible
Penile Pump Note: For use as a result of Prostate Cancer treatment based on Cigna's coverage position.	90% after plan deductible	70% after plan deductible
Nutritional Evaluation Calendar Year Maximum: 3 visits per person Physician's Office Visit Inpatient Facility Outpatient Facility Physician's Services	 90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible	 70% after plan deductible 70% after plan deductible 70% after plan deductible 70% after plan deductible
Dental Care Limited to charges made for a continuous course of dental treatment started within six months of an injury to sound, natural teeth. Physician's Office Visit Inpatient Facility Outpatient Facility Physician's Services	 90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible	 70% after plan deductible 70% after plan deductible 70% after plan deductible 70% after plan deductible



BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Bariatric Surgery Note: Subject to any limitations shown in the “Exclusions, Expenses Not Covered and General Limitations” section of this certificate.		
Physician’s Office Visit	90% after plan deductible	In-Network coverage only
Inpatient Facility	90% after plan deductible	In-Network coverage only
Outpatient Facility	90% after plan deductible	In-Network coverage only
Physician’s Services	90% after plan deductible	In-Network coverage only
Routine Foot Disorders	Not covered except for services associated with foot care for diabetes and peripheral vascular disease when Medically Necessary.	Not covered except for services associated with foot care for diabetes and peripheral vascular disease when Medically Necessary.
Treatment Resulting From Life Threatening Emergencies Medical treatment required as a result of an emergency, such as a suicide attempt, will be considered a medical expense until the medical condition is stabilized. Once the medical condition is stabilized, whether the treatment will be characterized as either a medical expense or a mental health/substance abuse expense will be determined by the utilization review Physician in accordance with the applicable mixed services claim guidelines.		
Mental Health Inpatient Outpatient (Includes Individual, Group and Intensive Outpatient) Physician’s Office Visit Outpatient Facility	90% after plan deductible 90% after plan deductible 90% after plan deductible	70% after plan deductible 70% after plan deductible 70% after plan deductible
Substance Abuse Inpatient Outpatient (Includes Individual and Intensive Outpatient) Physician’s Office Visit Outpatient Facility	90% after plan deductible 90% after plan deductible 90% after plan deductible	70% after plan deductible 70% after plan deductible 70% after plan deductible



Open Access Plus Medical Benefits

Certification Requirements - Out-of-Network

For You and Your Dependents

Pre-Admission Certification/Continued Stay Review for Hospital Confinement

Pre-Admission Certification (PAC) and Continued Stay Review (CSR) refer to the process used to certify the Medical Necessity and length of a Hospital Confinement when you or your Dependent require treatment in a Hospital:

- as a registered bed patient, except for 48/96 hour maternity stays;
- for a Partial Hospitalization for the treatment of Mental Health or Substance Abuse;
- for Mental Health or Substance Abuse Residential Treatment Services.

You or your Dependent should request PAC prior to any non-emergency treatment in a Hospital described above. In the case of an emergency admission, you should contact the Review Organization within 72 hours after the admission. For an admission due to pregnancy, you should call the Review Organization by the end of the third month of pregnancy. CSR should be requested, prior to the end of the certified length of stay, for continued Hospital Confinement.

Covered Expenses incurred will be reduced by 50% for Hospital charges made for each separate admission to the Hospital unless PAC is received: prior to the date of admission; or in the case of an emergency admission, within 72 hours after the date of admission.

Covered Expenses incurred for which benefits would otherwise be payable under this plan for the charges listed below will not include:

- Hospital charges for Bed and Board, for treatment listed above for which PAC was performed, which are made for any day in excess of the number of days certified through PAC or CSR; and
- any Hospital charges for treatment listed above for which PAC was requested, but which was not certified as Medically Necessary.

PAC and CSR are performed through a utilization review program by a Review Organization with which Cigna has contracted.

In any case, those expenses incurred for which payment is excluded by the terms set forth above will not be considered as expenses incurred for the purpose of any other part of this plan, except for the "Coordination of Benefits" section.

Outpatient Certification Requirements – Out-of-Network

Outpatient Certification refers to the process used to certify the Medical Necessity of outpatient diagnostic testing and outpatient procedures, including, but not limited to, those listed in this section when performed as an outpatient in a Free-standing Surgical Facility, Other Health Care Facility or a Physician's office. You or your Dependent should call the toll-free number on the back of your I.D. card to determine if Outpatient Certification is required prior to any outpatient diagnostic testing or procedures. Outpatient Certification is performed through a utilization review program by a Review Organization with which Cigna has contracted. Outpatient Certification should only be requested for nonemergency procedures or services, and should be requested by you or your Dependent at least four working days (Monday through Friday) prior to having the procedure performed or the service rendered.

Covered Expenses incurred will be reduced by 50% for charges made for any outpatient diagnostic testing or procedure performed unless Outpatient Certification is received prior to the date the testing or procedure is performed.

Covered Expenses incurred will not include expenses incurred for charges made for outpatient diagnostic testing or procedures for which Outpatient Certification was performed, but, which was not certified as Medically Necessary.

In any case, those expenses incurred for which payment is excluded by the terms set forth above will not be considered as expenses incurred for the purpose of any other part of this plan, except for the "Coordination of Benefits" section.

Diagnostic Testing and Outpatient Procedures

Including, but not limited to:

- Advanced radiological imaging – CT Scans, MRI, MRA or PET scans.
- Hysterectomy.

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VII

Prior Authorization/Pre-Authorized

The term Prior Authorization means the approval that a Participating Provider must receive from the Review Organization, prior to services being rendered, in order for certain services and benefits to be covered under this policy.



Services that require Prior Authorization include, but are not limited to:

- inpatient Hospital services, except for 48/96 hour maternity stays;
- inpatient services at any participating Other Health Care Facility;
- residential treatment;
- outpatient facility services;
- intensive outpatient programs;
- advanced radiological imaging;
- non-emergency ambulance; or
- transplant services.

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Covered Expenses

The term Covered Expenses means the expenses incurred by or on behalf of a person for the charges listed below if they are incurred after he becomes insured for these benefits. Expenses incurred for such charges are considered Covered Expenses to the extent that the services or supplies provided are recommended by a Physician, and are Medically Necessary for the care and treatment of an Injury or a Sickness, as determined by Cigna. **Any applicable Copayments, Deductibles or limits are shown in The Schedule.**

Covered Expenses

- charges made by a Hospital, on its own behalf, for Bed and Board and other Necessary Services and Supplies; except that for any day of Hospital Confinement, Covered Expenses will not include that portion of charges for Bed and Board which is more than the Bed and Board Limit shown in The Schedule.
- charges for licensed ambulance service to or from the nearest Hospital where the needed medical care and treatment can be provided.
- charges made by a Hospital, on its own behalf, for medical care and treatment received as an outpatient.
- charges made by a Free-Standing Surgical Facility, on its own behalf for medical care and treatment.
- charges made on its own behalf, by an Other Health Care Facility, including a Skilled Nursing Facility, a Rehabilitation Hospital or a subacute facility for medical care and treatment; except that for any day of Other Health Care Facility confinement, Covered Expenses will not include that portion of charges which are in excess of the

Other Health Care Facility Daily Limit shown in The Schedule.

- charges made for Emergency Services and Urgent Care.
- charges made by a Physician or a Psychologist for professional services.
- charges made by a Nurse, other than a member of your family or your Dependent's family, for professional nursing service.
- charges made for anesthetics and their administration; diagnostic x-ray and laboratory examinations; x-ray, radium, and radioactive isotope treatment; chemotherapy; blood transfusions; oxygen and other gases and their administration.
- charges made for an annual prostate-specific antigen test (PSA).
- charges made for laboratory services, radiation therapy and other diagnostic and therapeutic radiological procedures.
- charges made for Family Planning, including medical history, physical exam, related laboratory tests, medical supervision in accordance with generally accepted medical practices, other medical services, information and counseling on contraception, implanted/injected contraceptives, after appropriate counseling, medical services connected with surgical therapies (tubal ligations, vasectomies).
- charges made for the following preventive care services (detailed information is available at www.healthcare.gov):
 - (1) evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force;
 - (2) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the Covered Person involved;
 - (3) for infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration;
 - (4) for women, such additional preventive care and screenings not described in paragraph (1) as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.
- charges made for diagnosis and Medically Necessary surgical procedures to treat dysfunction of the temporomandibular joint
- charges made for acupuncture.
- coverage for diagnosis and treatment of autism spectrum disorder to include autistic disorder, Asperger's Syndrome



- and pervasive developmental disorder not otherwise specified, when prescribed by a treating Physician in accordance with a treatment plan for individuals diagnosed at age 8 or younger. Coverage is provided for Dependents to age 18, or older if attending High School. Treatment includes well-baby and well-child screening for diagnosis and treatment through speech therapy, occupational therapy, physical therapy and applied behavior analysis. Day or visit maximums applied to such treatment for other causes will not apply to treatment of autism spectrum disorder.
- charges made by a Physician, certified diabetes educator or licensed dietitian for a program which provides instruction on an outpatient basis for a person who has been diagnosed as having diabetes, for the purpose of instructing such person about the condition and its control.
 - charges for general anesthesia and hospitalization services for dental procedures for an individual who is under age 8 and for whom it is determined by a licensed Dentist and the child's Physician that treatment in a Hospital or ambulatory surgical center is necessary due to a significantly complex dental condition or developmental disability in which patient management in the dental office has proven to be ineffective; or has one or more medical conditions that would create significant or undue medical risk if the procedure were not rendered in a Hospital or ambulatory surgical center.
 - charges for the services of certified nurse-midwives, licensed midwives, and licensed birth centers regardless of whether or not such services are received in a home birth setting.
 - charges for the treatment of cleft lip and cleft palate including medical, dental, speech therapy, audiology and nutrition services, when prescribed by a Physician.
 - charges for newborn and infant hearing screening and Medically Necessary follow-up evaluations. When ordered by the treating Physician, a newborn's hearing screening must include auditory brainstem responses or evoked otoacoustic emissions or other appropriate technology approved by the FDA. All screenings shall be conducted by a licensed audiologist, Physician, or supervised individual who has training specific to newborn hearing screening. Newborn means an age range from birth through 29 days. Infant means an age range from 30 days through 12 months.
 - charges for or in connection with Medically Necessary diagnosis and treatment of osteoporosis for high risk individuals. This includes, but is not limited to individuals who: have vertebral abnormalities; are receiving long-term glucocorticoid (steroid) therapy; have primary hyperparathyroidism; have a family history of osteoporosis; and/or are estrogen-deficient individuals who are at clinical risk for osteoporosis.

- charges made for or in connection with mammograms for breast cancer screening or diagnostic purposes, including, but not limited to: a baseline mammogram for women ages 35 through 39; a mammogram for women ages 40 through 49, every two years or more frequently based on the attending Physician's recommendations; a mammogram every year for women age 50 and over; and one or more mammograms upon the recommendation of a Physician for any woman who is at risk for breast cancer due to her family history; has biopsy proven benign breast disease; or has not given birth before age 30. A mammogram will be covered with or without a Physician's recommendation, provided the mammogram is performed at an approved facility for breast cancer screening.
- charges for an inpatient Hospital stay following a mastectomy will be covered for a period determined to be Medically Necessary by the Physician and in consultation with the patient. Postsurgical follow-up care may be provided at the Hospital, Physician's office, outpatient center, or at the home of the patient.

In addition, Covered Expenses will include expenses incurred at any of the Approximate Age Intervals shown below, for a Dependent child who is age 15 or less, for charges made for Child Preventive Care Services consisting of the following services delivered or supervised by a Physician, in keeping with prevailing medical standards:

- a history;
- physical examination;
- development assessment;
- anticipatory guidance; and
- appropriate immunizations and laboratory tests; excluding any charges for:
 - more than one visit to one provider for Child Preventive Care Services at each of the Approximate Age Intervals, up to a total of 18 visits for each Dependent child;
 - services for which benefits are otherwise provided under this Covered Expenses section;
 - services for which benefits are not payable, according to the Expenses Not Covered section.

It is provided that any Deductible that would otherwise apply will be waived for those Covered Expenses incurred for Child Preventive Care Services. Approximate Age Intervals are: Birth, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4 years, 5 years, 6 years, 8 years, 10 years, 12 years, 14 years and 15 years.



Clinical Trials

This benefit plan covers routine patient care costs related to a qualified clinical trial for an individual who meets the following requirements:

- (a) is eligible to participate in an approved clinical trial according to the trial protocol with respect to treatment of cancer or other life-threatening disease or condition; and
- (b) either
 - the referring health care professional is a participating health care provider and has concluded that the individual's participation in such trial would be appropriate based upon the individual meeting the conditions described in paragraph (a); or
 - the individual provides medical and scientific information establishing that the individual's participation in such trial would be appropriate based upon the individual meeting the conditions described in paragraph (a).

For purposes of clinical trials, the term "life-threatening disease or condition" means any disease or condition from which the likelihood of death is probable unless the course of the disease or condition is interrupted.

The clinical trial must meet the following requirements:

The study or investigation must:

- be approved or funded by any of the agencies or entities authorized by federal law to conduct clinical trials;
- be conducted under an investigational new drug application reviewed by the Food and Drug Administration; or
- involve a drug trial that is exempt from having such an investigational new drug application.

Routine patient care costs are costs associated with the provision of health care items and services including drugs, items, devices and services otherwise covered by this benefit plan for an individual who is not enrolled in a clinical trial and, in addition:

- services required solely for the provision of the investigational drug, item, device or service;
- services required for the clinically appropriate monitoring of the investigational drug, device, item or service;
- services provided for the prevention of complications arising from the provision of the investigational drug, device, item or service; and
- reasonable and necessary care arising from the provision of the investigational drug, device, item or service, including the diagnosis or treatment of complications.

Routine patient care costs do not include:

- the investigational drug, item, device, or service, itself; or

- items and services that are provided solely to satisfy data collection and analysis needs and that are not used in the direct clinical management of the patient.

If your plan includes In-Network providers, Clinical trials conducted by non-participating providers will be covered at the In-Network benefit level if:

- there are not In-Network providers participating in the clinical trial that are willing to accept the individual as a patient, or
- the clinical trial is conducted outside the individual's state of residence.

Genetic Testing

Charges made for genetic testing that uses a proven testing method for the identification of genetically-linked inheritable disease. Genetic testing is covered only if:

- a person has symptoms or signs of a genetically-linked inheritable disease;
- it has been determined that a person is at risk for carrier status as supported by existing peer-reviewed, evidence-based, scientific literature for the development of a genetically-linked inheritable disease when the results will impact clinical outcome; or
- the therapeutic purpose is to identify specific genetic mutation that has been demonstrated in the existing peer-reviewed, evidence-based, scientific literature to directly impact treatment options.

Pre-implantation genetic testing, genetic diagnosis prior to embryo transfer, is covered when either parent has an inherited disease or is a documented carrier of a genetically-linked inheritable disease.

Genetic counseling is covered if a person is undergoing approved genetic testing, or if a person has an inherited disease and is a potential candidate for genetic testing. Genetic counseling is limited to 3 visits per calendar year for both pre-and post-genetic testing.

Nutritional Evaluation

Charges made for nutritional evaluation and counseling when diet is a part of the medical management of a documented organic disease.

Internal Prosthetic/Medical Appliances

Charges made for internal prosthetic/medical appliances that provide permanent or temporary internal functional supports for nonfunctional body parts are covered. Medically Necessary repair, maintenance or replacement of a covered appliance is also covered.

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Orthognathic Surgery

- orthognathic surgery to repair or correct a severe facial deformity or disfigurement that orthodontics alone can not correct, provided:
 - the deformity or disfigurement is accompanied by a documented clinically significant functional impairment, and there is a reasonable expectation that the procedure will result in meaningful functional improvement; or
 - the orthognathic surgery is Medically Necessary as a result of tumor, trauma, disease; or
 - the orthognathic surgery is performed prior to age 19 and is required as a result of severe congenital facial deformity or congenital condition.

Repeat or subsequent orthognathic surgeries for the same condition are covered only when the previous orthognathic surgery met the above requirements, and there is a high probability of significant additional improvement as determined by the utilization review Physician.

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Cardiac Rehabilitation

- Phase II cardiac rehabilitation provided on an outpatient basis following diagnosis of a qualifying cardiac condition when Medically Necessary. Phase II is a Hospital-based outpatient program following an inpatient Hospital discharge. The Phase II program must be Physician directed with active treatment and EKG monitoring.

Phase III and Phase IV cardiac rehabilitation is not covered. Phase III follows Phase II and is generally conducted at a recreational facility primarily to maintain the patient's status achieved through Phases I and II. Phase IV is an advancement of Phase III which includes more active participation and weight training.

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Home Health Services

- charges made for Home Health Services when you: require skilled care; are unable to obtain the required care as an ambulatory outpatient; and do not require confinement in a Hospital or Other Health Care Facility.

Home Health Services are provided only if Cigna has determined that the home is a medically appropriate setting. If you are a minor or an adult who is dependent upon others

for nonskilled care and/or custodial services (e.g., bathing, eating, toileting), Home Health Services will be provided for you only during times when there is a family member or care giver present in the home to meet your nonskilled care and/or custodial services needs.

Home Health Services are those skilled health care services that can be provided during visits by Other Health Care Professionals. The services of a home health aide are covered when rendered in direct support of skilled health care services provided by Other Health Care Professionals. A visit is defined as a period of 2 hours or less. Home Health Services are subject to a maximum of 16 hours in total per day. Necessary consumable medical supplies and home infusion therapy administered or used by Other Health Care Professionals in providing Home Health Services are covered. Home Health Services do not include services by a person who is a member of your family or your Dependent's family or who normally resides in your house or your Dependent's house even if that person is an Other Health Care Professional. Skilled nursing services or private duty nursing services provided in the home are subject to the Home Health Services benefit terms, conditions and benefit limitations. Physical, occupational, and other Short-Term Rehabilitative Therapy services provided in the home are not subject to the Home Health Services benefit limitations in the Schedule, but are subject to the benefit limitations described under Short-term Rehabilitative Therapy Maximum shown in The Schedule.

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Hospice Care Services

- charges made for a person who has been diagnosed as having six months or fewer to live, due to Terminal Illness, for the following Hospice Care Services provided under a Hospice Care Program:
 - by a Hospice Facility for Bed and Board and Services and Supplies;
 - by a Hospice Facility for services provided on an outpatient basis;
 - by a Physician for professional services;
 - by a Psychologist, social worker, family counselor or ordained minister for individual and family counseling;
 - for pain relief treatment, including drugs, medicines and medical supplies;
 - by an Other Health Care Facility for:
 - part-time or intermittent nursing care by or under the supervision of a Nurse;



- part-time or intermittent services of an Other Health Care Professional;
- physical, occupational and speech therapy;
- medical supplies; drugs and medicines lawfully dispensed only on the written prescription of a Physician; and laboratory services; but only to the extent such charges would have been payable under the policy if the person had remained or been Confined in a Hospital or Hospice Facility.

The following charges for Hospice Care Services are not included as Covered Expenses:

- for the services of a person who is a member of your family or your Dependent's family or who normally resides in your house or your Dependent's house;
- for any period when you or your Dependent is not under the care of a Physician;
- for services or supplies not listed in the Hospice Care Program;
- for any curative or life-prolonging procedures;
- to the extent that any other benefits are payable for those expenses under the policy;
- for services or supplies that are primarily to aid you or your Dependent in daily living.

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Mental Health and Substance Abuse Services

Mental Health Services are services that are required to treat a disorder that impairs the behavior, emotional reaction or thought processes. In determining benefits payable, charges made for the treatment of any physiological conditions related to Mental Health will not be considered to be charges made for treatment of Mental Health.

Substance Abuse is defined as the psychological or physical dependence on alcohol or other mind-altering drugs that requires diagnosis, care, and treatment. In determining benefits payable, charges made for the treatment of any physiological conditions related to rehabilitation services for alcohol or drug abuse or addiction will not be considered to be charges made for treatment of Substance Abuse.

Inpatient Mental Health Services

Services that are provided by a Hospital while you or your Dependent is Confined in a Hospital for the treatment and evaluation of Mental Health. Inpatient Mental Health Services include Partial Hospitalization and Mental Health Residential Treatment Services.

Partial Hospitalization sessions are services that are provided for not less than 4 hours and not more than 12 hours in any 24-hour period.

Mental Health Residential Treatment Services are services provided by a Hospital for the evaluation and treatment of the psychological and social functional disturbances that are a result of subacute Mental Health conditions.

Mental Health Residential Treatment Center means an institution which specializes in the treatment of psychological and social disturbances that are the result of Mental Health conditions; provides a subacute, structured, psychotherapeutic treatment program, under the supervision of Physicians; provides 24-hour care, in which a person lives in an open setting; and is licensed in accordance with the laws of the appropriate legally authorized agency as a residential treatment center.

A person is considered confined in a Mental Health Residential Treatment Center when she/he is a registered bed patient in a Mental Health Residential Treatment Center upon the recommendation of a Physician.

Outpatient Mental Health Services

Services of Providers who are qualified to treat Mental Health when treatment is provided on an outpatient basis, while you or your Dependent is not Confined in a Hospital, and is provided in an individual, group or Mental Health Intensive Outpatient Therapy Program. Covered services include, but are not limited to, outpatient treatment of conditions such as: anxiety or depression which interfere with daily functioning; emotional adjustment or concerns related to chronic conditions, such as psychosis or depression; emotional reactions associated with marital problems or divorce; child/adolescent problems of conduct or poor impulse control; affective disorders; suicidal or homicidal threats or acts; eating disorders; or acute exacerbation of chronic Mental Health conditions (crisis intervention and relapse prevention) and outpatient testing and assessment.

A Mental Health Intensive Outpatient Therapy Program consists of distinct levels or phases of treatment that are provided by a certified/licensed Mental Health program. Intensive Outpatient Therapy Programs provide a combination of individual, family and/or group therapy in a day, totaling nine or more hours in a week.

Inpatient Substance Abuse Rehabilitation Services

Services provided for rehabilitation, while you or your Dependent is Confined in a Hospital, when required for the diagnosis and treatment of abuse or addiction to alcohol and/or drugs. Inpatient Substance Abuse Services include Partial Hospitalization sessions and Residential Treatment services.

Partial Hospitalization sessions are services that are provided for not less than 4 hours and not more than 12 hours in any 24-hour period.



Substance Abuse Residential Treatment Services are services provided by a Hospital for the evaluation and treatment of the psychological and social functional disturbances that are a result of subacute Substance Abuse conditions.

Substance Abuse Residential Treatment Center means an institution which specializes in the treatment of psychological and social disturbances that are the result of Substance Abuse; provides a subacute, structured, psychotherapeutic treatment program, under the supervision of Physicians; provides 24-hour care, in which a person lives in an open setting; and is licensed in accordance with the laws of the appropriate legally authorized agency as a residential treatment center.

A person is considered confined in a Substance Abuse Residential Treatment Center when she/he is a registered bed patient in a Substance Abuse Residential Treatment Center upon the recommendation of a Physician.

Outpatient Substance Abuse Rehabilitation Services

Services provided for the diagnosis and treatment of abuse or addiction to alcohol and/or drugs, while you or your Dependent is not Confined in a Hospital, including outpatient rehabilitation in an individual, or a Substance Abuse Intensive Outpatient Therapy Program.

A Substance Abuse Intensive Outpatient Therapy Program consists of distinct levels or phases of treatment that are provided by a certified/licensed Substance Abuse program. Intensive Outpatient Therapy Programs provide a combination of individual, family and/or group therapy in a day, totaling nine, or more hours in a week.

Substance Abuse Detoxification Services

Detoxification and related medical ancillary services are provided when required for the diagnosis and treatment of addiction to alcohol and/or drugs. Cigna will decide, based on the Medical Necessity of each situation, whether such services will be provided in an inpatient or outpatient setting.

Exclusions

The following are specifically excluded from Mental Health and Substance Abuse Services:

- any court ordered treatment or therapy, or any treatment or therapy ordered as a condition of parole, probation or custody or visitation evaluations unless Medically Necessary and otherwise covered under this policy or agreement.
- treatment of disorders which have been diagnosed as organic mental disorders associated with permanent dysfunction of the brain.
- developmental disorders, including but not limited to, developmental reading disorders, developmental arithmetic disorders, developmental language disorders or developmental articulation disorders.

- counseling for activities of an educational nature.
- counseling for borderline intellectual functioning.
- counseling for occupational problems.
- counseling related to consciousness raising.
- vocational or religious counseling.
- I.Q. testing.
- custodial care, including but not limited to geriatric day care.
- psychological testing on children requested by or for a school system.
- occupational/recreational therapy programs even if combined with supportive therapy for age-related cognitive decline.

HC-COV7

04-10

V4

Durable Medical Equipment

- charges made for purchase or rental of Durable Medical Equipment that is ordered or prescribed by a Physician and provided by a vendor approved by Cigna for use outside a Hospital or Other Health Care Facility. Coverage for repair, replacement or duplicate equipment is provided only when required due to anatomical change and/or reasonable wear and tear. All maintenance and repairs that result from a person's misuse are the person's responsibility. Coverage for Durable Medical Equipment is limited to the lowest-cost alternative as determined by the utilization review Physician.

Durable Medical Equipment is defined as items which are designed for and able to withstand repeated use by more than one person; customarily serve a medical purpose; generally are not useful in the absence of Injury or Sickness; are appropriate for use in the home; and are not disposable. Such equipment includes, but is not limited to, crutches, hospital beds, respirators, wheel chairs, and dialysis machines.

Durable Medical Equipment items that are not covered include but are not limited to those that are listed below:

- **Bed Related Items:** bed trays, over the bed tables, bed wedges, pillows, custom bedroom equipment, mattresses, including nonpower mattresses, custom mattresses and posturepedic mattresses.
- **Bath Related Items:** bath lifts, nonportable whirlpools, bathtub rails, toilet rails, raised toilet seats, bath benches, bath stools, hand held showers, paraffin baths, bath mats, and spas.
- **Chairs, Lifts and Standing Devices:** computerized or gyroscopic mobility systems, roll about chairs, geriatric



chairs, hip chairs, seat lifts (mechanical or motorized), patient lifts (mechanical or motorized – manual hydraulic lifts are covered if patient is two-person transfer), and auto tilt chairs.

- **Fixtures to Real Property:** ceiling lifts and wheelchair ramps.
- **Car/Van Modifications.**
- **Air Quality Items:** room humidifiers, vaporizers, air purifiers and electrostatic machines.
- **Blood/Injection Related Items:** blood pressure cuffs, centrifuges, nova pens and needleless injectors.
- **Other Equipment:** heat lamps, heating pads, cryounits, cryotherapy machines, electronic-controlled therapy units, ultraviolet cabinets, sheepskin pads and boots, postural drainage board, AC/DC adaptors, enuresis alarms, magnetic equipment, scales (baby and adult), stair gliders, elevators, saunas, any exercise equipment and diathermy machines.

HC-COV8

04-10
V2

External Prosthetic Appliances and Devices

- charges made or ordered by a Physician for: the initial purchase and fitting of external prosthetic appliances and devices available only by prescription which are necessary for the alleviation or correction of Injury, Sickness or congenital defect. Coverage for External Prosthetic Appliances is limited to the most appropriate and cost effective alternative as determined by the utilization review Physician.

External prosthetic appliances and devices shall include prostheses/prosthetic appliances and devices, orthoses and orthotic devices; braces; and splints.

Prostheses/Prosthetic Appliances and Devices

Prostheses/prosthetic appliances and devices are defined as fabricated replacements for missing body parts. Prostheses/prosthetic appliances and devices include, but are not limited to:

- basic limb prostheses;
- terminal devices such as hands or hooks; and
- speech prostheses.

Orthoses and Orthotic Devices

Orthoses and orthotic devices are defined as orthopedic appliances or apparatuses used to support, align, prevent or correct deformities. Coverage is provided for custom foot orthoses and other orthoses as follows:

- Nonfoot orthoses – only the following nonfoot orthoses are covered:
 - rigid and semirigid custom fabricated orthoses;
 - semirigid prefabricated and flexible orthoses; and
 - rigid prefabricated orthoses including preparation, fitting and basic additions, such as bars and joints.
- Custom foot orthoses – custom foot orthoses are only covered as follows:
 - for persons with impaired peripheral sensation and/or altered peripheral circulation (e.g. diabetic neuropathy and peripheral vascular disease);
 - when the foot orthosis is an integral part of a leg brace and is necessary for the proper functioning of the brace;
 - when the foot orthosis is for use as a replacement or substitute for missing parts of the foot (e.g. amputated toes) and is necessary for the alleviation or correction of Injury, Sickness or congenital defect; and
 - for persons with neurologic or neuromuscular condition (e.g. cerebral palsy, hemiplegia, spina bifida) producing spasticity, malalignment, or pathological positioning of the foot and there is reasonable expectation of improvement.

The following are specifically excluded orthoses and orthotic devices:

- prefabricated foot orthoses;
- cranial banding and/or cranial orthoses. Other similar devices are excluded except when used postoperatively for synostotic plagiocephaly. When used for this indication, the cranial orthosis will be subject to the limitations and maximums of the External Prosthetic Appliances and Devices benefit;
- orthosis shoes, shoe additions, procedures for foot orthopedic shoes, shoe modifications and transfers;
- orthoses primarily used for cosmetic rather than functional reasons; and
- orthoses primarily for improved athletic performance or sports participation.

Braces

A Brace is defined as an orthosis or orthopedic appliance that supports or holds in correct position any movable part of the body and that allows for motion of that part.



The following braces are specifically excluded: Copes scoliosis braces.

Splints

A Splint is defined as an appliance for preventing movement of a joint or for the fixation of displaced or movable parts.

Coverage for replacement of external prosthetic appliances and devices is limited to the following:

- replacement due to regular wear. Replacement for damage due to abuse or misuse by the person will not be covered.
- replacement will be provided when anatomic change has rendered the external prosthetic appliance or device ineffective. Anatomic change includes significant weight gain or loss, atrophy and/or growth.
- Coverage for replacement is limited as follows:
 - no more than once every 24 months for persons 19 years of age and older;
 - no more than once every 12 months for persons 18 years of age and under; and
 - replacement due to a surgical alteration or revision of the site.

The following are specifically excluded external prosthetic appliances and devices:

- external and internal power enhancements or power controls for prosthetic limbs and terminal devices; and
- myoelectric prostheses peripheral nerve stimulators.

HC-COV9

04-10

V2

Short-Term Rehabilitative Therapy

Short-term Rehabilitative Therapy that is part of a rehabilitation program, including physical, speech, occupational, cognitive, osteopathic manipulative, and pulmonary rehabilitation therapy, when provided in the most medically appropriate setting.

The following limitation applies to Short-term Rehabilitative Therapy:

- occupational therapy is provided only for purposes of enabling persons to perform the activities of daily living after an Illness or Injury or Sickness.

Short-term Rehabilitative Therapy services that are not covered include but are not limited to:

- sensory integration therapy, group therapy; treatment of dyslexia; behavior modification or myofunctional therapy for dysfluency, such as stuttering or other involuntarily acted conditions without evidence of an underlying medical condition or neurological disorder;

- treatment for functional articulation disorder such as correction of tongue thrust, lisp, verbal apraxia or swallowing dysfunction that is not based on an underlying diagnosed medical condition or Injury; and
- maintenance or preventive treatment consisting of routine, long term or non-Medically Necessary care provided to prevent recurrence or to maintain the patient's current status.

Multiple outpatient services provided on the same day constitute one day.

Services that are provided by a chiropractic Physician are not covered. These services include the conservative management of acute neuromusculoskeletal conditions through manipulation and ancillary physiological treatment rendered to restore motion, reduce pain and improve function.

Chiropractic Care Services

Charges made for diagnostic and treatment services utilized in an office setting by chiropractic Physicians. Chiropractic treatment includes the conservative management of acute neuromusculoskeletal conditions through manipulation and ancillary physiological treatment rendered to specific joints to restore motion, reduce pain, and improve function. For these services you have direct access to qualified chiropractic Physicians.

The following limitation applies to Chiropractic Care Services:

- occupational therapy is provided only for purposes of enabling persons to perform the activities of daily living after an Injury or Sickness.

Chiropractic Care services that are not covered include but are not limited to:

- services of a chiropractor which are not within his scope of practice, as defined by state law;
- charges for care not provided in an office setting;
- maintenance or preventive treatment consisting of routine, long term or non-Medically Necessary care provided to prevent recurrence or to maintain the patient's current status;
- vitamin therapy.

HC-COV13

04-10

V2

Breast Reconstruction and Breast Prostheses

- charges made for reconstructive surgery following a mastectomy; benefits include: surgical services for reconstruction of the breast on which surgery was performed; surgical services for reconstruction of the nondiseased breast to produce symmetrical appearance;



postoperative breast prostheses; and mastectomy bras and external prosthetics, limited to the lowest cost alternative available that meets external prosthetic placement needs. During all stages of mastectomy, treatment of physical complications, including lymphedema therapy, are covered.

Reconstructive Surgery

- charges made for reconstructive surgery or therapy to repair or correct a severe physical deformity or disfigurement which is accompanied by functional deficit; (other than abnormalities of the jaw or conditions related to TMJ disorder) provided that: the surgery or therapy restores or improves function; reconstruction is required as a result of Medically Necessary, noncosmetic surgery; or the surgery or therapy is performed prior to age 19 and is required as a result of the congenital absence or agenesis (lack of formation or development) of a body part. Repeat or subsequent surgeries for the same condition are covered only when there is the probability of significant additional improvement as determined by the utilization review Physician.

HC-COV14

04-10
V1

Transplant Services

- charges made for human organ and tissue Transplant services which include solid organ and bone marrow/stem cell procedures at designated facilities throughout the United States or its territories. This coverage is subject to the following conditions and limitations.

Transplant services include the recipient's medical, surgical and Hospital services; inpatient immunosuppressive medications; and costs for organ or bone marrow/stem cell procurement. Transplant services are covered only if they are required to perform any of the following human to human organ or tissue transplants: allogeneic bone marrow/stem cell, autologous bone marrow/stem cell, cornea, heart, heart/lung, kidney, kidney/pancreas, liver, lung, pancreas or intestine which includes small bowel-liver or multi-visceral.

All Transplant services, other than cornea, are covered at 100% when received at Cigna LIFESOURCE Transplant Network® facilities. Cornea transplants are not covered at Cigna LIFESOURCE Transplant Network® facilities. Transplant services, including cornea, received at participating facilities specifically contracted with Cigna for those Transplant services, other than Cigna LIFESOURCE Transplant Network® facilities, are payable at the In-Network level. Transplant services received at any other facilities, including Non-Participating Providers and Participating Providers not specifically contracted with Cigna for Transplant services, are not covered.

Coverage for organ procurement costs are limited to costs directly related to the procurement of an organ, from a cadaver or a live donor. Organ procurement costs shall consist of surgery necessary for organ removal, organ transportation and the transportation, hospitalization and surgery of a live donor. Compatibility testing undertaken prior to procurement is covered if Medically Necessary. Costs related to the search for, and identification of a bone marrow or stem cell donor for an allogeneic transplant are also covered.

Transplant Travel Services

Charges made for reasonable travel expenses incurred by you in connection with a preapproved organ/tissue transplant are covered subject to the following conditions and limitations. Transplant travel benefits are not available for cornea transplants. Benefits for transportation, lodging and food are available to you only if you are the recipient of a preapproved organ/tissue transplant from a designated Cigna LIFESOURCE Transplant Network® facility. The term recipient is defined to include a person receiving authorized transplant related services during any of the following: evaluation, candidacy, transplant event, or post-transplant care. Travel expenses for the person receiving the transplant will include charges for: transportation to and from the transplant site (including charges for a rental car used during a period of care at the transplant facility); lodging while at, or traveling to and from the transplant site; and food while at, or traveling to and from the transplant site.

In addition to your coverage for the charges associated with the items above, such charges will also be considered covered travel expenses for one companion to accompany you. The term companion includes your spouse, your domestic partner, a member of your family, your legal guardian, or any person not related to you, but actively involved as your caregiver. The following are specifically excluded travel expenses: travel costs incurred due to travel within 60 miles of your home; laundry bills; telephone bills; alcohol or tobacco products; and charges for transportation that exceed coach class rates.

These benefits are only available when the covered person is the recipient of an organ transplant. No benefits are available when the covered person is a donor.

HC-COV15

04-10
V2 M



Prescription Drug Benefits		
The Schedule		
For You and Your Dependents		
This plan provides Prescription Drug benefits for Prescription Drugs and Related Supplies provided by Pharmacies as shown in this Schedule. To receive Prescription Drug Benefits, you and your Dependents may be required to pay a portion of the Covered Expenses for Prescription Drugs and Related Supplies. That portion includes any applicable Copayment, Deductible and/or Coinsurance.		
Coinsurance		
The term Coinsurance means the percentage of Charges for covered Prescription Drugs and Related Supplies that you or your Dependent are required to pay under this plan.		
Charges		
The term Charges means the amount charged by the Insurance Company to the plan when the Pharmacy is a Participating Pharmacy.		
BENEFIT HIGHLIGHTS	PARTICIPATING PHARMACY	Non-PARTICIPATING PHARMACY
Lifetime Maximum	Refer to the Medical Benefits Schedule	Refer to the Medical Benefits Schedule
Calendar Year Deductible		
Individual	Refer to the Medical Benefits Schedule	Refer to the Medical Benefits Schedule
Family	Refer to the Medical Benefits Schedule	Refer to the Medical Benefits Schedule
Out-of-Pocket Maximum		
Individual	Refer to the Medical Benefits Schedule	Refer to the Medical Benefits Schedule
Family	Refer to the Medical Benefits Schedule	Refer to the Medical Benefits Schedule
Preventive Medications Generic prescription medications used to prevent any of the following medical conditions are not subject to the Deductible: <ul style="list-style-type: none"> hypertension, high cholesterol, diabetes, asthma, osteoporosis, stroke, prenatal nutrient deficiency 		
Retail Prescription Drugs **	The amount you pay for each 30-day supply	The amount you pay for each 30-day supply
Medications required as part of preventive care services (detailed information is available at www.healthcare.gov) are covered at 100% with no copayment or deductible.		
Tier 1		
Generic* Preventive drugs on the Prescription Drug List	No charge	In-network coverage only



BENEFIT HIGHLIGHTS	PARTICIPATING PHARMACY	Non-PARTICIPATING PHARMACY
Generic* Non-Preventive drugs on the Prescription Drug List	30% after plan deductible	In-network coverage only
Tier 2 Brand-Name* drugs designated as preferred on the Prescription Drug List with no Generic equivalent	40% after plan deductible	In-network coverage only
Tier 3 Brand-Name* drugs with a Generic equivalent and drugs designated as non-preferred on the Prescription Drug List	60% after plan deductible	In-network coverage only
* Designated as per generally-accepted industry sources and adopted by the Insurance Company		
** You pay 100% of Cigna's discounted cost after the first fill of Specialty Medication.		
Home Delivery Prescription Drugs	The amount you pay for each 90-day supply	The amount you pay for each 90-day supply
Medications required as part of preventive care services (detailed information is available at www.healthcare.gov) are covered at 100% with no copayment or deductible.		
Tier 1		
Generic* Preventive drugs on the Prescription Drug List	No charge	In-network coverage only
Generic* Non-Preventive drugs on the Prescription Drug List	30% after plan deductible	In-network coverage only
Tier 2 Brand-Name* drugs designated as preferred on the Prescription Drug List with no Generic equivalent	40% after plan deductible	In-network coverage only
Tier 3 Brand-Name* drugs with a Generic equivalent and drugs designated as non-preferred on the Prescription Drug List	60% after plan deductible	In-network coverage only
* Designated as per generally-accepted industry sources and adopted by the Insurance Company		



Prescription Drug Benefits

For You and Your Dependents

Covered Expenses

If you or any one of your Dependents, while insured for Prescription Drug Benefits, incurs expenses for charges made by a Pharmacy, for Medically Necessary Prescription Drugs or Related Supplies ordered by a Physician, Cigna will provide coverage for those expenses as shown in The Schedule. Coverage also includes Medically Necessary Prescription Drugs and Related Supplies dispensed for a prescription issued to you or your Dependents by a licensed dentist for the prevention of infection or pain in conjunction with a dental procedure.

When you or a Dependent is issued a prescription for Medically Necessary Prescription Drugs or Related Supplies as part of the rendering of Emergency Services and that prescription cannot reasonably be filled by a Participating Pharmacy, the prescription will be covered by Cigna, as if filled by a Participating Pharmacy.

Limitations

Each Prescription Order or refill shall be limited as follows:

- up to a consecutive 30-day supply, excluding Specialty Medications, at a retail Participating Pharmacy, unless limited by the drug manufacturer's packaging; or
- up to a consecutive 90-day supply at a home delivery Participating Pharmacy, unless limited by the drug manufacturer's packaging; or
- to one fill of Specialty Medication at a retail Participating Pharmacy. If you exceed the one fill allowed at a retail Participating Pharmacy, you will be required to pay 100% of Cigna's discounted cost; or
- to a dosage and/or dispensing limit as determined by the P&T Committee.

HC-PHR1

08-15

V7

Coverage for certain Prescription Drugs and Related Supplies requires your Physician to obtain authorization prior to prescribing. Prior authorization may include, for example, a step therapy determination. Step therapy determines the specific usage progression of therapeutically equivalent drug products or supplies appropriate for treatment of a specific condition. If your Physician wishes to request coverage for

Prescription Drugs or Related Supplies for which prior authorization is required, your Physician may call or complete the appropriate prior authorization form and fax it to Cigna to request a prior authorization for coverage of the Prescription Drugs or Related Supplies. Your Physician should make this request before writing the prescription.

If the request is approved, your Physician will receive confirmation. The authorization will be processed in our claim system to allow you to have coverage for those Prescription Drugs or Related Supplies. The length of the authorization will depend on the diagnosis and Prescription Drugs or Related Supplies. When your Physician advises you that coverage for the Prescription Drugs or Related Supplies has been approved, you should contact the Pharmacy to fill the prescription(s).

If the request is denied, your Physician and you will be notified that coverage for the Prescription Drugs or Related Supplies is not authorized. If you disagree with a coverage decision, you may appeal that decision in accordance with the provisions of the policy, by submitting a written request stating why the Prescription Drugs or Related Supplies should be covered.

If you have questions about a specific prior authorization request, you should call Member Services at the toll-free number on the ID card.

All drugs newly approved by the Food and Drug Administration (FDA) are designated as either non-Preferred or non-Prescription Drug List drugs until the P&T Committee clinically evaluates the Prescription Drug for a different designation. Prescription Drugs that represent an advance over available therapy according to the FDA will be reviewed by the P&T Committee within six months after FDA approval. Prescription Drugs that appear to have therapeutic qualities similar to those of an already marketed drug according to the FDA, will not be reviewed by the P&T Committee for at least six months after FDA approval. In the case of compelling clinical data, an ad hoc group will be formed to make an interim decision on the merits of a Prescription Drug.

HC-PHR2

04-10

V6

Your Payments

Coverage for Prescription Drugs and Related Supplies purchased at a Pharmacy is subject to the Copayment or Coinsurance shown in the Schedule, after you have satisfied your Prescription Drug Deductible, if applicable. Please refer



to the Schedule for any required Copayments, Coinsurance, Deductibles or Maximums if applicable.

In no event will the Copayment or Coinsurance for the Prescription Drug or Related Supply exceed the amount paid by the plan to the Pharmacy, or the Pharmacy's Usual and Customary (U&C) charge. Usual & Customary (U&C) means the established Pharmacy retail cash price, less all applicable customer discounts that Pharmacy usually applies to its customers regardless of the customer's payment source.

HC-PHR3

04-10

V4

Exclusions

No payment will be made for the following expenses:

- drugs available over the counter that do not require a prescription by federal or state law unless state or federal law requires coverage of such drugs;
- any drug that is a pharmaceutical alternative to an over-the-counter drug other than insulin;
- a drug class in which at least one of the drugs is available over the counter and the drugs in the class are deemed to be therapeutically equivalent as determined by the P&T Committee;
- injectable infertility drugs and any injectable drugs that require Physician supervision and are not typically considered self-administered drugs. The following are examples of Physician supervised drugs: Injectables used to treat hemophilia and RSV (respiratory syncytial virus), chemotherapy injectables and endocrine and metabolic agents;
- Food and Drug Administration (FDA) approved drugs used for purposes other than those approved by the FDA unless the drug is recognized for the treatment of the particular indication in the standard reference compendia (AHFS or The American Hospital Formulary Service Drug Information) or in medical literature. Medical literature means scientific studies published in peer-reviewed English-language bio-medical journals;
- prescription and nonprescription supplies (such as ostomy supplies), devices, and appliances other than Related Supplies;
- implantable contraceptive products;
- any fertility drug;
- drugs used for cosmetic purposes such as drugs used to reduce wrinkles, drugs to promote hair growth as well as drugs used to control perspiration and fade cream products;

- immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis;
- replacement of Prescription Drugs and Related Supplies due to loss or theft;
- drugs used to enhance athletic performance;
- drugs which are to be taken by or administered to you while you are a patient in a licensed Hospital, Skilled Nursing Facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals;
- prescriptions more than one year from the original date of issue;
- any drugs that are experimental or investigational as described under the Medical "Exclusions" section of your certificate.

Other limitations are shown in the Medical "Exclusions" section of your certificate.

HC-PHR4

05-12

V24

Reimbursement/Filing a Claim

When you or your Dependents purchase your Prescription Drugs or Related Supplies through a retail Participating Pharmacy, you pay any applicable Copayment, Coinsurance or Deductible shown in the Schedule at the time of purchase. You do not need to file a claim form unless you are unable to purchase Prescription Drugs at a Participating Pharmacy for Emergency Services.

To purchase Prescription Drugs or Related Supplies from a home delivery Participating Pharmacy, see your home delivery drug introductory kit for details, or contact member services for assistance.

See your Employer's Benefit Plan Administrator to obtain the appropriate claim form.

HC-PHR5

04-10

V2



Exclusions, Expenses Not Covered and General Limitations

Exclusions and Expenses Not Covered

Additional coverage limitations determined by plan or provider type are shown in the Schedule. Payment for the following is specifically excluded from this plan:

- care for health conditions that are required by state or local law to be treated in a public facility.
- care required by state or federal law to be supplied by a public school system or school district.
- care for military service disabilities treatable through governmental services if you are legally entitled to such treatment and facilities are reasonably available.
- treatment of an Injury or Sickness which is due to war, declared, or undeclared, riot or insurrection.
- charges which you are not obligated to pay or for which you are not billed or for which you would not have been billed except that they were covered under this plan. For example, if Cigna determines that a provider is or has waived, reduced, or forgiven any portion of its charges and/or any portion of copayment, deductible, and/or coinsurance amount(s) you are required to pay for a Covered Service (as shown on the Schedule) without Cigna's express consent, then Cigna in its sole discretion shall have the right to deny the payment of benefits in connection with the Covered Service, or reduce the benefits in proportion to the amount of the copayment, deductible, and/or coinsurance amounts waived, forgiven or reduced, regardless of whether the provider represents that you remain responsible for any amounts that your plan does not cover. In the exercise of that discretion, Cigna shall have the right to require you to provide proof sufficient to Cigna that you have made your required cost share payment(s) prior to the payment of any benefits by Cigna. This exclusion includes, but is not limited to, charges of a Non-Participating Provider who has agreed to charge you or charged you at an in-network benefits level or some other benefits level not otherwise applicable to the services received.
- charges arising out of or relating to any violation of a healthcare-related state or federal law or which themselves are a violation of a healthcare-related state or federal law.
- assistance in the activities of daily living, including but not limited to eating, bathing, dressing or other Custodial Services or self-care activities, homemaker services and services primarily for rest, domiciliary or convalescent care.
- for or in connection with experimental, investigational or unproven services.
Experimental, investigational and unproven services are medical, surgical, diagnostic, psychiatric, substance abuse or other health care technologies, supplies, treatments, procedures, drug therapies or devices that are determined by the utilization review Physician to be:
 - not demonstrated, through existing peer-reviewed, evidence-based, scientific literature to be safe and effective for treating or diagnosing the condition or sickness for which its use is proposed;
 - not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed for the proposed use;
 - the subject of review or approval by an Institutional Review Board for the proposed use except as provided in the "Clinical Trials" section(s) of this plan; or
 - the subject of an ongoing phase I, II or III clinical trial, except for routine patient care costs related to qualified clinical trials as provided in the "Clinical Trials" section(s) of this plan.
- cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.
- The following services are excluded from coverage regardless of clinical indications: Macromastia or Gynecomastia Surgeries; Abdominoplasty; Panniculectomy; Rhinoplasty; Blepharoplasty; Redundant skin surgery; Removal of skin tags; Acupressure; Craniosacral/cranial therapy; Dance therapy, Movement therapy; Applied kinesiology; Rolfing; Prolotherapy; and Extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
- dental treatment of the teeth, gums or structures directly supporting the teeth, including dental X-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition. Charges made for services or supplies provided for or in connection with an accidental injury to sound natural teeth are covered provided a continuous course of dental treatment is started within six months of an accident. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least 50% bony support and are functional in the arch.
- for medical and surgical services intended primarily for the treatment or control of obesity. However, treatment of clinically severe obesity, as defined by the body mass index (BMI) classifications of the National Heart, Lung, and Blood Institute (NHLBI) guideline is covered only at



approved centers if the services are demonstrated, through existing peer-reviewed, evidence-based, scientific literature and scientifically based guidelines, to be safe and effective for treatment of the condition. Clinically severe obesity is defined by the NHLBI as a BMI of 40 or greater without comorbidities, or 35-39 with comorbidities. The following are specifically excluded:

- medical and surgical services to alter appearances or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity; and
- weight loss programs or treatments, whether prescribed or recommended by a Physician or under medical supervision.
- unless otherwise covered in this plan, for reports, evaluations, physical examinations, or hospitalization not required for health reasons including, but not limited to, employment, insurance or government licenses, and court-ordered, forensic or custodial evaluations.
- court-ordered treatment or hospitalization, unless such treatment is prescribed by a Physician and listed as covered in this plan.
- infertility services including infertility drugs, surgical or medical treatment programs for infertility, including in vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), variations of these procedures, and any costs associated with the collection, washing, preparation or storage of sperm for artificial insemination (including donor fees). Cryopreservation of donor sperm and eggs are also excluded from coverage.
- reversal of male or female voluntary sterilization procedures.
- transsexual surgery including medical or psychological counseling and hormonal therapy in preparation for, or subsequent to, any such surgery.
- any services or supplies for the treatment of male or female sexual dysfunction such as, but not limited to, treatment of erectile dysfunction (including penile implants), anorgasm, and premature ejaculation.
- medical and Hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under this plan.
- nonmedical counseling or ancillary services, including but not limited to Custodial Services, education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, hypnosis, sleep therapy, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other nonmedical ancillary services for learning disabilities, developmental delays, or mental retardation.
- therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
- consumable medical supplies other than ostomy supplies and urinary catheters. Excluded supplies include, but are not limited to bandages and other disposable medical supplies, skin preparations and test strips, except as specified in the "Home Health Services" or "Breast Reconstruction and Breast Prostheses" sections of this plan.
- private Hospital rooms and/or private duty nursing except as provided under the Home Health Services provision.
- personal or comfort items such as personal care kits provided on admission to a Hospital, television, telephone, newborn infant photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of an Injury or Sickness.
- artificial aids including, but not limited to, corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets, dentures and wigs.
- hearing aids, including but not limited to semi-implantable hearing devices, audiant bone conductors and Bone Anchored Hearing Aids (BAHAs). A hearing aid is any device that amplifies sound.
- aids or devices that assist with nonverbal communications, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
- eyeglass lenses and frames and contact lenses (except for the first pair of contact lenses for treatment of keratoconus or post-cataract surgery).
- routine refractions, eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
- all noninjectable prescription drugs, injectable prescription drugs that do not require Physician supervision and are typically considered self-administered drugs, nonprescription drugs, and investigational and experimental drugs, except as provided in this plan.
- routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.



- membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs.
- genetic screening or pre-implantations genetic screening. General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
- dental implants for any condition.
- fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
- blood administration for the purpose of general improvement in physical condition.
- cost of biologicals that are immunizations or medications for the purpose of travel, or to protect against occupational hazards and risks.
- cosmetics, dietary supplements and health and beauty aids.
- all nutritional supplements and formulae except for infant formula needed for the treatment of inborn errors of metabolism.
- medical treatment for a person age 65 or older, who is covered under this plan as a retiree, or their Dependent, when payment is denied by the Medicare plan because treatment was received from a nonparticipating provider.
- medical treatment when payment is denied by a Primary Plan because treatment was received from a nonparticipating provider.
- for or in connection with an Injury or Sickness arising out of, or in the course of, any employment for wage or profit.
- telephone, e-mail, and Internet consultations, and telemedicine.
- massage therapy.

General Limitations

No payment will be made for expenses incurred for you or any one of your Dependents:

- for charges made by a Hospital owned or operated by or which provides care or performs services for, the United States Government, if such charges are directly related to a military-service-connected Injury or Sickness.
- to the extent that you or any one of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid.
- to the extent that payment is unlawful where the person resides when the expenses are incurred.

- for charges which would not have been made if the person had no insurance.
- to the extent that they are more than Maximum Reimbursable Charges.
- to the extent of the exclusions imposed by any certification requirement shown in this plan.
- expenses for supplies, care, treatment, or surgery that are not Medically Necessary.
- charges made by any covered provider who is a member of your or your Dependent's family.
- expenses incurred outside the United States other than expenses for medically necessary urgent or emergent care while temporarily traveling abroad.

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Coordination of Benefits

This section applies if you or any one of your Dependents is covered under more than one Plan and determines how benefits payable from all such Plans will be coordinated. You should file all claims with each Plan.

Definitions

For the purposes of this section, the following terms have the meanings set forth below:

Plan

Any of the following that provides benefits or services for medical care or treatment:

- Group insurance and/or group-type coverage, whether insured or self-insured which neither can be purchased by the general public, nor is individually underwritten, including closed panel coverage.
- Coverage under Medicare and other governmental benefits as permitted by law, excepting Medicaid and Medicare supplement policies.
- Medical benefits coverage of group, group-type, and individual automobile contracts.

Each Plan or part of a Plan which has the right to coordinate benefits will be considered a separate Plan.

Closed Panel Plan

A Plan that provides medical or dental benefits primarily in the form of services through a panel of employed or contracted providers, and that limits or excludes benefits provided by providers outside of the panel, except in the case of emergency or if referred by a provider within the panel.



Primary Plan

The Plan that determines and provides or pays benefits without taking into consideration the existence of any other Plan.

Secondary Plan

A Plan that determines, and may reduce its benefits after taking into consideration, the benefits provided or paid by the Primary Plan. A Secondary Plan may also recover from the Primary Plan the Reasonable Cash Value of any services it provided to you.

Allowable Expense

A necessary, reasonable and customary service or expense, including deductibles, coinsurance or copayments, that is covered in full or in part by any Plan covering you. When a Plan provides benefits in the form of services, the Reasonable Cash Value of each service is the Allowable Expense and is a paid benefit.

Examples of expenses or services that are not Allowable Expenses include, but are not limited to the following:

- An expense or service or a portion of an expense or service that is not covered by any of the Plans is not an Allowable Expense.
- If you are confined to a private Hospital room and no Plan provides coverage for more than a semiprivate room, the difference in cost between a private and semiprivate room is not an Allowable Expense.
- If you are covered by two or more Plans that provide services or supplies on the basis of reasonable and customary fees, any amount in excess of the highest reasonable and customary fee is not an Allowable Expense.
- If you are covered by one Plan that provides services or supplies on the basis of reasonable and customary fees and one Plan that provides services and supplies on the basis of negotiated fees, the Primary Plan's fee arrangement shall be the Allowable Expense.
- If your benefits are reduced under the Primary Plan (through the imposition of a higher copayment amount, higher coinsurance percentage, a deductible and/or a penalty) because you did not comply with Plan provisions or because you did not use a preferred provider, the amount of the reduction is not an Allowable Expense. Such Plan provisions include second surgical opinions and precertification of admissions or services.

Claim Determination Period

A calendar year, but does not include any part of a year during which you are not covered under this policy or any date before this section or any similar provision takes effect.

Reasonable Cash Value

An amount which a duly licensed provider of health care services usually charges patients and which is within the range of fees usually charged for the same service by other health care providers located within the immediate geographic area where the health care service is rendered under similar or comparable circumstances.

Order of Benefit Determination Rules

A Plan that does not have a coordination of benefits rule consistent with this section shall always be the Primary Plan. If the Plan does have a coordination of benefits rule consistent with this section, the first of the following rules that applies to the situation is the one to use:

- The Plan that covers you as an enrollee or an employee shall be the Primary Plan and the Plan that covers you as a Dependent shall be the Secondary Plan;
- If you are a Dependent child whose parents are not divorced or legally separated, the Primary Plan shall be the Plan which covers the parent whose birthday falls first in the calendar year as an enrollee or employee;
- If you are the Dependent of divorced or separated parents, benefits for the Dependent shall be determined in the following order:
 - first, if a court decree states that one parent is responsible for the child's healthcare expenses or health coverage and the Plan for that parent has actual knowledge of the terms of the order, but only from the time of actual knowledge;
 - then, the Plan of the parent with custody of the child;
 - then, the Plan of the spouse of the parent with custody of the child;
 - then, the Plan of the parent not having custody of the child, and
 - finally, the Plan of the spouse of the parent not having custody of the child.
- The Plan that covers you as an active employee (or as that employee's Dependent) shall be the Primary Plan and the Plan that covers you as laid-off or retired employee (or as that employee's Dependent) shall be the secondary Plan. If the other Plan does not have a similar provision and, as a result, the Plans cannot agree on the order of benefit determination, this paragraph shall not apply.
- The Plan that covers you under a right of continuation which is provided by federal or state law shall be the Secondary Plan and the Plan that covers you as an active employee or retiree (or as that employee's Dependent) shall be the Primary Plan. If the other Plan does not have a similar provision and, as a result, the Plans cannot agree on the order of benefit determination, this paragraph shall not apply.



- If one of the Plans that covers you is issued out of the state whose laws govern this Policy, and determines the order of benefits based upon the gender of a parent, and as a result, the Plans do not agree on the order of benefit determination, the Plan with the gender rules shall determine the order of benefits.

If none of the above rules determines the order of benefits, the Plan that has covered you for the longer period of time shall be primary.

When coordinating benefits with Medicare, this Plan will be the Secondary Plan and determine benefits after Medicare, where permitted by the Social Security Act of 1965, as amended. However, when more than one Plan is secondary to Medicare, the benefit determination rules identified above, will be used to determine how benefits will be coordinated.

Effect on the Benefits of This Plan

If this Plan is the Secondary Plan, this Plan may reduce benefits so that the total benefits paid by all Plans during a Claim Determination Period are not more than 100% of the total of all Allowable Expenses.

The difference between the amount that this Plan would have paid if this Plan had been the Primary Plan, and the benefit payments that this Plan had actually paid as the Secondary Plan, will be recorded as a benefit reserve for you. Cigna will use this benefit reserve to pay any Allowable Expense not otherwise paid during the Claim Determination Period.

As each claim is submitted, Cigna will determine the following:

- Cigna's obligation to provide services and supplies under this policy;
- whether a benefit reserve has been recorded for you; and
- whether there are any unpaid Allowable Expenses during the Claims Determination Period.

If there is a benefit reserve, Cigna will use the benefit reserve recorded for you to pay up to 100% of the total of all Allowable Expenses. At the end of the Claim Determination Period, your benefit reserve will return to zero and a new benefit reserve will be calculated for each new Claim Determination Period.

Recovery of Excess Benefits

If Cigna pays charges for benefits that should have been paid by the Primary Plan, or if Cigna pays charges in excess of those for which we are obligated to provide under the Policy, Cigna will have the right to recover the actual payment made or the Reasonable Cash Value of any services.

Cigna will have sole discretion to seek such recovery from any person to, or for whom, or with respect to whom, such services were provided or such payments made by any insurance company, healthcare plan or other organization. If

we request, you must execute and deliver to us such instruments and documents as we determine are necessary to secure the right of recovery.

Right to Receive and Release Information

Cigna, without consent or notice to you, may obtain information from and release information to any other Plan with respect to you in order to coordinate your benefits pursuant to this section. You must provide us with any information we request in order to coordinate your benefits pursuant to this section. This request may occur in connection with a submitted claim; if so, you will be advised that the "other coverage" information, (including an Explanation of Benefits paid under the Primary Plan) is required before the claim will be processed for payment. If no response is received within 90 days of the request, the claim will be denied. If the requested information is subsequently received, the claim will be processed.

Medicare Eligibles

Cigna will pay as the Secondary Plan as permitted by the Social Security Act of 1965 as amended for the following:

- a former Employee who is eligible for Medicare and whose insurance is continued for any reason as provided in this plan;
- a former Employee's Dependent, or a former Dependent Spouse, who is eligible for Medicare and whose insurance is continued for any reason as provided in this plan;
- an Employee whose Employer and each other Employer participating in the Employer's plan have fewer than 100 Employees and that Employee is eligible for Medicare due to disability;
- the Dependent of an Employee whose Employer and each other Employer participating in the Employer's plan have fewer than 100 Employees and that Dependent is eligible for Medicare due to disability;
- an Employee or a Dependent of an Employee of an Employer who has fewer than 20 Employees, if that person is eligible for Medicare due to age;
- an Employee, retired Employee, Employee's Dependent or retired Employee's Dependent who is eligible for Medicare due to End Stage Renal Disease after that person has been eligible for Medicare for 30 months;

Cigna will assume the amount payable under:

- Part A of Medicare for a person who is eligible for that Part without premium payment, but has not applied, to be the amount he would receive if he had applied.



- Part B of Medicare for a person who is entitled to be enrolled in that Part, but is not, to be the amount he would receive if he were enrolled.
- Part B of Medicare for a person who has entered into a private contract with a provider, to be the amount he would receive in the absence of such private contract.

A person is considered eligible for Medicare on the earliest date any coverage under Medicare could become effective for him.

This reduction will not apply to any Employee and his Dependent or any former Employee and his Dependent unless he is listed under (a) through (f) above.

Domestic Partners

Under federal law, the Medicare Secondary Payer Rules do not apply to Domestic Partners covered under a group health plan when Medicare coverage is due to age. Therefore, when Medicare coverage is due to age, Medicare is always the Primary Plan for a person covered as a Domestic Partner, and Cigna is the Secondary Plan. However, when Medicare coverage is due to disability, the Medicare Secondary Payer rules explained above will apply.

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Expenses For Which A Third Party May Be Responsible

This plan does not cover:

- Expenses incurred by you or your Dependent (hereinafter individually and collectively referred to as a "Participant,") for which another party may be responsible as a result of having caused or contributed to an Injury or Sickness.
- Expenses incurred by a Participant to the extent any payment is received for them either directly or indirectly from a third party tortfeasor or as a result of a settlement, judgment or arbitration award in connection with any automobile medical, automobile no-fault, uninsured or underinsured motorist, homeowners, workers' compensation, government insurance (other than Medicaid), or similar type of insurance or coverage.

Subrogation/Right of Reimbursement

If a Participant incurs a Covered Expense for which, in the opinion of the plan or its claim administrator, another party may be responsible or for which the Participant may receive payment as described above:

- Subrogation: The plan shall, to the extent permitted by law, be subrogated to all rights, claims or interests that a

Participant may have against such party and shall automatically have a lien upon the proceeds of any recovery by a Participant from such party to the extent of any benefits paid under the plan. A Participant or his/her representative shall execute such documents as may be required to secure the plan's subrogation rights.

- Right of Reimbursement: The plan is also granted a right of reimbursement from the proceeds of any recovery whether by settlement, judgment, or otherwise. This right of reimbursement is cumulative with and not exclusive of the subrogation right granted in paragraph 1, but only to the extent of the benefits provided by the plan.

Lien of the Plan

By accepting benefits under this plan, a Participant:

- grants a lien and assigns to the plan an amount equal to the benefits paid under the plan against any recovery made by or on behalf of the Participant which is binding on any attorney or other party who represents the Participant whether or not an agent of the Participant or of any insurance company or other financially responsible party against whom a Participant may have a claim provided said attorney, insurance carrier or other party has been notified by the plan or its agents;
- agrees that this lien shall constitute a charge against the proceeds of any recovery and the plan shall be entitled to assert a security interest thereon;
- agrees to hold the proceeds of any recovery in trust for the benefit of the plan to the extent of any payment made by the plan.

Additional Terms

- No adult Participant hereunder may assign any rights that it may have to recover medical expenses from any third party or other person or entity to any minor Dependent of said adult Participant without the prior express written consent of the plan. The plan's right to recover shall apply to decedents', minors', and incompetent or disabled persons' settlements or recoveries.
- No Participant shall make any settlement, which specifically reduces or excludes, or attempts to reduce or exclude, the benefits provided by the plan.
- The plan's right of recovery shall be a prior lien against any proceeds recovered by the Participant. This right of recovery shall not be defeated nor reduced by the application of any so-called "Made-Whole Doctrine", "Rimes Doctrine", or any other such doctrine purporting to defeat the plan's recovery rights by allocating the proceeds exclusively to non-medical expense damages.
- No Participant hereunder shall incur any expenses on behalf of the plan in pursuit of the plan's rights hereunder, specifically; no court costs, attorneys' fees or other



representatives' fees may be deducted from the plan's recovery without the prior express written consent of the plan. This right shall not be defeated by any so-called "Fund Doctrine", "Common Fund Doctrine", or "Attorney's Fund Doctrine".

- The plan shall recover the full amount of benefits provided hereunder without regard to any claim of fault on the part of any Participant, whether under comparative negligence or otherwise.
- The plan hereby disavows all equitable defenses in pursuit of its right of recovery. The plan's subrogation or recovery rights are neither affected nor diminished by equitable defenses.
- In the event that a Participant shall fail or refuse to honor its obligations hereunder, then the plan shall be entitled to recover any costs incurred in enforcing the terms hereof including, but not limited to, attorney's fees, litigation, court costs, and other expenses. The plan shall also be entitled to offset the reimbursement obligation against any entitlement to future medical benefits hereunder until the Participant has fully complied with his reimbursement obligations hereunder, regardless of how those future medical benefits are incurred.
- Any reference to state law in any other provision of this plan shall not be applicable to this provision, if the plan is governed by ERISA. By acceptance of benefits under the plan, the Participant agrees that a breach hereof would cause irreparable and substantial harm and that no adequate remedy at law would exist. Further, the Plan shall be entitled to invoke such equitable remedies as may be necessary to enforce the terms of the plan, including, but not limited to, specific performance, restitution, the imposition of an equitable lien and/or constructive trust, as well as injunctive relief.
- Participants must assist the plan in pursuing any subrogation or recovery rights by providing requested information.

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Payment of Benefits

To Whom Payable

Medical Benefits are assignable to the provider. When you assign benefits to a provider, you have assigned the entire amount of the benefits due on that claim. If the provider is overpaid because of accepting a patient's payment on the charge, it is the provider's responsibility to reimburse the patient. Because of Cigna's contracts with providers, all claims from contracted providers should be assigned.

Cigna may, at its option, make payment to you for the cost of any Covered Expenses from a Non-Participating Provider even if benefits have been assigned. When benefits are paid to you or your Dependents, you or your Dependents are responsible for reimbursing the provider.

If any person to whom benefits are payable is a minor or, in the opinion of Cigna is not able to give a valid receipt for any payment due him, such payment will be made to his legal guardian. If no request for payment has been made by his legal guardian, Cigna may, at its option, make payment to the person or institution appearing to have assumed his custody and support.

When one of our participants passes away, Cigna may receive notice that an executor of the estate has been established. The executor has the same rights as our insured and benefit payments for unassigned claims should be made payable to the executor.

Payment as described above will release Cigna from all liability to the extent of any payment made.

Recovery of Overpayment

When an overpayment has been made by Cigna, Cigna will have the right at any time to: recover that overpayment from the person to whom or on whose behalf it was made; or offset the amount of that overpayment from a future claim payment. In addition, your acceptance of benefits under this plan and/or assignment of Medical Benefits separately creates an equitable lien by agreement pursuant to which Cigna may seek recovery of any overpayment. You agree that Cigna, in seeking recovery of any overpayment as a contractual right or as an equitable line by agreement, may pursue the general assets of the person or entity to whom or on whose behalf the overpayment was made.

Calculation of Covered Expenses

Cigna, in its discretion, will calculate Covered Expenses following evaluation and validation of all provider billings in accordance with:

- the methodologies in the most recent edition of the Current Procedural terminology,
- the methodologies as reported by generally recognized professionals or publications.

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Termination of Insurance

Employees

Your insurance will cease on the earliest date below:

- the date you cease to be in a Class of Eligible Employees or cease to qualify for the insurance.
- the last day for which you have made any required contribution for the insurance.
- the date the policy is canceled.
- the last day of the calendar month in which your Active Service ends except as described below.

Any continuation of insurance must be based on a plan which precludes individual selection.

Temporary Layoff

If your Active Service ends due to temporary layoff, your insurance will be continued until the date your Employer cancels your insurance. However, your insurance will not be continued for more than 60 days past the date your Active Service ends.

Temporary Leave of Absence

If your Active Service ends due to temporary leave of absence, your insurance will be continued until the date your Employer cancels your insurance. However, your insurance will not be continued for more than 60 days past the date your Active Service ends. The City continues health coverage and contributions during approved FMLA absences. Employees who are on approved personal leave pay full premium.

Injury or Sickness

If your Active Service ends due to an Injury or Sickness, your insurance will be continued while you remain totally and continuously disabled as a result of the Injury or Sickness. However, your insurance will not continue past the date your Employer cancels your insurance.

Dependents

Your insurance for all of your Dependents will cease on the earliest date below:

- the date your insurance ceases.
- the date you cease to be eligible for Dependent Insurance.
- the last day for which you have made any required contribution for the insurance.
- the date Dependent Insurance is canceled.

The insurance for any one of your Dependents will cease on the date that Dependent no longer qualifies as a Dependent.

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Rescissions

Your coverage may not be rescinded (retroactively terminated) by Cigna or the plan sponsor unless the plan sponsor or an individual (or a person seeking coverage on behalf of the individual) performs an act, practice or omission that constitutes fraud; or the plan sponsor or individual (or a person seeking coverage on behalf of the individual) makes an intentional misrepresentation of material fact.

HC-TRM80

01-11

Medical Benefits Extension Upon Policy Cancellation

If the Medical Benefits under this plan cease for you or your Dependent due to cancellation of the policy, and you or your Dependent is Totally Disabled on that date due to an Injury, Sickness or pregnancy, Medical Benefits will be paid for Covered Expenses incurred in connection with that Injury, Sickness or pregnancy. However, no benefits will be paid after the earliest of:

- the date you exceed the Maximum Benefit, if any, shown in the Schedule;
- the date a succeeding carrier agrees to provide coverage without limitation for the disabling condition;
- the date you are no longer Totally Disabled;
- 12 months from the date the policy is canceled; or
- for pregnancy, until delivery.

Totally Disabled

You will be considered Totally Disabled if, because of an Injury or a Sickness:

- you are unable to perform the basic duties of your occupation; and
- you are not performing any other work or engaging in any other occupation for wage or profit.

Your Dependent will be considered Totally Disabled if, because of an Injury or a Sickness:

- he is unable to engage in the normal activities of a person of the same age, sex and ability; or



- in the case of a Dependent who normally works for wage or profit, he is not performing such work.

HC-BEX42

04-11

Federal Requirements

The following pages explain your rights and responsibilities under federal laws and regulations. Some states may have similar requirements. If a similar provision appears elsewhere in this booklet, the provision which provides the better benefit will apply.

HC-FED1

10-10

Notice of Provider Directory/Networks

Notice Regarding Provider/Pharmacy Directories and Provider/Pharmacy Networks

If your Plan utilizes a network of Providers, a separate listing of Participating Providers who participate in the network is available to you without charge by visiting www.cigna.com; mycigna.com or by calling the toll-free telephone number on your ID card.

Your Participating Provider/Pharmacy networks consist of a group of local medical practitioners, and Hospitals, of varied specialties as well as general practice or a group of local Pharmacies who are employed by or contracted with Cigna HealthCare.

HC-FED2

10-10

Qualified Medical Child Support Order (QMCSO)

Eligibility for Coverage Under a QMCSO

If a Qualified Medical Child Support Order (QMCSO) is issued for your child, that child will be eligible for coverage as required by the order and you will not be considered a Late Entrant for Dependent Insurance.

You must notify your Employer and elect coverage for that child, and yourself if you are not already enrolled, within 31 days of the QMCSO being issued.

Qualified Medical Child Support Order Defined

A Qualified Medical Child Support Order is a judgment, decree or order (including approval of a settlement agreement) or administrative notice, which is issued pursuant to a state domestic relations law (including a community property law),

or to an administrative process, which provides for child support or provides for health benefit coverage to such child and relates to benefits under the group health plan, and satisfies all of the following:

- the order recognizes or creates a child's right to receive group health benefits for which a participant or beneficiary is eligible;
- the order specifies your name and last known address, and the child's name and last known address, except that the name and address of an official of a state or political subdivision may be substituted for the child's mailing address;
- the order provides a description of the coverage to be provided, or the manner in which the type of coverage is to be determined;
- the order states the period to which it applies; and
- if the order is a National Medical Support Notice completed in accordance with the Child Support Performance and Incentive Act of 1998, such Notice meets the requirements above.

The QMCSO may not require the health insurance policy to provide coverage for any type or form of benefit or option not otherwise provided under the policy, except that an order may require a plan to comply with State laws regarding health care coverage.

Payment of Benefits

Any payment of benefits in reimbursement for Covered Expenses paid by the child, or the child's custodial parent or legal guardian, shall be made to the child, the child's custodial parent or legal guardian, or a state official whose name and address have been substituted for the name and address of the child.

HC-FED4

10-10

Special Enrollment Rights Under the Health Insurance Portability & Accountability Act (HIPAA)

If you or your eligible Dependent(s) experience a special enrollment event as described below, you or your eligible Dependent(s) may be entitled to enroll in the Plan outside of a designated enrollment period upon the occurrence of one of the special enrollment events listed below. If you are already enrolled in the Plan, you may request enrollment for you and your eligible Dependent(s) under a different option offered by the Employer for which you are currently eligible. If you are not already enrolled in the Plan, you must request special enrollment for yourself in addition to your eligible



Dependent(s). You and all of your eligible Dependent(s) must be covered under the same option. The special enrollment events include:

- **Acquiring a new Dependent.** If you acquire a new Dependent(s) through marriage, birth, adoption or placement for adoption, you may request special enrollment for any of the following combinations of individuals if not already enrolled in the Plan: Employee only; spouse only; Employee and spouse; Dependent child(ren) only; Employee and Dependent child(ren); Employee, spouse and Dependent child(ren). Enrollment of Dependent children is limited to the newborn or adopted children or children who became Dependent children of the Employee due to marriage.
- **Loss of eligibility for State Medicaid or Children's Health Insurance Program (CHIP).** If you and/or your Dependent(s) were covered under a state Medicaid or CHIP plan and the coverage is terminated due to a loss of eligibility, you may request special enrollment for yourself and any affected Dependent(s) who are not already enrolled in the Plan. You must request enrollment within 60 days after termination of Medicaid or CHIP coverage.
- **Loss of eligibility for other coverage (excluding continuation coverage).** If coverage was declined under this Plan due to coverage under another plan, and eligibility for the other coverage is lost, you and all of your eligible Dependent(s) may request special enrollment in this Plan. If required by the Plan, when enrollment in this Plan was previously declined, it must have been declined in writing with a statement that the reason for declining enrollment was due to other health coverage. This provision applies to loss of eligibility as a result of any of the following:
 - divorce or legal separation;
 - cessation of Dependent status (such as reaching the limiting age);
 - death of the Employee;
 - termination of employment;
 - reduction in work hours to below the minimum required for eligibility;
 - you or your Dependent(s) no longer reside, live or work in the other plan's network service area and no other coverage is available under the other plan;
 - you or your Dependent(s) incur a claim which meets or exceeds the lifetime maximum limit that is applicable to all benefits offered under the other plan; or
 - the other plan no longer offers any benefits to a class of similarly situated individuals.
- **Termination of employer contributions (excluding continuation coverage).** If a current or former employer ceases all contributions toward the Employee's or

Dependent's other coverage, special enrollment may be requested in this Plan for you and all of your eligible Dependent(s).

- **Exhaustion of COBRA or other continuation coverage.** Special enrollment may be requested in this Plan for you and all of your eligible Dependent(s) upon exhaustion of COBRA or other continuation coverage. If you or your Dependent(s) elect COBRA or other continuation coverage following loss of coverage under another plan, the COBRA or other continuation coverage must be exhausted before any special enrollment rights exist under this Plan. An individual is considered to have exhausted COBRA or other continuation coverage only if such coverage ceases: due to failure of the employer or other responsible entity to remit premiums on a timely basis; when the person no longer resides or works in the other plan's service area and there is no other COBRA or continuation coverage available under the plan; or when the individual incurs a claim that would meet or exceed a lifetime maximum limit on all benefits and there is no other COBRA or other continuation coverage available to the individual. This does not include termination of an employer's limited period of contributions toward COBRA or other continuation coverage as provided under any severance or other agreement.
- **Eligibility for Premium Assistance under State Medicaid or Children's Health Insurance Program (CHIP).** If you and/or your Dependent(s) become eligible for assistance with group health plan premium payments under a state Medicaid or CHIP plan, you may request special enrollment for yourself and any affected Dependent(s) who are not already enrolled in the Plan. You must request enrollment within 60 days after the date you are determined to be eligible for assistance.

Except as stated above, special enrollment must be requested within 30 days after the occurrence of the special enrollment event. If the special enrollment event is the birth or adoption of a Dependent child, coverage will be effective immediately on the date of birth, adoption or placement for adoption. Coverage with regard to any other special enrollment event will be effective on the first day of the calendar month following receipt of the request for special enrollment.

Domestic Partners and their children are not eligible for special enrollment on a pre-tax basis.

HC-FED71 M

12-14



Effect of Section 125 Tax Regulations on This Plan

Your Employer has chosen to administer this Plan in accordance with Section 125 regulations of the Internal Revenue Code. Per this regulation, you may agree to a pretax salary reduction put toward the cost of your benefits. Otherwise, you will receive your taxable earnings as cash (salary).

A. Coverage Elections

Per Section 125 regulations, you are generally allowed to enroll for or change coverage only before each annual benefit period. However, exceptions are allowed if your Employer agrees and you enroll for or change coverage within 30 days of the following:

- the date you meet the Special Enrollment criteria described above; or
- the date you meet the criteria shown in the following Sections B through H.

B. Change of Status

A change in status is defined as:

- change in legal marital status due to marriage, death of a spouse, divorce, annulment or legal separation;
- change in number of Dependents due to birth, adoption, placement for adoption, or death of a Dependent;
- change in employment status of Employee, spouse or Dependent due to termination or start of employment, strike, lockout, beginning or end of unpaid leave of absence, including under the Family and Medical Leave Act (FMLA), or change in worksite;
- changes in employment status of Employee, spouse or Dependent resulting in eligibility or ineligibility for coverage;
- change in residence of Employee, spouse or Dependent to a location outside of the Employer's network service area; and
- changes which cause a Dependent to become eligible or ineligible for coverage.

C. Court Order

A change in coverage due to and consistent with a court order of the Employee or other person to cover a Dependent.

D. Medicare or Medicaid Eligibility/Entitlement

The Employee, spouse or Dependent cancels or reduces coverage due to entitlement to Medicare or Medicaid, or enrolls or increases coverage due to loss of Medicare or Medicaid eligibility.

E. Change in Cost of Coverage

If the cost of benefits increases or decreases during a benefit period, your Employer may, in accordance with plan terms, automatically change your elective contribution.

When the change in cost is significant, you may either increase your contribution or elect less-costly coverage. When a significant overall reduction is made to the benefit option you have elected, you may elect another available benefit option. When a new benefit option is added, you may change your election to the new benefit option.

F. Changes in Coverage of Spouse or Dependent Under Another Employer's Plan

You may make a coverage election change if the plan of your spouse or Dependent: incurs a change such as adding or deleting a benefit option; allows election changes due to Special Enrollment, Change in Status, Court Order or Medicare or Medicaid Eligibility/Entitlement; or this Plan and the other plan have different periods of coverage or open enrollment periods.

G. Reduction in work hours

If an Employee's work hours are reduced below 30 hours/week (even if it does not result in the Employee losing eligibility for the Employer's coverage); and the Employee (and family) intend to enroll in another plan that provides Minimum Essential Coverage (MEC). The new coverage must be effective no later than the 1st day of the 2nd month following the month that includes the date the original coverage is revoked.

H. Enrollment in Qualified Health Plan (QHP)

The Employee must be eligible for a Special Enrollment Period to enroll in a QHP through a Marketplace or the Employee wants to enroll in a QHP through a Marketplace during the Marketplace's annual open enrollment period; and the disenrollment from the group plan corresponds to the intended enrollment of the Employee (and family) in a QHP through a Marketplace for new coverage effective beginning no later than the day immediately following the last day of the original coverage.

HC-FED70

12-14

Eligibility for Coverage for Adopted Children

Any child who is adopted by you, including a child who is placed with you for adoption, will be eligible for Dependent Insurance, if otherwise eligible as a Dependent, upon the date of placement with you. A child will be considered placed for adoption when you become legally obligated to support that child, totally or partially, prior to that child's adoption.



If a child placed for adoption is not adopted, all health coverage ceases when the placement ends, and will not be continued.

The provisions in the “Exception for Newborns” section of this document that describe requirements for enrollment and effective date of insurance will also apply to an adopted child or a child placed with you for adoption.

HC-FED67

09-14

Coverage for Maternity Hospital Stay

Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification. For information on precertification, contact your plan administrator.

HC-FED10

10-10

Women’s Health and Cancer Rights Act (WHCRA)

Do you know that your plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call Member Services at the toll free number listed on your ID card for more information.

HC-FED12

10-10

Group Plan Coverage Instead of Medicaid

If your income and liquid resources do not exceed certain limits established by law, the state may decide to pay premiums for this coverage instead of for Medicaid, if it is cost effective. This includes premiums for continuation coverage required by federal law.

HC-FED13

10-10

Requirements of Medical Leave Act of 1993 (as amended) (FMLA)

Any provisions of the policy that provide for: continuation of insurance during a leave of absence; and reinstatement of insurance following a return to Active Service; are modified by the following provisions of the federal Family and Medical Leave Act of 1993, as amended, where applicable:

Continuation of Health Insurance During Leave

Your health insurance will be continued during a leave of absence if:

- that leave qualifies as a leave of absence under the Family and Medical Leave Act of 1993, as amended; and
- you are an eligible Employee under the terms of that Act.

The cost of your health insurance during such leave must be paid, whether entirely by your Employer or in part by you and your Employer.

Reinstatement of Canceled Insurance Following Leave

Upon your return to Active Service following a leave of absence that qualifies under the Family and Medical Leave Act of 1993, as amended, any canceled insurance (health, life or disability) will be reinstated as of the date of your return.



You will not be required to satisfy any eligibility or benefit waiting period to the extent that they had been satisfied prior to the start of such leave of absence.

Your Employer will give you detailed information about the Family and Medical Leave Act of 1993, as amended.

HC-FED17

10-10

Uniformed Services Employment and Re-Employment Rights Act of 1994 (USERRA)

The Uniformed Services Employment and Re-employment Rights Act of 1994 (USERRA) sets requirements for continuation of health coverage and re-employment in regard to an Employee's military leave of absence. These requirements apply to medical and dental coverage for you and your Dependents. They do not apply to any Life, Short-term or Long-term Disability or Accidental Death & Dismemberment coverage you may have.

Continuation of Coverage

For leaves of less than 31 days, coverage will continue as described in the Termination section regarding Leave of Absence.

For leaves of 31 days or more, you may continue coverage for yourself and your Dependents as follows:

You may continue benefits by paying the required premium to your Employer, until the earliest of the following:

- 24 months from the last day of employment with the Employer;
- the day after you fail to return to work; and
- the date the policy cancels.

Your Employer may charge you and your Dependents up to 102% of the total premium.

Following continuation of health coverage per USERRA requirements, you may convert to a plan of individual coverage according to any "Conversion Privilege" shown in your certificate.

Reinstatement of Benefits (applicable to all coverages)

If your coverage ends during the leave of absence because you do not elect USERRA or an available conversion plan at the expiration of USERRA and you are reemployed by your current Employer, coverage for you and your Dependents may be reinstated if you gave your Employer advance written or verbal notice of your military service leave, and the duration of all military leaves while you are employed with your current Employer does not exceed 5 years.

You and your Dependents will be subject to only the balance of a waiting period that was not yet satisfied before the leave

began. However, if an Injury or Sickness occurs or is aggravated during the military leave, full Plan limitations will apply.

If your coverage under this plan terminates as a result of your eligibility for military medical and dental coverage and your order to active duty is canceled before your active duty service commences, these reinstatement rights will continue to apply.

HC-FED18

10-10

Claim Determination Procedures

The following complies with federal law. Provisions of the laws of your state may supersede.

Procedures Regarding Medical Necessity Determinations

In general, health services and benefits must be Medically Necessary to be covered under the plan. The procedures for determining Medical Necessity vary, according to the type of service or benefit requested, and the type of health plan. Medical Necessity determinations are made on either a preservice, concurrent, or postservice basis, as described below:

Certain services require prior authorization in order to be covered. This prior authorization is called a "preservice Medical Necessity determination." The Certificate describes who is responsible for obtaining this review. You or your authorized representative (typically, your health care provider) must request Medical Necessity determinations according to the procedures described below, in the Certificate, and in your provider's network participation documents as applicable.

When services or benefits are determined to be not Medically Necessary, you or your representative will receive a written description of the adverse determination, and may appeal the determination. Appeal procedures are described in the Certificate, in your provider's network participation documents, and in the determination notices.

Preservice Medical Necessity Determinations

When you or your representative request a required Medical Necessity determination prior to care, Cigna will notify you or your representative of the determination within 15 days after receiving the request. However, if more time is needed due to matters beyond Cigna's control, Cigna will notify you or your representative within 15 days after receiving your request. This notice will include the date a determination can be expected, which will be no more than 30 days after receipt of the request. If more time is needed because necessary information is missing from the request, the notice will also specify what information is needed, and you or your representative must provide the specified information to Cigna within 45 days after receiving the notice. The determination



period will be suspended on the date Cigna sends such a notice of missing information, and the determination period will resume on the date you or your representative responds to the notice.

If the determination periods above would seriously jeopardize your life or health, your ability to regain maximum function, or in the opinion of a Physician with knowledge of your health condition, cause you severe pain which cannot be managed without the requested services, Cigna will make the preservice determination on an expedited basis. Cigna's Physician will defer to the determination of the treating Physician, regarding whether an expedited determination is necessary. Cigna will notify you or your representative of an expedited determination within 72 hours after receiving the request.

However, if necessary information is missing from the request, Cigna will notify you or your representative within 24 hours after receiving the request to specify what information is needed. You or your representative must provide the specified information to Cigna within 48 hours after receiving the notice. Cigna will notify you or your representative of the expedited benefit determination within 48 hours after you or your representative responds to the notice. Expedited determinations may be provided orally, followed within 3 days by written or electronic notification.

If you or your representative fails to follow Cigna's procedures for requesting a required preservice Medical Necessity determination, Cigna will notify you or your representative of the failure and describe the proper procedures for filing within 5 days (or 24 hours, if an expedited determination is required, as described above) after receiving the request. This notice may be provided orally, unless you or your representative requests written notification.

Concurrent Medical Necessity Determinations

When an ongoing course of treatment has been approved for you and you wish to extend the approval, you or your representative must request a required concurrent Medical Necessity determination at least 24 hours prior to the expiration of the approved period of time or number of treatments. When you or your representative requests such a determination, Cigna will notify you or your representative of the determination within 24 hours after receiving the request.

Postservice Medical Necessity Determinations

When you or your representative requests a Medical Necessity determination after services have been rendered, Cigna will notify you or your representative of the determination within 30 days after receiving the request. However, if more time is needed to make a determination due to matters beyond Cigna's control Cigna will notify you or your representative within 30 days after receiving the request. This notice will include the date a determination can be expected, which will be no more than 45 days after receipt of the request.

If more time is needed because necessary information is missing from the request, the notice will also specify what information is needed, and you or your representative must provide the specified information to Cigna within 45 days after receiving the notice. The determination period will be suspended on the date Cigna sends such a notice of missing information, and the determination period will resume on the date you or your representative responds to the notice.

Postservice Claim Determinations

When you or your representative requests payment for services which have been rendered, Cigna will notify you of the claim payment determination within 30 days after receiving the request. However, if more time is needed to make a determination due to matters beyond Cigna's control, Cigna will notify you or your representative within 30 days after receiving the request. This notice will include the date a determination can be expected, which will be no more than 45 days after receipt of the request. If more time is needed because necessary information is missing from the request, the notice will also specify what information is needed, and you or your representative must provide the specified information within 45 days after receiving the notice. The determination period will be suspended on the date Cigna sends such a notice of missing information, and resume on the date you or your representative responds to the notice.

Notice of Adverse Determination

Every notice of an adverse benefit determination will be provided in writing or electronically, and will include all of the following that pertain to the determination: information sufficient to identify the claim; the specific reason or reasons for the adverse determination; reference to the specific plan provisions on which the determination is based; a description of any additional material or information necessary to perfect the claim and an explanation of why such material or information is necessary; a description of the plan's review procedures and the time limits applicable, including a statement of a claimant's rights to bring a civil action under section 502(a) of ERISA following an adverse benefit determination on appeal; upon request and free of charge, a copy of any internal rule, guideline, protocol or other similar criterion that was relied upon in making the adverse determination regarding your claim; and an explanation of the scientific or clinical judgment for a determination that is based on a Medical Necessity, experimental treatment or other similar exclusion or limit; information about any office of health insurance consumer assistance or ombudsman available to assist you with the appeal process; and in the case of a claim involving urgent care, a description of the expedited review process applicable to such claim.

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04-12



Medical - When You Have a Complaint or an Appeal

For the purposes of this section, any reference to "you" or "your" also refers to a representative or provider designated by you to act on your behalf; unless otherwise noted.

We want you to be completely satisfied with the care you receive. That is why we have established a process for addressing your concerns and solving your problems.

Start With Customer Service

We are here to listen and help. If you have a concern regarding a person, a service, the quality of care, contractual benefits, or a rescission of coverage, you may call the toll-free number on your ID card, explanation of benefits, or claim form and explain your concern to one of our Customer Service representatives. You may also express that concern in writing.

We will do our best to resolve the matter on your initial contact. If we need more time to review or investigate your concern, we will get back to you as soon as possible, but in any case within 30 days. If you are not satisfied with the results of a coverage decision, you may start the appeals procedure.

Internal Appeals Procedure

To initiate an appeal, you must submit a request for an appeal in writing to Cigna within 180 days of receipt of a denial notice. You should state the reason why you feel your appeal should be approved and include any information supporting your appeal. If you are unable or choose not to write, you may ask Cigna to register your appeal by telephone. Call or write us at the toll-free number on your ID card, explanation of benefits, or claim form.

Your appeal will be reviewed and the decision made by someone not involved in the initial decision. Appeals involving Medical Necessity or clinical appropriateness will be considered by a health care professional.

We will respond in writing with a decision within 30 calendar days after we receive an appeal for a required preservice or concurrent care coverage determination or a postservice Medical Necessity determination. We will respond within 60 calendar days after we receive an appeal for any other postservice coverage determination. If more time or information is needed to make the determination, we will notify you in writing to request an extension of up to 15 calendar days and to specify any additional information needed to complete the review.

In the event any new or additional information (evidence) is considered, relied upon or generated by Cigna in connection with the appeal, Cigna will provide this information to you as

soon as possible and sufficiently in advance of the decision, so that you will have an opportunity to respond. Also, if any new or additional rationale is considered by Cigna, Cigna will provide the rationale to you as soon as possible and sufficiently in advance of the decision so that you will have an opportunity to respond.

You may request that the appeal process be expedited if, (a) the time frames under this process would seriously jeopardize your life, health or ability to regain maximum functionality or in the opinion of your Physician would cause you severe pain which cannot be managed without the requested services; or (b) your appeal involves nonauthorization of an admission or continuing inpatient Hospital stay.

If you request that your appeal be expedited based on (a) above, you may also ask for an expedited external review at the same time, if the time to complete an expedited review would be detrimental to your medical condition.

When an appeal is expedited, Cigna will respond orally with a decision within 72 hours, followed up in writing.

External Review Procedure

If you are not fully satisfied with the decision of Cigna's internal appeal review and the appeal involves medical judgment or a rescission of coverage, you may request that your appeal be referred to an Independent Review Organization (IRO). The IRO is composed of persons who are not employed by Cigna, or any of its affiliates. A decision to request an external review to an IRO will not affect the claimant's rights to any other benefits under the plan.

There is no charge for you to initiate an external review. Cigna and your benefit plan will abide by the decision of the IRO.

To request a review, you must notify the Appeals Coordinator within 4 months of your receipt of Cigna's appeal review denial. Cigna will then forward the file to a randomly selected IRO. The IRO will render an opinion within 45 days.

When requested, and if a delay would be detrimental to your medical condition, as determined by Cigna's Physician Reviewer, or if your appeal concerns an admission, availability of care, continued stay, or health care item or service for which you received emergency services, but you have not yet been discharged from a facility, the external review shall be completed within 72 hours.

Notice of Benefit Determination on Appeal

Every notice of a determination on appeal will be provided in writing or electronically and, if an adverse determination, will include: information sufficient to identify the claim; the specific reason or reasons for the adverse determination; reference to the specific plan provisions on which the determination is based; a statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to and copies of all documents, records, and other Relevant



Information as defined below; a statement describing any voluntary appeal procedures offered by the plan and the claimant's right to bring an action under ERISA section 502(a), if applicable; upon request and free of charge, a copy of any internal rule, guideline, protocol or other similar criterion that was relied upon in making the adverse determination regarding your appeal, and an explanation of the scientific or clinical judgment for a determination that is based on a Medical Necessity, experimental treatment or other similar exclusion or limit; and information about any office of health insurance consumer assistance or ombudsman available to assist you in the appeal process. A final notice of an adverse determination will include a discussion of the decision.

You also have the right to bring a civil action under section 502(a) of ERISA if you are not satisfied with the decision on review. You or 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. You may also contact the Plan Administrator.

Relevant Information

Relevant Information is any document, record or other information which: was relied upon in making the benefit determination; was submitted, considered or generated in the course of making the benefit determination, without regard to whether such document, record, or other information was relied upon in making the benefit determination; demonstrates compliance with the administrative processes and safeguards required by federal law in making the benefit determination; or constitutes a statement of policy or guidance with respect to the plan concerning the denied treatment option or benefit for the claimant's diagnosis, without regard to whether such advice or statement was relied upon in making the benefit determination.

Legal Action

If your plan is governed by ERISA, you have the right to bring a civil action under section 502(a) of ERISA if you are not satisfied with the outcome of the Appeals Procedure. In most instances, you may not initiate a legal action against Cigna until you have completed the appeal processes. However, no action will be brought at all unless brought within three years after proof of claim is required under the Plan. However, no action will be brought at all unless brought within 3 years after a claim is submitted for In-Network Services or within three years after proof of claim is required under the Plan for Out-of-Network services.

HC-FED60

03-14

COBRA Continuation Rights Under Federal Law

For You and Your Dependents

What is COBRA Continuation Coverage?

Under federal law, you and/or your Dependents must be given the opportunity to continue health insurance when there is a "qualifying event" that would result in loss of coverage under the Plan. You and/or your Dependents will be permitted to continue the same coverage under which you or your Dependents were covered on the day before the qualifying event occurred, unless you move out of that plan's coverage area or the plan is no longer available. You and/or your Dependents cannot change coverage options until the next open enrollment period.

When is COBRA Continuation Available?

For you and your Dependents, COBRA continuation is available for up to 18 months from the date of the following qualifying events if the event would result in a loss of coverage under the Plan:

- your termination of employment for any reason, other than gross misconduct; or
- your reduction in work hours.

For your Dependents, COBRA continuation coverage is available for up to 36 months from the date of the following qualifying events if the event would result in a loss of coverage under the Plan:

- your death;
- your divorce or legal separation; or
- for a Dependent child, failure to continue to qualify as a Dependent under the Plan.

Who is Entitled to COBRA Continuation?

Only a "qualified beneficiary" (as defined by federal law) may elect to continue health insurance coverage. A qualified beneficiary may include the following individuals who were covered by the Plan on the day the qualifying event occurred: you, your spouse, and your Dependent children. Each qualified beneficiary has their own right to elect or decline COBRA continuation coverage even if you decline or are not eligible for COBRA continuation.

The following individuals are not qualified beneficiaries for purposes of COBRA continuation: domestic partners, grandchildren (unless adopted by you), stepchildren (unless adopted by you). Although these individuals do not have an independent right to elect COBRA continuation coverage, if you elect COBRA continuation coverage for yourself, you may also cover your Dependents even if they are not considered qualified beneficiaries under COBRA. However, such individuals' coverage will terminate when your COBRA continuation coverage terminates. The sections titled



“Secondary Qualifying Events” and “Medicare Extension For Your Dependents” are not applicable to these individuals.

Secondary Qualifying Events

If, as a result of your termination of employment or reduction in work hours, your Dependent(s) have elected COBRA continuation coverage and one or more Dependents experience another COBRA qualifying event, the affected Dependent(s) may elect to extend their COBRA continuation coverage for an additional 18 months (7 months if the secondary event occurs within the disability extension period) for a maximum of 36 months from the initial qualifying event. The second qualifying event must occur before the end of the initial 18 months of COBRA continuation coverage or within the disability extension period discussed below. Under no circumstances will COBRA continuation coverage be available for more than 36 months from the initial qualifying event. Secondary qualifying events are: your death; your divorce or legal separation; or, for a Dependent child, failure to continue to qualify as a Dependent under the Plan.

Disability Extension

If, after electing COBRA continuation coverage due to your termination of employment or reduction in work hours, you or one of your Dependents is determined by the Social Security Administration (SSA) to be totally disabled under Title II or XVI of the SSA, you and all of your Dependents who have elected COBRA continuation coverage may extend such continuation for an additional 11 months, for a maximum of 29 months from the initial qualifying event.

To qualify for the disability extension, all of the following requirements must be satisfied:

- SSA must determine that the disability occurred prior to or within 60 days after the disabled individual elected COBRA continuation coverage; and
- A copy of the written SSA determination must be provided to the Plan Administrator within 60 calendar days after the date the SSA determination is made AND before the end of the initial 18-month continuation period.

If the SSA later determines that the individual is no longer disabled, you must notify the Plan Administrator within 30 days after the date the final determination is made by SSA. The 11-month disability extension will terminate for all covered persons on the first day of the month that is more than 30 days after the date the SSA makes a final determination that the disabled individual is no longer disabled.

All causes for “Termination of COBRA Continuation” listed below will also apply to the period of disability extension.

Medicare Extension for Your Dependents

When the qualifying event is your termination of employment or reduction in work hours and you became enrolled in Medicare (Part A, Part B or both) within the 18 months before

the qualifying event, COBRA continuation coverage for your Dependents will last for up to 36 months after the date you became enrolled in Medicare. Your COBRA continuation coverage will last for up to 18 months from the date of your termination of employment or reduction in work hours.

Termination of COBRA Continuation

COBRA continuation coverage will be terminated upon the occurrence of any of the following:

- the end of the COBRA continuation period of 18, 29 or 36 months, as applicable;
- failure to pay the required premium within 30 calendar days after the due date;
- cancellation of the Employer’s policy with Cigna;
- after electing COBRA continuation coverage, a qualified beneficiary enrolls in Medicare (Part A, Part B, or both);
- after electing COBRA continuation coverage, a qualified beneficiary becomes covered under another group health plan, unless the qualified beneficiary has a condition for which the new plan limits or excludes coverage under a pre-existing condition provision. In such case coverage will continue until the earliest of: the end of the applicable maximum period; the date the pre-existing condition provision is no longer applicable; or the occurrence of an event described in one of the first three bullets above;
- any reason the Plan would terminate coverage of a participant or beneficiary who is not receiving continuation coverage (e.g., fraud).

Moving Out of Employer’s Service Area or Elimination of a Service Area

If you and/or your Dependents move out of the Employer’s service area or the Employer eliminates a service area in your location, your COBRA continuation coverage under the plan will be limited to out-of-network coverage only. In-network coverage is not available outside of the Employer’s service area. If the Employer offers another benefit option through Cigna or another carrier which can provide coverage in your location, you may elect COBRA continuation coverage under that option.

Employer’s Notification Requirements

Your Employer or contracted COBRA third party administrator is required to provide you and/or your Dependents with the following notices:

- An initial notification of COBRA continuation rights must be provided within 90 days after your (or your spouse’s) coverage under the Plan begins (or the Plan first becomes subject to COBRA continuation requirements, if later). If you and/or your Dependents experience a qualifying event before the end of that 90-day period, the initial notice must



be provided within the time frame required for the COBRA continuation coverage election notice as explained below.

- A COBRA continuation coverage election notice must be provided to you and/or your Dependents within the following timeframes:
 - if the Plan provides that COBRA continuation coverage and the period within which an Employer must notify the Plan Administrator of a qualifying event starts upon the loss of coverage, 44 days after loss of coverage under the Plan;
 - if the Plan provides that COBRA continuation coverage and the period within which an Employer must notify the Plan Administrator of a qualifying event starts upon the occurrence of a qualifying event, 44 days after the qualifying event occurs; or
 - in the case of a multi-employer plan, no later than 14 days after the end of the period in which Employers must provide notice of a qualifying event to the Plan Administrator.

How to Elect COBRA Continuation Coverage

The COBRA coverage election notice will list the individuals who are eligible for COBRA continuation coverage and inform you of the applicable premium. The notice will also include instructions for electing COBRA continuation coverage. You must notify the Plan Administrator of your election no later than the due date stated on the COBRA election notice. If a written election notice is required, it must be post-marked no later than the due date stated on the COBRA election notice. If you do not make proper notification by the due date shown on the notice, you and your Dependents will lose the right to elect COBRA continuation coverage. If you reject COBRA continuation coverage before the due date, you may change your mind as long as you furnish a completed election form before the due date.

Each qualified beneficiary has an independent right to elect COBRA continuation coverage. Continuation coverage may be elected for only one, several, or for all Dependents who are qualified beneficiaries. Parents may elect to continue coverage on behalf of their Dependent children. You or your spouse may elect continuation coverage on behalf of all the qualified beneficiaries. You are not required to elect COBRA continuation coverage in order for your Dependents to elect COBRA continuation.

How Much Does COBRA Continuation Coverage Cost?

Each qualified beneficiary may be required to pay the entire cost of continuation coverage. The amount may not exceed 102% of the cost to the group health plan (including both Employer and Employee contributions) for coverage of a similarly situated active Employee or family member. The premium during the 11-month disability extension may not exceed 150% of the cost to the group health plan (including

both employer and employee contributions) for coverage of a similarly situated active Employee or family member.

For example: If the Employee alone elects COBRA continuation coverage, the Employee will be charged 102% (or 150%) of the active Employee premium. If the spouse or one Dependent child alone elects COBRA continuation coverage, they will be charged 102% (or 150%) of the active Employee premium. If more than one qualified beneficiary elects COBRA continuation coverage, they will be charged 102% (or 150%) of the applicable family premium.

When and How to Pay COBRA Premiums

First payment for COBRA continuation

If you elect COBRA continuation coverage, you do not have to send any payment with the election form. However, you must make your first payment no later than 45 calendar days after the date of your election. (This is the date the Election Notice is postmarked, if mailed.) If you do not make your first payment within that 45 days, you will lose all COBRA continuation rights under the Plan.

Subsequent payments

After you make your first payment for COBRA continuation coverage, you will be required to make subsequent payments of the required premium for each additional month of coverage. Payment is due on the first day of each month. If you make a payment on or before its due date, your coverage under the Plan will continue for that coverage period without any break.

Grace periods for subsequent payments

Although subsequent payments are due by the first day of the month, you will be given a grace period of 30 days after the first day of the coverage period to make each monthly payment. Your COBRA continuation coverage will be provided for each coverage period as long as payment for that coverage period is made before the end of the grace period for that payment. However, if your payment is received after the due date, your coverage under the Plan may be suspended during this time. Any providers who contact the Plan to confirm coverage during this time may be informed that coverage has been suspended. If payment is received before the end of the grace period, your coverage will be reinstated back to the beginning of the coverage period. This means that any claim you submit for benefits while your coverage is suspended may be denied and may have to be resubmitted once your coverage is reinstated. If you fail to make a payment before the end of the grace period for that coverage period, you will lose all rights to COBRA continuation coverage under the Plan.

You Must Give Notice of Certain Qualifying Events

If you or your Dependent(s) experience one of the following qualifying events, you must notify the Plan Administrator



within 60 calendar days after the later of the date the qualifying event occurs or the date coverage would cease as a result of the qualifying event:

- Your divorce or legal separation; or
- Your child ceases to qualify as a Dependent under the Plan.
- The occurrence of a secondary qualifying event as discussed under "Secondary Qualifying Events" above (this notice must be received prior to the end of the initial 18- or 29-month COBRA period).

(Also refer to the section titled "Disability Extension" for additional notice requirements.)

Notice must be made in writing and must include: the name of the Plan, name and address of the Employee covered under the Plan, name and address(es) of the qualified beneficiaries affected by the qualifying event; the qualifying event; the date the qualifying event occurred; and supporting documentation (e.g., divorce decree, birth certificate, disability determination, etc.).

Newly Acquired Dependents

If you acquire a new Dependent through marriage, birth, adoption or placement for adoption while your coverage is being continued, you may cover such Dependent under your COBRA continuation coverage. However, only your newborn or adopted Dependent child is a qualified beneficiary and may continue COBRA continuation coverage for the remainder of the coverage period following your early termination of COBRA coverage or due to a secondary qualifying event. COBRA coverage for your Dependent spouse and any Dependent children who are not your children (e.g., stepchildren or grandchildren) will cease on the date your COBRA coverage ceases and they are not eligible for a secondary qualifying event.

COBRA Continuation for Retirees Following Employer's Bankruptcy

If you are covered as a retiree, and a proceeding in bankruptcy is filed with respect to the Employer under Title 11 of the United States Code, you may be entitled to COBRA continuation coverage. If the bankruptcy results in a loss of coverage for you, your Dependents or your surviving spouse within one year before or after such proceeding, you and your covered Dependents will become COBRA qualified beneficiaries with respect to the bankruptcy. You will be entitled to COBRA continuation coverage until your death. Your surviving spouse and covered Dependent children will be entitled to COBRA continuation coverage for up to 36 months following your death. However, COBRA continuation coverage will cease upon the occurrence of any of the events listed under "Termination of COBRA Continuation" above.

Interaction With Other Continuation Benefits

You may be eligible for other continuation benefits under state law. Refer to the Termination section for any other continuation benefits.

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07-14

Definitions

Active Service

You will be considered in Active Service:

- on any of your Employer's scheduled work days if you are performing the regular duties of your work on a full-time basis on that day either at your Employer's place of business or at some location to which you are required to travel for your Employer's business.
- on a day which is not one of your Employer's scheduled work days if you were in Active Service on the preceding scheduled work day.

HC-DFS1

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Bed and Board

The term Bed and Board includes all charges made by a Hospital on its own behalf for room and meals and for all general services and activities needed for the care of registered bed patients.

HC-DFS2

04-10

V2

Charges

The term "charges" means the actual billed charges; except when the provider has contracted directly or indirectly with Cigna for a different amount.

HC-DFS3

04-10

V1



Chiropractic Care

The term Chiropractic Care means the conservative management of neuromusculoskeletal conditions through manipulation and ancillary physiological treatment rendered to specific joints to restore motion, reduce pain and improve function.

HC-DFS55

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Custodial Services

Any services that are of a sheltering, protective, or safeguarding nature. Such services may include a stay in an institutional setting, at-home care, or nursing services to care for someone because of age or mental or physical condition. This service primarily helps the person in daily living. Custodial care also can provide medical services, given mainly to maintain the person's current state of health. These services cannot be intended to greatly improve a medical condition; they are intended to provide care while the patient cannot care for himself or herself. Custodial Services include but are not limited to:

- Services related to watching or protecting a person;
- Services related to performing or assisting a person in performing any activities of daily living, such as: walking, grooming, bathing, dressing, getting in or out of bed, toileting, eating, preparing foods, or taking medications that can be self administered, and
- Services not required to be performed by trained or skilled medical or paramedical personnel.

HC-DFS4

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Dependent

Dependents are:

- your lawful spouse; or
- your Domestic Partner; and
- any child of yours who is:
 - less than 26 years old.
 - from the end of the calendar year in which the child reaches age 26 or until the end of the calendar year in which the child reaches the age of 30, provided the child is unmarried and does not have a dependent of their own, is a Florida state resident or a full-time or part-time student, and is not covered under a plan of their own or entitled to benefits under Title XVIII of the Social Security Act. CIGNA may require such proof at least

once each year until the end of the calendar year in which he attains age 30;

- 26 or more years old, unmarried, and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a Dependent under this Plan, or while covered as a dependent under a prior plan with no break in coverage.

Proof of the child's condition and dependence must be submitted to Cigna within 31 days after the date the child ceases to qualify above. From time to time, but not more frequently than once a year, Cigna may require proof of the continuation of such condition and dependence.

A child includes a legally adopted child, including that child from the date of placement in the home or from birth provided that a written agreement to adopt such child has been entered into prior to the birth of such child. Coverage for a legally adopted child will include the necessary care and treatment of an Injury or a Sickness existing prior to the date of placement or adoption. A child also includes a foster child or a child placed in your custody by a court order from the date of placement in the home. Coverage is not required if the adopted or foster child is ultimately not placed in your home. It also includes:

- a stepchild or a child for whom you are the legal guardian;
- a child born to an insured Dependent child of yours until such child is 18 months old;

If your Domestic Partner has a child, that child will also be included as a Dependent.

Benefits for a Dependent child or student will continue until the last day of the calendar year in which the limiting age is reached.

Anyone who is eligible as an Employee can be included as a dependent of another employee.

No one may be considered as a Dependent of more than one Employee.

HC-DFS673

07-14
V1 M

Domestic Partner

A Domestic Partner is defined as a person of the same or opposite sex who:

- shares your permanent residence;
- is no less than 18 years of age;
- is financially interdependent with you and has proven such interdependence by providing evidence of one of the following:



- The parties to the domestic partnership share a residence as evidenced by the same residential address on a valid driver license or state identification card; or joint ownership of Florida homestead property as joint tenants with right of survivorship with both owners having been granted a homestead exemption on the property; or joint ownership of Florida homestead property as tenants in common with both owners having been granted a homestead exemption on that property; or a lease showing the domestic partner as co-lessee residents of residential real property; and
- is not eligible for marriage to each other as provided in Section 741.21, Florida Statutes, as may be amended and revised; and
- has signed jointly with you, a notarized affidavit attesting to the above which can be made available to your employer upon request.

In addition, you and your Domestic Partner will be considered to have met the terms of this definition as long as neither you nor your Domestic Partner:

- has not previously during the calendar year included more than one other domestic partner as a domestic partner under the plan;
- is a party to a marriage recognized by Florida law; or
- has any other Domestic Partner, spouse or spouse equivalent of the same or opposite sex.

You and your Domestic Partner must have registered as Domestic Partners, if you reside in a state that provides for such registration.

The section of this certificate entitled "COBRA Continuation Rights Under Federal Law" will not apply to your Domestic Partner and his or her Dependents on a pre-tax basis.

HC-DFS47

04-10
V1 M

Emergency Medical Condition

Emergency medical condition means a medical condition which manifests itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; serious impairment to bodily functions; or serious dysfunction of any bodily organ or part.

HC-DFS394

11-10

Emergency Services

Emergency services means, with respect to an emergency medical condition, a medical screening examination that is within the capability of the emergency department of a hospital, including ancillary services routinely available to the emergency department to evaluate the emergency medical condition; and such further medical examination and treatment, to the extent they are within the capabilities of the staff and facilities available at the hospital, to stabilize the patient.

HC-DFS393

11-10

Employee

The term Employee means a full-time or variable hour employee of the Employer who is currently in Active Service. The term does not include employees who are part-time or temporary or who normally work less than 30 hours a week for the Employer.

HC-DFS7

04-10
V3 M

Employer

The term Employer means the plan sponsor self-insuring the benefits described in this booklet, on whose behalf Cigna is providing claim administration services.

HC-DFS8

04-10
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Essential Health Benefits

Essential health benefits means, to the extent covered under the plan, expenses incurred with respect to covered services, in at least the following categories: ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services, including behavioral health treatment, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services and chronic disease management and pediatric services, including oral and vision care.

HC-DFS411

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Expense Incurred

An expense is incurred when the service or the supply for which it is incurred is provided.

HC-DFS10

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or any other licensed facility or agency under a Hospice Care Program.

HC-DFS52

04-10
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Free-Standing Surgical Facility

The term Free-standing Surgical Facility means an institution which meets all of the following requirements:

- it has a medical staff of Physicians, Nurses and licensed anesthesiologists;
- it maintains at least two operating rooms and one recovery room;
- it maintains diagnostic laboratory and x-ray facilities;
- it has equipment for emergency care;
- it has a blood supply;
- it maintains medical records;
- it has agreements with Hospitals for immediate acceptance of patients who need Hospital Confinement on an inpatient basis; and
- it is licensed in accordance with the laws of the appropriate legally authorized agency.

HC-DFS11

04-10
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Hospice Facility

The term Hospice Facility means an institution or part of it which:

- primarily provides care for Terminally Ill patients;
- is accredited by the National Hospice Organization;
- meets standards established by Cigna; and
- fulfills any licensing requirements of the state or locality in which it operates.

HC-DFS53

04-10
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Hospital

The term Hospital means:

- an institution licensed as a hospital, which: maintains, on the premises, all facilities necessary for medical and surgical treatment; provides such treatment on an inpatient basis, for compensation, under the supervision of Physicians; and provides 24-hour service by Registered Graduate Nurses;
- an institution which qualifies as a hospital, a psychiatric hospital or a tuberculosis hospital, and a provider of services under Medicare, if such institution is accredited as a hospital by the Joint Commission on the Accreditation of Healthcare Organizations; or
- an institution which: specializes in treatment of Mental Health and Substance Abuse or other related illness; provides residential treatment programs; and is licensed in accordance with the laws of the appropriate legally authorized agency.

The term Hospital will not include an institution which is primarily a place for rest, a place for the aged, or a nursing home.

Hospice Care Program

The term Hospice Care Program means:

- a coordinated, interdisciplinary program to meet the physical, psychological, spiritual and social needs of dying persons and their families;
- a program that provides palliative and supportive medical, nursing and other health services through home or inpatient care during the illness;
- a program for persons who have a Terminal Illness and for the families of those persons.

HC-DFS51

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HC-DFS48

04-10
V1

Hospice Care Services

The term Hospice Care Services means any services provided by: a Hospital, a Skilled Nursing Facility or a similar institution, a Home Health Care Agency, a Hospice Facility,



Hospital Confinement or Confined in a Hospital

A person will be considered Confined in a Hospital if he is:

- a registered bed patient in a Hospital upon the recommendation of a Physician;
- receiving treatment for Mental Health and Substance Abuse Services in a Partial Hospitalization program;
- receiving treatment for Mental Health and Substance Abuse Services in a Mental Health or Substance Abuse Residential Treatment Center.

HC-DFS49

04-10
V1

Injury

The term Injury means an accidental bodily injury.

HC-DFS12

04-10
V1

Maintenance Treatment

The term Maintenance Treatment means:

- treatment rendered to keep or maintain the patient's current status.

HC-DFS56

04-10
V1

Maximum Reimbursable Charge - Medical

The Maximum Reimbursable Charge for covered services is determined based on the lesser of:

- the provider's normal charge for a similar service or supply; or
- a policyholder-selected percentage of a schedule developed by Cigna that is based upon a methodology similar to a methodology utilized by Medicare to determine the allowable fee for the same or similar service within the geographic market.

The percentage used to determine the Maximum Reimbursable Charge is listed in The Schedule.

In some cases, a Medicare based schedule will not be used and the Maximum Reimbursable Charge for covered services is determined based on the lesser of:

- the provider's normal charge for a similar service or supply; or

- the 80th percentile of charges made by providers of such service or supply in the geographic area where it is received as compiled in a database selected by Cigna.

The Maximum Reimbursable Charge is subject to all other benefit limitations and applicable coding and payment methodologies determined by Cigna. Additional information about how Cigna determines the Maximum Reimbursable Charge is available upon request.

HC-DFS13

04-10
V8

Medicaid

The term Medicaid means a state program of medical aid for needy persons established under Title XIX of the Social Security Act of 1965 as amended.

HC-DFS16

04-10
V1

Medically Necessary/Medical Necessity

Medically Necessary Covered Services and Supplies are those determined by the Medical Director to be:

- required to diagnose or treat an illness, injury, disease or its symptoms;
- in accordance with generally accepted standards of medical practice;
- clinically appropriate in terms of type, frequency, extent, site and duration;
- not primarily for the convenience of the patient, Physician or other health care provider; and
- rendered in the least intensive setting that is appropriate for the delivery of the services and supplies. Where applicable, the Medical Director may compare the cost-effectiveness of alternative services, settings or supplies when determining least intensive setting.

HC-DFS19

04-10
V1

Medicare

The term Medicare means the program of medical care benefits provided under Title XVIII of the Social Security Act of 1965 as amended.

HC-DFS17

04-10
V1



Necessary Services and Supplies

The term Necessary Services and Supplies includes any charges, except charges for Bed and Board, made by a Hospital on its own behalf for medical services and supplies actually used during Hospital Confinement, any charges, by whomever made, for licensed ambulance service to or from the nearest Hospital where the needed medical care and treatment can be provided; and any charges, by whomever made, for the administration of anesthetics during Hospital Confinement.

The term Necessary Services and Supplies will not include any charges for special nursing fees, dental fees or medical fees.

HC-DFS21

04-10
V1

Nurse

The term Nurse means a Registered Graduate Nurse, a Licensed Practical Nurse or a Licensed Vocational Nurse who has the right to use the abbreviation "R.N.," "L.P.N." or "L.V.N."

HC-DFS22

04-10
V1

Other Health Care Facility/Other Health Professional

The term Other Health Care Facility means a facility other than a Hospital or hospice facility. Examples of Other Health Care Facilities include, but are not limited to, licensed skilled nursing facilities, rehabilitation Hospitals and subacute facilities. The term Other Health Professional means an individual other than a Physician who is licensed or otherwise authorized under the applicable state law to deliver medical services and supplies. Other Health Professionals include, but are not limited to physical therapists, registered nurses and licensed practical nurses. Other Health Professionals do not include providers such as Certified First Assistants, Certified Operating Room Technicians, Certified Surgical Assistants/Technicians, Licensed Certified Surgical Assistants/Technicians, Licensed Surgical Assistants, Orthopedic Physician Assistants and Surgical First Assistants.

HC-DFS23

04-10
V1

Participating Pharmacy

The term Participating Pharmacy means a retail Pharmacy with which Cigna has contracted to provide prescription services to insureds, or a designated home delivery Pharmacy with which Cigna has contracted to provide home delivery prescription services to insureds. A home delivery Pharmacy is a Pharmacy that provides Prescription Drugs through mail order.

HC-DFS60

04-10
V1

Participating Provider

The term Participating Provider means a hospital, a Physician or any other health care practitioner or entity that has a direct or indirect contractual arrangement with Cigna to provide covered services with regard to a particular plan under which the participant is covered.

HC-DFS45

04-10
V1

Patient Protection and Affordable Care Act of 2010 ("PPACA")

Patient Protection and Affordable Care Act of 2010 means the Patient Protection and Affordable Care Act of 2010 (Public Law 111-148) as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law 111-152).

HC-DFS412

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Pharmacy

The term Pharmacy means a retail Pharmacy, or a home delivery Pharmacy.

HC-DFS61

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Pharmacy & Therapeutics (P & T) Committee

A committee of Cigna Participating Providers, Medical Directors and Pharmacy Directors which regularly reviews Prescription Drugs and Related Supplies for safety and efficacy. The P&T Committee evaluates Prescription Drugs and Related Supplies for potential addition to or deletion from the Prescription Drug List and may also set dosage and/or dispensing limits on Prescription Drugs and Related Supplies.

HC-DFS62

04-10
V1

Physician

The term Physician means a licensed medical practitioner who is practicing within the scope of his license and who is licensed to prescribe and administer drugs or to perform surgery. It will also include any other licensed medical practitioner whose services are required to be covered by law in the locality where the policy is issued if he is:

- operating within the scope of his license; and
- performing a service for which benefits are provided under this plan when performed by a Physician.

HC-DFS25

04-10
V1

Prescription Drug

Prescription Drug means; a drug which has been approved by the Food and Drug Administration for safety and efficacy; certain drugs approved under the Drug Efficacy Study Implementation review; or drugs marketed prior to 1938 and not subject to review, and which can, under federal or state law, be dispensed only pursuant to a Prescription Order.

HC-DFS63

04-10
V1

Prescription Drug List

Prescription Drug List means a listing of approved Prescription Drugs and Related Supplies. The Prescription Drugs and Related Supplies included in the Prescription Drug List have been approved in accordance with parameters established by the P&T Committee. The Prescription Drug List is regularly reviewed and updated.

HC-DFS64

04-10
V1

Prescription Order

Prescription Order means the lawful authorization for a Prescription Drug or Related Supply by a Physician who is duly licensed to make such authorization within the course of such Physician's professional practice or each authorized refill thereof.

HC-DFS65

04-10
V1

Preventive Treatment

The term Preventive Treatment means treatment rendered to prevent disease or its recurrence.

HC-DFS57

04-10
V1

Primary Care Physician

The term Primary Care Physician means a Physician who qualifies as a Participating Provider in general practice, internal medicine, family practice or pediatrics; and who has been selected by you, as authorized by Cigna, to provide or arrange for medical care for you or any of your insured Dependents.

HC-DFS40

04-10
V1

Psychologist

The term Psychologist means a person who is licensed or certified as a clinical psychologist. Where no licensure or certification exists, the term Psychologist means a person who is considered qualified as a clinical psychologist by a recognized psychological association. It will also include any other licensed counseling practitioner whose services are required to be covered by law in the locality where the policy is issued if he is operating within the scope of his license and performing a service for which benefits are provided under this plan when performed by a Psychologist.

HC-DFS26

04-10
V1

Related Supplies

Related Supplies means diabetic supplies (insulin needles and syringes, lancets and glucose test strips), needles and syringes



for injectables covered under the pharmacy plan, and spacers for use with oral inhalers.

HC-DFS68

04-10
V1

Review Organization

The term Review Organization refers to an affiliate of Cigna or another entity to which Cigna has delegated responsibility for performing utilization review services. The Review Organization is an organization with a staff of clinicians which may include Physicians, Registered Graduate Nurses, licensed mental health and substance abuse professionals, and other trained staff members who perform utilization review services.

HC-DFS30

04-10
V1

Sickness – For Medical Insurance

The term Sickness means a physical or mental illness. It also includes pregnancy. Expenses incurred for routine Hospital and pediatric care of a newborn child prior to discharge from the Hospital nursery will be considered to be incurred by the mother as a result of Sickness.

HC-DFS50

04-10
V1 M

Skilled Nursing Facility

The term Skilled Nursing Facility means a licensed institution (other than a Hospital, as defined) which specializes in:

- physical rehabilitation on an inpatient basis; or
- skilled nursing and medical care on an inpatient basis;

but only if that institution: maintains on the premises all facilities necessary for medical treatment; provides such treatment, for compensation, under the supervision of Physicians; and provides Nurses' services.

HC-DFS31

04-10
V1

Specialist

The term Specialist means a Physician who provides specialized services, and is not engaged in general practice, family practice, internal medicine, obstetrics/gynecology or pediatrics.

HC-DFS33

04-10
V1

Specialty Medication

The term Specialty Medication means high cost medications which are used to treat rare and chronic conditions which include, but are not limited to, multiple sclerosis, hepatitis C or rheumatoid arthritis.

HC-DFS69

04-10
V6

Stabilize

Stabilize means, with respect to an emergency medical condition, to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility.

HC-DFS413

01-11

Terminal Illness

A Terminal Illness will be considered to exist if a person becomes terminally ill with a prognosis of six months or less to live, as diagnosed by a Physician.

HC-DFS54

04-10
V1

Urgent Care

Urgent Care is medical, surgical, Hospital or related health care services and testing which are not Emergency Services, but which are determined by Cigna, in accordance with generally accepted medical standards, to have been necessary to treat a condition requiring prompt medical attention. This does not include care that could have been foreseen before leaving the immediate area where you ordinarily receive and/or were scheduled to receive services. Such care includes, but is not limited to, dialysis, scheduled medical treatments or therapy, or care received after a Physician's recommendation



that the insured should not travel due to any medical condition.

HC-DFS34

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The following pages describe the features of your Cigna Choice Fund - Health Reimbursement Account.
Please read them carefully.



What You Should Know About Cigna Choice Fund® – Health Reimbursement Account

Cigna Choice Fund is designed to give you:

Control

More control over how your health care dollars are spent. The health services you get and where you get them are up to you.

Choice

You have the freedom to choose any licensed doctor. However, your costs will be lower for services from Cigna contracted health care professionals because they have agreed to accept discounted payments to help you make the most of your health care dollars.

Flexibility

Flexibility to help you proactively manage your health and maximize your plan coverage. By using our cost and quality tools to find a higher quality and more cost effective doctor, lab or facility, you can reduce the costs that are paid out of your HRA. And if you don't use all of the money in your health reimbursement account, some or all of the unused money may be added to your account for the following year, as long as you stay in the plan. Ask your employer, call Cigna, or log into www.myCigna.com to find out if your HRA limits the amount that can roll over to the next year.

Your plan covers medical care when you're sick, but also includes coverage for preventive care services to help keep you well. Your preventive care is covered at 100% in-network; therefore no HRA funds will need to be used for these services. Preventive health coverage is one of the most important benefits of your health plan. Getting the right preventive services at the right time can help you stay healthy by preventing diseases or by detecting a health problem at a stage that may be easier to treat. Make sure you take advantage of your fully covered in-network preventive care coverage. Log in to www.myCigna.com and read the Preventive Care Quick Reference Guide under the Review My Medical Coverage section.

Health Information and Education

Is it late at night, and you're not sure if you should go to the Emergency Room for an injury or just wait until your doctor is available the next day? Just call the toll-free number on your ID card to reach Cigna's 24-Hour Health Information Line. You'll have access to trained nurses who can help! You also have access to an audio library of health topics 24 hours a day. In addition, the Cigna Healthy Pregnancies, Healthy Babies® program provides prenatal education and support for mothers-to-be.

Tools & Support

We help you keep track with online benefits information, transactions, and account activity; medical and drug cost comparisons; monthly statements; and more. You also have toll-free access to dedicated Customer Service teams, specially trained to answer your questions and address your needs. Customer Service is available 24 hours a day, 7 days a week, every day of the year!

Savings on Health and Wellness Products and Services

Through Cigna Healthy Rewards®, you can save money on a variety of health-related products and services. Offerings include laser vision correction, acupuncture, chiropractic care, weight loss programs, fitness club and equipment discounts and more.

Opportunity to earn funds for future use

If your employer offers the Cigna Healthy Future Account®, you can earn funds to cover qualified expenses for future use, such as retirement. All or a portion of unused HRA funds at the end of each plan year will transfer to this account until you meet the eligibility requirements (such as retirement, reaching age 65, or accumulating a certain number of years of service with your employer). Once you reach your qualifying event, you may then use the Healthy Future Account to pay yourself back for certain expenses defined by your employer. See your benefits administrator for more details.

The Basics

How does it work?

The Cigna Choice Fund Health Reimbursement Account combines medical coverage with a reimbursement account that includes contributions from your employer.

- 1. Employer contribution:** Your employer deposits a specific amount of money in a health account to help you pay for some of the costs of covered medical expenses. The health services you receive and where you get them are up to you. The health care costs paid from your HRA typically count toward your deductible (an annual amount you'll pay before the health plan begins to pay for covered health care costs), reducing your share.
- 2. Your share:** Once you've used the money in your health account, you pay your expenses up to the deductible.
- 3. Your health plan:** After your deductible is met, you pay pre-determined coinsurance or copayments for eligible expenses and the plan pays the rest. When you meet your out-of-pocket maximum (the most you can pay in a plan year), your plan pays eligible expenses at 100%.

If you leave the plan or your employer, the account stays behind.



Which services are covered by my Health Reimbursement Account?

According to federal law, HRA funds can be used to cover only qualified medical expenses for you and your dependents. However, your employer may choose not to allow coverage for certain qualified expenses. Please refer to www.myCigna.com for information on the services for which your HRA funds may be used.

Which services are covered by my medical plan, and which will I have to pay out of my own pocket?

Covered services vary depending on your plan, so visit www.myCigna.com or check your plan materials in this booklet for specific information. In addition to your premiums deducted from your paycheck, you'll be responsible for paying:

- Costs for any services needed after you've spent your health fund, if you haven't met your deductible.
- Your coinsurance or copayments after you meet the deductible and your medical plan coverage begins.

If all of your medical expenses are covered services and the total cost doesn't exceed the amount in your HRA, you may not have additional out-of-pocket costs. Unused money may be available to you if you enroll in the plan again the following year. Check with your employer, call Cigna, or log into www.myCigna.com to see if this option is available to you.

Are services covered if I use out-of-network doctors?

You can visit any licensed doctor or facility. However, if you choose a doctor who participates with Cigna, your costs will be lower.

Tools and Resources at Your Fingertips

Cigna Healthy Awards Account

If your employer offers a Healthy Awards Account, take advantage of certain Cigna incentive award programs, and earn extra award dollars toward your health care expenses, all for taking charge of your health.

To encourage healthy lifestyles and wellness, your employer will deposit the incentive rewards into your health account upon completion of each activity. Your employer may limit how often you can earn awards. For details on these programs you can log into www.myCigna.com, or call Cigna 24/7/365. Always consult with your doctor before beginning or changing your treatment plan or exercise routines.

www.myCigna.com

www.myCigna.com provides fast, reliable and personalized information and services, including:

- Online access to your current account balance, past transactions and claim status, as well as your Explanation of Benefits and health statements.

- Medical cost and drug cost information, including cost estimates specific to you and your plan.
- Frequently asked questions about health care in general and Cigna Choice Fund specifically.
- A number of convenient, helpful tools that let you:

Compare costs

Use tools to compare costs and help you decide where to get care. You can compare out-of-pocket estimates, specific to your coverage plan, for actual treatment, procedures and costs.

Find out more about your local hospitals

Learn how hospitals rank by number of procedures performed, patients' average length of stay, and cost. Go to our online healthcare professional directory for average costs for certain procedures, including total charges and your out-of-pocket expense, based on your Cigna plan. You can also find hospitals that earn the Centers of Excellence designation based on effectiveness in treating selected procedures/conditions and cost.

Get the facts about your medication, cost, treatment options and side effects

Use the pharmacy tools to: check your prescription drug costs, listed by specific pharmacy and location (including Cigna Home Delivery Pharmacy); and review your claims history for the past 16 months. Look at condition-specific drug treatments and compare characteristics of more than 200 common medications. Evaluate up to 10 medications at once to better understand side effects, drug interactions and alternatives.

Take control of your health

Take the health risk assessment, an online questionnaire that can help you identify and monitor your health status. You can learn about preventive care and check your progress toward healthy goals. And if your results show that you may benefit from other services, you can learn about related Cigna programs on the same site.

Explore topics on medicine, health and wellness

Get information on more than 5,000 health conditions, health and wellness, first aid and medical exams through **Healthwise®** Medical Encyclopedia, an interactive library.

Keep track of your personal health information

Health Record is your central, secure location for your medical conditions, medications, allergies, surgeries, immunizations, and emergency contacts. You can add your health risk assessment results to **Health Record**, so you can easily print and share the information with your doctor. Your lab results from certain facilities can be automatically entered into your Personal Health Record.



Chart progress of important health indicators

Input key data such as blood pressure, blood sugar, cholesterol (Total/LDL/HDL), height and weight, and exercise regimen. **Health Tracker** makes it easy to chart the results and share them with your doctor.

Getting the Most from Your HRA

You make decisions every day, from buying the family car to choosing the breakfast cereal. Make yourself a more educated health care consumer and you'll find that you, too, can make a difference in the health care services you receive and what you ultimately pay.

Fast Facts

If you choose to see a Cigna participating health care professional, the cost is based on discounted rates, so your costs will be lower. If you visit a health care professional or facility not in the network, you may still use your HRA to pay for the cost of those services, but you will pay a higher rate, and you may have to file claims.

If you need hospital care, there are several tools to help you make informed decisions about quality and cost.

- With the Hospital Comparison tool on www.myCigna.com, you can learn how hospitals rank by number of procedures performed, patients' average length of stay, and cost.
- Visit our healthcare professional directory for Cigna Centers of Excellence, providing hospital scores for specific procedures/conditions, such as cardiac care, hip and knee replacement, and bariatric surgery. Scores are based on cost and effectiveness in treating the procedure/condition, based on publicly available data.
- www.myCigna.com also includes a Healthcare Professional Excellence Recognition Directory. This directory includes information on:
 - Participating physicians who have achieved recognition from the National Committee for Quality Assurance (NCQA) for diabetes and/or heart and stroke care.
 - Hospitals that fully meet The Leapfrog Group patient safety standards.

If you're not sure where to begin, you have access to health advocates.

You now have access to health specialists, including individuals trained as nurses, coaches, nutritionists and clinicians, who will listen, understand your needs and help you find solutions, even when you're not sure where to begin. Partner with a health coach and get help to maintain good eating and exercise habits; support and encouragement to set and reach health improvement goals; and guidance to better manage conditions, including coronary artery disease, low back pain, osteoarthritis, high blood pressure, high cholesterol and more. From quick answers to health questions to

assistance with managing more serious health needs, call the toll-free number on your Cigna ID card or visit www.myCigna.com. See your benefits administrator for more details about all of the services you have access to through your plan.

Wherever you go in the U.S., you take the Cigna 24-Hour Health Information LineSM with you.

Whether it's late at night, and your child has a fever, or you're traveling and you're not sure where to get care, or you don't feel well and you're unsure about the symptoms, you can call the Cigna 24-Hour Health Information Line whenever you have a question. Call the toll-free number on your Cigna ID card and you will speak to a nurse who will help direct you to the appropriate care.

A little knowledge goes a long way.

Getting the facts about your care, such as treatment options and health risks is important to your health and well-being, and your pocketbook. For instance:

- Getting appropriate preventive care is key to staying healthy. Visit www.myCigna.com to learn more about proper preventive care and what's covered under your plan.
- When it comes to medications, talk to your doctor about whether generic drugs are right for you. The brand name drugs you are prescribed may have generic alternatives that could lower your costs. If a generic version of your brand name drug is not available, other generic drugs with the same treatment effect may meet your needs.
- Tools on www.myCigna.com can help you take control of your health and health care spending. You can learn about medical topics and wellness, and keep track of your personal health information. You can also print personalized reports to discuss with your doctor.

NOT154

V6

City of Fort Lauderdale

OPEN ACCESS PLUS IN-NETWORK
MEDICAL BENEFITS
Plan 1

EFFECTIVE DATE: January 1, 2016

ASO10
3335139

This document printed in March, 2016 takes the place of any documents previously issued to you which described your benefits.

Printed in U.S.A.

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Important Information

THIS IS NOT AN INSURED BENEFIT PLAN. THE BENEFITS DESCRIBED IN THIS BOOKLET OR ANY RIDER ATTACHED HERETO ARE SELF-INSURED BY CITY OF FORT LAUDERDALE WHICH IS RESPONSIBLE FOR THEIR PAYMENT. CIGNA HEALTH AND LIFE INSURANCE COMPANY (CIGNA) PROVIDES CLAIM ADMINISTRATION SERVICES TO THE PLAN, BUT CIGNA DOES NOT INSURE THE BENEFITS DESCRIBED.

THIS DOCUMENT MAY USE WORDS THAT DESCRIBE A PLAN INSURED BY CIGNA. BECAUSE THE PLAN IS NOT INSURED BY CIGNA, ALL REFERENCES TO INSURANCE SHALL BE READ TO INDICATE THAT THE PLAN IS SELF-INSURED. FOR EXAMPLE, REFERENCES TO "CIGNA," "INSURANCE COMPANY," AND "POLICYHOLDER" SHALL BE DEEMED TO MEAN YOUR "EMPLOYER" AND "POLICY" TO MEAN "PLAN" AND "INSURED" TO MEAN "COVERED" AND "INSURANCE" SHALL BE DEEMED TO MEAN "COVERAGE."

HC-NOT1

Explanation of Terms

You will find terms starting with capital letters throughout your certificate. To help you understand your benefits, most of these terms are defined in the Definitions section of your certificate.

The Schedule

The Schedule is a brief outline of your maximum benefits which may be payable under your insurance. For a full description of each benefit, refer to the appropriate section listed in the Table of Contents.



Special Plan Provisions

Participating Providers include Physicians, Hospitals and Other Health Care Professionals and Other Health Care Facilities. Consult your Physician Guide for a list of Participating Providers in your area. Participating Providers are committed to providing you and your Dependents appropriate care while lowering medical costs.

Services Available in Conjunction With Your Medical Plan

The following pages describe helpful services available in conjunction with your medical plan. You can access these services by calling the toll-free number shown on the back of your ID card.

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Case Management

Case Management is a service provided through a Review Organization, which assists individuals with treatment needs that extend beyond the acute care setting. The goal of Case Management is to ensure that patients receive appropriate care in the most effective setting possible whether at home, as an outpatient, or an inpatient in a Hospital or specialized facility. Should the need for Case Management arise, a Case Management professional will work closely with the patient, his or her family and the attending Physician to determine appropriate treatment options which will best meet the patient's needs and keep costs manageable. The Case Manager will help coordinate the treatment program and arrange for necessary resources. Case Managers are also available to answer questions and provide ongoing support for the family in times of medical crisis.

Case Managers are Registered Nurses (RNs) and other credentialed health care professionals, each trained in a clinical specialty area such as trauma, high risk pregnancy and neonates, oncology, mental health, rehabilitation or general medicine and surgery. A Case Manager trained in the appropriate clinical specialty area will be assigned to you or your dependent. In addition, Case Managers are supported by a panel of Physician advisors who offer guidance on up-to-date treatment programs and medical technology. While the Case Manager recommends alternate treatment programs and helps coordinate needed resources, the patient's attending Physician remains responsible for the actual medical care.

- You, your dependent or an attending Physician can request Case Management services by calling the **toll-free number**

shown on your ID card during normal business hours, Monday through Friday. In addition, a claim office or a utilization review program (see the PAC/CSR section of your certificate) may refer an individual for Case Management.

- The Review Organization assesses each case to determine whether Case Management is appropriate.
- You or your Dependent is contacted by an assigned Case Manager who explains in detail how the program works. Participation in the program is voluntary - no penalty or benefit reduction is imposed if you do not wish to participate in Case Management.
- Following an initial assessment, the Case Manager works with you, your family and Physician to determine the needs of the patient and to identify what alternate treatment programs are available (for example, in-home medical care in lieu of an extended Hospital convalescence). You are not penalized if the alternate treatment program is not followed.
- The Case Manager arranges for alternate treatment services and supplies, as needed (for example, nursing services or a Hospital bed and other Durable Medical Equipment for the home).
- The Case Manager also acts as a liaison between the insurer, the patient, his or her family and Physician as needed (for example, by helping you to understand a complex medical diagnosis or treatment plan).
- Once the alternate treatment program is in place, the Case Manager continues to manage the case to ensure the treatment program remains appropriate to the patient's needs.

While participation in Case Management is strictly voluntary, Case Management professionals can offer quality, cost-effective treatment alternatives, as well as provide assistance in obtaining needed medical resources and ongoing family support in a time of need.

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Additional Programs

We may, from time to time, offer or arrange for various entities to offer discounts, benefits, or other consideration to our members for the purpose of promoting the general health and well being of our members. We may also arrange for the reimbursement of all or a portion of the cost of services provided by other parties to the Policyholder. Contact us for details regarding any such arrangements.

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Care Management and Care Coordination Services

Your plan may enter into specific collaborative arrangements with health care professionals committed to improving quality care, patient satisfaction and affordability. Through these collaborative arrangements, health care professionals commit to proactively providing participants with certain care management and care coordination services to facilitate achievement of these goals. Reimbursement is provided at 100% for these services when rendered by designated health care professionals in these collaborative arrangements.

HC-SPP27

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Important Notices

Direct Access to Obstetricians and Gynecologists

You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, visit www.mycigna.com or contact customer service at the phone number listed on the back of your ID card.

Selection of a Primary Care Provider

This plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit www.mycigna.com

or contact customer service at the phone number listed on the back of your ID card.

For children, you may designate a pediatrician as the primary care provider.

HC-NOT5

01-11

Important Information

Mental Health Parity and Addiction Equity Act

The Certificate is amended as stated below:

In the event of a conflict between the provisions of your plan documents and the provisions of this notice, the provisions that provide the better benefit shall apply.

The Schedule and Mental Health and Substance Abuse Covered Expenses:

Partial Hospitalization charges for Mental Health and Substance Abuse will be paid at the Outpatient level. Covered Expenses are changed as follows:

Mental Health and Substance Abuse Services

Mental Health Services are services that are required to treat a disorder that impairs the behavior, emotional reaction or thought processes. In determining benefits payable, charges made for the treatment of any physiological conditions related to Mental Health will not be considered to be charges made for treatment of Mental Health.

Substance Abuse is defined as the psychological or physical dependence on alcohol or other mind-altering drugs that requires diagnosis, care, and treatment. In determining benefits payable, charges made for the treatment of any physiological conditions related to rehabilitation services for alcohol or drug abuse or addiction will not be considered to be charges made for treatment of Substance Abuse.

Inpatient Mental Health Services

Services that are provided by a Hospital while you or your Dependent is Confined in a Hospital for the treatment and evaluation of Mental Health. Inpatient Mental Health Services include Mental Health Residential Treatment Services.

Mental Health Residential Treatment Services are services provided by a Hospital for the evaluation and treatment of the psychological and social functional disturbances that are a result of subacute Mental Health conditions.

Mental Health Residential Treatment Center means an institution which specializes in the treatment of psychological and social disturbances that are the result of Mental Health conditions; provides a subacute, structured, psychotherapeutic treatment program, under the supervision of Physicians; provides 24-hour care, in which a person lives in an open setting; and is licensed in accordance with the laws of the



appropriate legally authorized agency as a residential treatment center.

A person is considered confined in a Mental Health Residential Treatment Center when she/he is a registered bed patient in a Mental Health Residential Treatment Center upon the recommendation of a Physician.

Outpatient Mental Health Services are Services of Providers who are qualified to treat Mental Health when treatment is provided on an outpatient basis, while you or your Dependent is not Confined in a Hospital, or for Partial Hospitalization sessions, and is provided in an individual, group or Mental Health Intensive Outpatient Therapy Program. Covered services include, but are not limited to, outpatient treatment of conditions such as: anxiety or depression which interfere with daily functioning; emotional adjustment or concerns related to chronic conditions, such as psychosis or depression; emotional reactions associated with marital problems or divorce; child/adolescent problems of conduct or poor impulse control; affective disorders; suicidal or homicidal threats or acts; eating disorders; or acute exacerbation of chronic Mental Health conditions (crisis intervention and relapse prevention) and outpatient testing and assessment.

Partial Hospitalization sessions are services that are provided for not less than 4 hours and not more than 12 hours in any 24-hour period.

Inpatient Substance Abuse Rehabilitation Services

Services provided for rehabilitation, while you or your Dependent is Confined in a Hospital, when required for the diagnosis and treatment of abuse or addiction to alcohol and/or drugs. Inpatient Substance Abuse Services include Residential Treatment services.

Substance Abuse Residential Treatment Services are services provided by a Hospital for the evaluation and treatment of the psychological and social functional disturbances that are a result of subacute Substance Abuse conditions.

Substance Abuse Residential Treatment Center means an institution which specializes in the treatment of psychological and social disturbances that are the result of Substance Abuse; provides a subacute, structured, psychotherapeutic treatment program, under the supervision of Physicians; provides 24-hour care, in which a person lives in an open setting; and is licensed in accordance with the laws of the appropriate legally authorized agency as a residential treatment center.

A person is considered confined in a Substance Abuse Residential Treatment Center when she/he is a registered bed patient in a Substance Abuse Residential Treatment Center upon the recommendation of a Physician.

Outpatient Substance Abuse Rehabilitation Services

Services provided for the diagnosis and treatment of abuse or addiction to alcohol and/or drugs, while you or your Dependent is not Confined in a Hospital, including outpatient rehabilitation in an individual, or a Substance Abuse Intensive Outpatient Therapy Program and for Partial Hospitalization sessions.

Partial Hospitalization sessions are services that are provided for not less than 4 hours and not more than 12 hours in any 24-hour period.

A Substance Abuse Intensive Outpatient Therapy Program consists of distinct levels or phases of treatment that are provided by a certified/licensed Substance Abuse program. Intensive Outpatient Therapy Programs provide a combination of individual, family and/or group therapy in a day, totaling nine, or more hours in a week.

Substance Abuse Detoxification Services

Detoxification and related medical ancillary services are provided when required for the diagnosis and treatment of addiction to alcohol and/or drugs. Cigna will decide, based on the Medical Necessity of each situation, whether such services will be provided in an inpatient or outpatient setting.

Mental Health and Substance Abuse Exclusions:

The following exclusion is hereby deleted and no longer applies:

- any court ordered treatment or therapy, or any treatment or therapy ordered as a condition of parole, probation or custody or visitation evaluations unless Medically Necessary and otherwise covered under this policy or agreement.

Terms within the agreement:

The term "mental retardation" within your Certificate is hereby changed to "intellectual disabilities".

Visit Limits:

Any health care service billed with a Mental Health or Substance Abuse diagnosis, will not incur a visit limit, including but not limited to genetic counseling and nutritional evaluation/counseling.

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12-14

How To File Your Claim

If your plan provides coverage when care is received only from In-Network providers, you may still have Out-of-Network claims (for example, when Emergency Services are received from an Out-of-Network provider) and should follow the claim submission instructions for those claims. Claims can



be submitted by the provider if the provider is able and willing to file on your behalf. If the provider is not submitting on your behalf, you must send your completed claim form and itemized bills to the claims address listed on the claim form.

You may get the required claim forms from the website listed on your identification card or by using the toll-free number on your identification card.

CLAIM REMINDERS

- BE SURE TO USE YOUR MEMBER ID AND ACCOUNT/GROUP NUMBER WHEN YOU FILE CIGNA'S CLAIM FORMS, OR WHEN YOU CALL YOUR CIGNA CLAIM OFFICE.

YOUR MEMBER ID IS THE ID SHOWN ON YOUR BENEFIT IDENTIFICATION CARD.

YOUR ACCOUNT/GROUP NUMBER IS SHOWN ON YOUR BENEFIT IDENTIFICATION CARD.

- BE SURE TO FOLLOW THE INSTRUCTIONS LISTED ON THE BACK OF THE CLAIM FORM CAREFULLY WHEN SUBMITTING A CLAIM TO CIGNA.

Timely Filing of Out-of-Network Claims

Cigna will consider claims for coverage under our plans when proof of loss (a claim) is submitted within 180 days for Out-of-Network benefits after services are rendered. If services are rendered on consecutive days, such as for a Hospital Confinement, the limit will be counted from the last date of service. If claims are not submitted within 180 days for Out-of-Network benefits, the claim will not be considered valid and will be denied.

WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information; or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act.

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Eligibility - Effective Date

Employee Insurance

This plan is offered to you as an Employee.

Eligibility for Employee Insurance

You will become eligible for insurance on the day you complete the waiting period if:

- you are in a Class of Eligible Employees; and

- you are an eligible, full-time Employee who normally work at least 30 hours a week; or
- you are an eligible, variable hour Employee who work an average of 30 hours per week during the City's Measurement period as required by the Affordable Care Act; and
- you pay any required contribution.

If you were previously insured and your insurance ceased, you must satisfy the Waiting Period to become insured again. If your insurance ceased because you were no longer employed in a Class of Eligible Employees, you are not required to satisfy any waiting period if you again become a member of a Class of Eligible Employees within one year after your insurance ceased.

Eligibility for Dependent Insurance

You will become eligible for Dependent insurance on the later of:

- the day you become eligible for yourself; or
- the day you acquire your first Dependent.

Waiting Period

The first day of the month following date of hire.

Classes of Eligible Employees

Each Employee as reported to the insurance company by your Employer.

Effective Date of Employee Insurance

You will become insured on the date you elect the insurance by signing an approved payroll deduction or enrollment form, as applicable, but no earlier than the date you become eligible.

You will become insured on your first day of eligibility, following your election, if you are in Active Service on that date, or if you are not in Active Service on that date due to your health status.

Late Entrant - Employee

You are a Late Entrant if:

- you elect the insurance more than 30 days after you become eligible; or
- you again elect it after you cancel your payroll deduction (if required).

Dependent Insurance

For your Dependents to be insured, you will have to pay the required contribution, if any, toward the cost of Dependent Insurance.

Effective Date of Dependent Insurance

Insurance for your Dependents will become effective on the date you elect it by signing an approved payroll deduction



form (if required), but no earlier than the day you become eligible for Dependent Insurance. All of your Dependents as defined will be included. A newborn child will be covered for the first 31 days of life even if you fail to enroll the child. If you enroll the child after the first 31 days and by the 60th day after his birth, coverage will be offered at an additional premium. Coverage for an adopted child will become effective from the date of placement in your home or from birth for the first 31 days even if you fail to enroll the child. However, if you enroll the adopted child between the 31st and 60th days after his birth or placement in your home, coverage will be offered at an additional premium.

Your Dependents will be insured only if you are insured.

Late Entrant – Dependent

You are a Late Entrant for Dependent Insurance if:

- you elect that insurance more than 30 days after you become eligible for it; or
- you again elect it after you cancel your payroll deduction (if required).

Exception for Newborns

Any Dependent child born while you are insured will become insured on the date of his birth if you elect Dependent Insurance no later than 31 days after his birth. If you do not elect to insure your newborn child within such 31 days, coverage for that child will end on the 31st day. No benefits for expenses incurred beyond the 31st day will be payable.

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you select for yourself may be different from the Primary Care Physician you select for each of your Dependents.

Changing Primary Care Physicians:

You may request a transfer from one Primary Care Physician to another by contacting us at the member services number on your ID card. Any such transfer will be effective on the first day of the month following the month in which the processing of the change request is completed.

In addition, if at any time a Primary Care Physician ceases to be a Participating Provider, you or your Dependent will be notified for the purpose of selecting a new Primary Care Physician, if you choose.

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Important Information About Your Medical Plan

Details of your medical benefits are described on the following pages.

Opportunity to Select a Primary Care Physician

Choice of Primary Care Physician:

This medical plan does not require that you select a Primary Care Physician or obtain a referral from a Primary Care Physician in order to receive all benefits available to you under this medical plan. Notwithstanding, a Primary Care Physician may serve an important role in meeting your health care needs by providing or arranging for medical care for you and your Dependents. For this reason, we encourage the use of Primary Care Physicians and provide you with the opportunity to select a Primary Care Physician from a list provided by Cigna for yourself and your Dependents. If you choose to select a Primary Care Physician, the Primary Care Physician



Open Access Plus In-Network Medical Benefits	
The Schedule	
For You and Your Dependents	
Open Access Plus In-Network Medical Benefits provide coverage for care In-Network. To receive Open Access Plus In-Network Medical Benefits, you and your Dependents may be required to pay a portion of the Covered Expenses for services and supplies. That portion is the Copayment, Deductible or Coinsurance.	
When you receive services from an In-Network Provider, remind your provider to utilize In-Network Providers for x-rays, lab tests and other services to ensure the cost may be considered at the In-Network level.	
If you are unable to locate an In-Network Provider in your area who can provide you with a service or supply that is covered under this plan, you must call the number on the back of your I.D. card to obtain authorization for Out-of-Network Provider coverage. If you obtain authorization for services provided by an Out-of-Network Provider, benefits for those services will be covered at the In-Network benefit level.	
Coinsurance	
The term Coinsurance means the percentage of charges for Covered Expenses that an insured person is required to pay under the plan.	
Copayments	
Copayments are expenses to be paid by you or your Dependent for covered services. Copayments are in addition to any Coinsurance.	
Out-of-Pocket Expenses	
Out-of-Pocket Expenses are Covered Expenses incurred for charges that are not paid by the benefit plan because of any Deductibles, Copayments or Coinsurance. Such Covered Expenses accumulate to the Out-of-Pocket Maximum shown in the Schedule. When the Out-of-Pocket Maximum is reached, all Covered Expenses, except charges for non-compliance penalties, are payable by the benefit plan at 100%.	
Multiple Surgical Reduction	
Multiple surgeries performed during one operating session result in payment reduction of 50% to the surgery of lesser charge. The most expensive procedure is paid as any other surgery.	
Assistant Surgeon and Co-Surgeon Charges	
Assistant Surgeon	
The maximum amount payable will be limited to charges made by an assistant surgeon that do not exceed a percentage of the surgeon's allowable charge as specified in Cigna Reimbursement Policies. (For purposes of this limitation, allowable charge means the amount payable to the surgeon prior to any reductions due to coinsurance or deductible amounts.)	
Co-Surgeon	
The maximum amount payable for charges made by co-surgeons will be limited to the amount specified in Cigna Reimbursement Policies.	



BENEFIT HIGHLIGHTS	IN-NETWORK
Lifetime Maximum	Unlimited
The Percentage of Covered Expenses the Plan Pays Note: "No charge" means an insured person is not required to pay Coinsurance.	100%
Combined Out-of-Pocket Maximum for Medical and Pharmacy expenses Individual Employee Plus 1 Family Maximum Family Maximum Calculation Individual Calculation: Family members meet only their individual Out-of-Pocket and then their claims will be covered at 100%; if the family Out-of-Pocket has been met prior to their individual Out-of-Pocket being met, their claims will be paid at 100%.	\$5,000 per employee \$7,000 per employee plus one \$10,000 per family
Combined Medical/Pharmacy Out-of-Pocket Maximum Combined Medical/Pharmacy Out-of-Pocket: includes retail and home delivery prescription drugs Home Delivery Pharmacy Costs Contribute to the Combined Medical/Pharmacy Out-of-Pocket Maximum	Yes Yes
Physician's Services Primary Care Physician's Office Visit Specialty Care Physician's Office Visits Consultant and Referral Physician's Services Note: OB/GYN providers will be considered either as a PCP or Specialist, depending on how the provider contracts with the Insurance Company. Surgery Performed in the Physician's Office Second Opinion Consultations (provided on a voluntary basis) Allergy Treatment/Injections (includes Allergy Skin Testing) Allergy Serum (dispensed by the Physician in the office)	No charge after \$40 per office visit copay No charge after \$60 per office visit copay No charge after the \$40 PCP or \$60 Specialist per office visit copay No charge after the \$40 PCP or \$60 Specialist per office visit copay No charge after \$10 per office visit copay No charge



BENEFIT HIGHLIGHTS	IN-NETWORK
Preventive Care Note: Includes coverage of additional services, such as urinalysis, EKG, and other laboratory tests, supplementing the standard Preventive Care benefit. Routine Preventive Care - all ages Immunizations - all ages	No charge No charge
Acupuncture Calendar maximum: Unlimited	No charge after \$60 per visit copay
Mammograms, PSA, PAP Smear/ Early Cancer Detection Colon/Rectal Preventive Care Related Services (i.e. "routine" services) Diagnostic Related Services (i.e. "non-routine" services) Note: Colonoscopies and all associated charges covered at 100% preventive/diagnostic	No charge No charge
Inpatient Hospital - Facility Services Semi-Private Room and Board Private Room Special Care Units (ICU/CCU)	\$500 per day copay, then 100% (Copays will not exceed \$2,500 per Calendar Year) Limited to the semi-private negotiated rate Limited to the semi-private negotiated rate Limited to the negotiated rate
Outpatient Facility Services Operating Room, Recovery Room, Procedures Room, Treatment Room and Observation Room Note: Non-surgical treatment procedures are not subject to the facility copay/deductible.	\$500 per visit copay, then 100% Upper GI: \$200 per visit copay, then 100%
Inpatient Hospital Physician's Visits/Consultations	100%
Inpatient Hospital Professional Services Surgeon Radiologist Pathologist Anesthesiologist	100%



BENEFIT HIGHLIGHTS	IN-NETWORK
Outpatient Professional Services Surgeon Radiologist Pathologist Anesthesiologist	100%
Emergency and Urgent Care Services Physician's Office Visit Hospital Emergency Room Outpatient Professional services (radiology, pathology and ER Physician) Urgent Care Facility or Outpatient Facility X-ray and/or Lab performed at the Emergency Room/Urgent Care Facility (billed by the facility as part of the ER/UC visit) Independent x-ray and/or Lab Facility in conjunction with an ER visit Advanced Radiological Imaging (i.e. MRIs, MRAs, CAT Scans, PET Scans etc.) Ambulance	No charge after the \$40 PCP or \$60 Specialist per office visit copay No charge after \$200 per visit copay* *waived if admitted No charge No charge after \$60 per visit copay* *waived if admitted No charge No charge No charge 100%
Inpatient Services at Other Health Care Facilities Includes Skilled Nursing Facility, Rehabilitation Hospital and Sub-Acute Facilities Calendar Year Maximum: 90 days combined	90%
Laboratory and Radiology Services (includes pre-admission testing) Physician's Office Visit Outpatient Hospital Facility Independent X-ray and/or Lab Facility	No charge after the \$40 PCP or \$60 Specialist per office visit copay 90% 90%
Advanced Radiological Imaging (i.e. MRIs, MRAs, CAT Scans and PET Scans) The scan copay applies per type of scan per day Physician's Office Visit Inpatient Facility Outpatient Facility	No charge after the \$40 PCP or \$60 Specialist per office visit copay 100% \$200 scan copay, then 100%



BENEFIT HIGHLIGHTS	IN-NETWORK
Outpatient Short-Term Rehabilitative Therapy Calendar Year Maximum: 60 days for each therapy Includes: Physical Therapy Speech Therapy Occupational Therapy Pulmonary Rehab Note: The Short-Term Rehabilitative Therapy maximum does not apply to the treatment of autism. Cognitive Therapy can be related to any therapy and will be combined with the respective therapy.	No charge after \$20 per office visit copay Note: Outpatient Short Term Rehab copay applies, regardless of place of service, including the home.
Outpatient Cardiac Rehabilitation Calendar Year Maximum: 18 days	No charge after the \$20 per office visit copay
Chiropractic Care Calendar Year Maximum: 20 days Physician's Office Visit	No charge after \$60 per office visit copay
Home Health Care Calendar Year Maximum: Unlimited (includes outpatient private nursing when approved as Medically Necessary)	90%
Hospice Inpatient Services Outpatient Services (same coinsurance level as Home Health Care)	90% 90%
Bereavement Counseling Services Provided as part of Hospice Care Inpatient Outpatient Services Provided by Mental Health Professional	90% 90% Covered under Mental Health benefit



BENEFIT HIGHLIGHTS	IN-NETWORK
<p>Maternity Care Services</p> <p>Initial Visit to Confirm Pregnancy</p> <p>Note: OB/GYN providers will be considered either as a PCP or Specialist, depending on how the provider contracts with the Insurance Company.</p> <p>All subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges (i.e. global maternity fee)</p> <p>Physician's Office Visits in addition to the global maternity fee when performed by an OB/GYN or Specialist</p> <p>Delivery - Facility (Inpatient Hospital, Birthing Center)</p>	<p>No charge after the \$40 PCP or \$60 Specialist per office visit copay</p> <p>100%</p> <p>No charge after the \$40 PCP or \$60 Specialist per office visit copay</p> <p>\$500 per day copay, then 100% (Copays will not exceed \$2,500 per Calendar Year)</p>
<p>Abortion</p> <p>Includes elective and non-elective procedures</p> <p>Physician's Office Visit</p> <p>Inpatient Facility</p> <p>Outpatient Facility</p> <p>Physician's Services</p>	<p>No charge after the \$40 PCP or \$60 Specialist per office visit copay</p> <p>\$500 per day copay, then 100% (Copays will not exceed \$2,500 per Calendar Year)</p> <p>\$500 per visit copay, then 100%</p> <p>100%</p>
<p>Women's Family Planning Services</p> <p>Office Visits, Lab and Radiology Tests and Counseling</p> <p>Note: Includes coverage for contraceptive devices (e.g., Depo-Provera and Intrauterine Devices (IUDs)) as ordered or prescribed by a physician. Diaphragms also are covered when services are provided in the physician's office.</p> <p>Surgical Sterilization Procedures for Tubal Ligation (excludes reversals)</p> <p>Physician's Office Visit</p> <p>Inpatient Facility</p> <p>Outpatient Facility</p> <p>Physician's Services</p>	<p>No charge</p> <p>No charge</p> <p>No charge</p> <p>No charge</p> <p>No charge</p> <p>No charge</p> <p>No charge</p> <p>No charge</p>



BENEFIT HIGHLIGHTS	IN-NETWORK
Men's Family Planning Services Office Visits, Lab and Radiology Tests and Counseling Surgical Sterilization Procedures for Vasectomy (excludes reversals) Physician's Office Visit Inpatient Facility Outpatient Facility Physician's Services	No charge after the \$40 PCP or \$60 Specialist per office visit copay No charge after the \$40 PCP or \$60 Specialist per office visit copay \$500 per day copay, then 100% (Copays will not exceed \$2,500 per Calendar Year) \$500 per visit copay, then 100% 100%
Infertility Treatment Services Not Covered include: <ul style="list-style-type: none"> • Testing performed specifically to determine the cause of infertility. • Treatment and/or procedures performed specifically to restore fertility (e.g. procedures to correct an infertility condition). • Artificial means of becoming pregnant (e.g. Artificial Insemination, In-vitro, GIFT, ZIFT, etc). Note: Coverage will be provided for the treatment of an underlying medical condition up to the point an infertility condition is diagnosed. Services will be covered as any other illness.	Not Covered
Organ Transplants Includes all medically appropriate, non-experimental transplants Physician's Office Visit Inpatient Facility Physician's Services Lifetime Travel Maximum: \$10,000 per transplant	No charge after the \$40 PCP or \$60 Specialist per office visit copay 100% at Lifesource center after \$500 per admission copay, otherwise 100% after \$500 per day copay, then 100% (Copays will not exceed \$2,500 per Calendar Year) 100% at Lifesource center, otherwise 100% No charge (only available when using Lifesource facility)
Durable Medical Equipment Calendar Year Maximum: Unlimited	90%



BENEFIT HIGHLIGHTS	IN-NETWORK
Breast Feeding Equipment and Supplies Note: Includes the rental of one breast pump per birth as ordered or prescribed by a physician. Includes related supplies.	No charge
External Prosthetic Appliances Calendar Year Maximum: Unlimited	90%
Penile Pump Note: For use as a result of Prostate Cancer treatment based on Cigna's coverage position.	100%
Diabetic Equipment Calendar Year Maximum: Unlimited	100%
Nutritional Evaluation Calendar Year Maximum: 3 visits per person Physician's Office Visit Inpatient Facility Outpatient Facility Physician's Services	No charge after the \$40 PCP or \$60 Specialist per office visit copay \$500 per day copay, then 100% (Copays will not exceed \$2,500 per Calendar Year) \$500 per visit copay, then 100% 100%
Dental Care Limited to charges made for a continuous course of dental treatment started within six months of an injury to sound, natural teeth. Physician's Office Visit Inpatient Facility Outpatient Facility Physician's Services	No charge after the \$40 PCP or \$60 Specialist per office visit copay \$500 per day copay, then 100% (Copays will not exceed \$2,500 per Calendar Year) \$500 per visit copay, then 100% 100%



BENEFIT HIGHLIGHTS	IN-NETWORK
Bariatric Surgery Note: Subject to any limitations shown in the “Exclusions, Expenses Not Covered and General Limitations” section of this certificate. Physician’s Office Visit Inpatient Facility Outpatient Facility Physician’s Services	No charge after the \$40 PCP or \$60 Specialist per office visit copay \$500 per day copay, then 100% (Copays will not exceed \$2,500 per Calendar Year) \$500 per visit copay, then 100% 100%
Routine Foot Disorders	Not covered except for services associated with foot care for diabetes and peripheral vascular disease when Medically Necessary.
Treatment Resulting From Life Threatening Emergencies Medical treatment required as a result of an emergency, such as a suicide attempt, will be considered a medical expense until the medical condition is stabilized. Once the medical condition is stabilized, whether the treatment will be characterized as either a medical expense or a mental health/substance abuse expense will be determined by the utilization review Physician in accordance with the applicable mixed services claim guidelines.	
Mental Health Inpatient Outpatient (Includes Individual, Group and Intensive Outpatient) Physician’s Office Visit Outpatient Facility	\$500 per day copay, then 100% (Copays will not exceed \$2,500 per Calendar Year) \$40 per visit copay 100%
Substance Abuse Inpatient Outpatient (Includes Individual and Intensive Outpatient) Physician’s Office Visit Outpatient Facility	\$500 per day copay, then 100% (Copays will not exceed \$2,500 per Calendar Year) \$40 per visit copay 100%



Open Access Plus In-Network Medical Benefits

Prior Authorization/Pre-Authorized

The term Prior Authorization means the approval that a Participating Provider must receive from the Review Organization, prior to services being rendered, in order for certain services and benefits to be covered under this policy.

Services that require Prior Authorization include, but are not limited to:

- inpatient Hospital services, except for 48/96 hour maternity stays;
- inpatient services at any participating Other Health Care Facility;
- residential treatment;
- outpatient facility services;
- intensive outpatient programs;
- advanced radiological imaging;
- non-emergency ambulance; or
- transplant services.

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Covered Expenses

The term Covered Expenses means the expenses incurred by or on behalf of a person for the charges listed below if they are incurred after he becomes insured for these benefits. Expenses incurred for such charges are considered Covered Expenses to the extent that the services or supplies provided are recommended by a Physician, and are Medically Necessary for the care and treatment of an Injury or a Sickness, as determined by Cigna. **Any applicable Copayments, Deductibles or limits are shown in The Schedule.**

Covered Expenses

- charges made by a Hospital, on its own behalf, for Bed and Board and other Necessary Services and Supplies; except that for any day of Hospital Confinement, Covered Expenses will not include that portion of charges for Bed and Board which is more than the Bed and Board Limit shown in The Schedule.
- charges for licensed ambulance service to or from the nearest Hospital where the needed medical care and treatment can be provided.

- charges made by a Hospital, on its own behalf, for medical care and treatment received as an outpatient.
- charges made by a Free-Standing Surgical Facility, on its own behalf for medical care and treatment.
- charges made on its own behalf, by an Other Health Care Facility, including a Skilled Nursing Facility, a Rehabilitation Hospital or a subacute facility for medical care and treatment; except that for any day of Other Health Care Facility confinement, Covered Expenses will not include that portion of charges which are in excess of the Other Health Care Facility Daily Limit shown in The Schedule.
- charges made for Emergency Services and Urgent Care.
- charges made by a Physician or a Psychologist for professional services.
- charges made by a Nurse, other than a member of your family or your Dependent's family, for professional nursing service.
- charges made for anesthetics and their administration; diagnostic x-ray and laboratory examinations; x-ray, radium, and radioactive isotope treatment; chemotherapy; blood transfusions; oxygen and other gases and their administration.
- charges made for an annual prostate-specific antigen test (PSA).
- charges made for laboratory services, radiation therapy and other diagnostic and therapeutic radiological procedures.
- charges made for Family Planning, including medical history, physical exam, related laboratory tests, medical supervision in accordance with generally accepted medical practices, other medical services, information and counseling on contraception, implanted/injected contraceptives, after appropriate counseling, medical services connected with surgical therapies (tubal ligations, vasectomies).
- charges made for the following preventive care services (detailed information is available at www.healthcare.gov):
 - (1) evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force;
 - (2) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the Covered Person involved;
 - (3) for infants, children, and adolescents, evidence-informed preventive care and screenings provided for in



- the comprehensive guidelines supported by the Health Resources and Services Administration;
- (4) for women, such additional preventive care and screenings not described in paragraph (1) as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.
 - charges made for diagnosis and Medically Necessary surgical procedures to treat dysfunction of the temporomandibular joint.
 - charges made for acupuncture.
 - coverage for diagnosis and treatment of autism spectrum disorder to include autistic disorder, Asperger's Syndrome and pervasive developmental disorder not otherwise specified, when prescribed by a treating Physician in accordance with a treatment plan for individuals diagnosed at age 8 or younger. Coverage is provided for Dependents to age 18, or older if attending High School. Treatment includes well-baby and well-child screening for diagnosis and treatment through speech therapy, occupational therapy, physical therapy and applied behavior analysis. Day or visit maximums applied to such treatment for other causes will not apply to treatment of autism spectrum disorder.
 - charges made by a Physician, certified diabetes educator or licensed dietitian for a program which provides instruction on an outpatient basis for a person who has been diagnosed as having diabetes, for the purpose of instructing such person about the condition and its control.
 - charges for general anesthesia and hospitalization services for dental procedures for an individual who is under age 8 and for whom it is determined by a licensed Dentist and the child's Physician that treatment in a Hospital or ambulatory surgical center is necessary due to a significantly complex dental condition or developmental disability in which patient management in the dental office has proven to be ineffective; or has one or more medical conditions that would create significant or undue medical risk if the procedure were not rendered in a Hospital or ambulatory surgical center.
 - charges for the services of certified nurse-midwives, licensed midwives, and licensed birth centers regardless of whether or not such services are received in a home birth setting.
 - charges for the treatment of cleft lip and cleft palate including medical, dental, speech therapy, audiology and nutrition services, when prescribed by a Physician.
 - charges for newborn and infant hearing screening and Medically Necessary follow-up evaluations. When ordered by the treating Physician, a newborn's hearing screening must include auditory brainstem responses or evoked otoacoustic emissions or other appropriate technology approved by the FDA. All screenings shall be conducted by

a licensed audiologist, Physician, or supervised individual who has training specific to newborn hearing screening. Newborn means an age range from birth through 29 days. Infant means an age range from 30 days through 12 months.

- charges for or in connection with Medically Necessary diagnosis and treatment of osteoporosis for high risk individuals. This includes, but is not limited to individuals who: have vertebral abnormalities; are receiving long-term glucocorticoid (steroid) therapy; have primary hyperparathyroidism; have a family history of osteoporosis; and/or are estrogen-deficient individuals who are at clinical risk for osteoporosis.
- charges made for or in connection with mammograms for breast cancer screening or diagnostic purposes, including, but not limited to: a baseline mammogram for women ages 35 through 39; a mammogram for women ages 40 through 49, every two years or more frequently based on the attending Physician's recommendations; a mammogram every year for women age 50 and over; and one or more mammograms upon the recommendation of a Physician for any woman who is at risk for breast cancer due to her family history; has biopsy proven benign breast disease; or has not given birth before age 30. A mammogram will be covered with or without a Physician's recommendation, provided the mammogram is performed at an approved facility for breast cancer screening.
- charges for an inpatient Hospital stay following a mastectomy will be covered for a period determined to be Medically Necessary by the Physician and in consultation with the patient. Postsurgical follow-up care may be provided at the Hospital, Physician's office, outpatient center, or at the home of the patient.

In addition, Covered Expenses will include expenses incurred at any of the Approximate Age Intervals shown below, for a Dependent child who is age 15 or less, for charges made for Child Preventive Care Services consisting of the following services delivered or supervised by a Physician, in keeping with prevailing medical standards:

- a history;
- physical examination;
- development assessment;
- anticipatory guidance; and
- appropriate immunizations and laboratory tests;
- excluding any charges for:
- more than one visit to one provider for Child Preventive Care Services at each of the Approximate Age Intervals, up to a total of 18 visits for each Dependent child;
- services for which benefits are otherwise provided under this Covered Expenses section;



- services for which benefits are not payable, according to the Expenses Not Covered section.

It is provided that any Deductible that would otherwise apply will be waived for those Covered Expenses incurred for Child Preventive Care Services. Approximate Age Intervals are: Birth, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4 years, 5 years, 6 years, 8 years, 10 years, 12 years, 14 years and 15 years.

Clinical Trials

This benefit plan covers routine patient care costs related to a qualified clinical trial for an individual who meets the following requirements:

- (a) is eligible to participate in an approved clinical trial according to the trial protocol with respect to treatment of cancer or other life-threatening disease or condition; and
- (b) either
 - the referring health care professional is a participating health care provider and has concluded that the individual's participation in such trial would be appropriate based upon the individual meeting the conditions described in paragraph (a); or
 - the individual provides medical and scientific information establishing that the individual's participation in such trial would be appropriate based upon the individual meeting the conditions described in paragraph (a).

For purposes of clinical trials, the term "life-threatening disease or condition" means any disease or condition from which the likelihood of death is probable unless the course of the disease or condition is interrupted.

The clinical trial must meet the following requirements:

The study or investigation must:

- be approved or funded by any of the agencies or entities authorized by federal law to conduct clinical trials;
- be conducted under an investigational new drug application reviewed by the Food and Drug Administration; or
- involve a drug trial that is exempt from having such an investigational new drug application.

Routine patient care costs are costs associated with the provision of health care items and services including drugs, items, devices and services otherwise covered by this benefit plan for an individual who is not enrolled in a clinical trial and, in addition:

- services required solely for the provision of the investigational drug, item, device or service;
- services required for the clinically appropriate monitoring of the investigational drug, device, item or service;

- services provided for the prevention of complications arising from the provision of the investigational drug, device, item or service; and
- reasonable and necessary care arising from the provision of the investigational drug, device, item or service, including the diagnosis or treatment of complications.

Routine patient care costs do not include:

- the investigational drug, item, device, or service, itself; or
- items and services that are provided solely to satisfy data collection and analysis needs and that are not used in the direct clinical management of the patient.

If your plan includes In-Network providers, Clinical trials conducted by non-participating providers will be covered at the In-Network benefit level if:

- there are not In-Network providers participating in the clinical trial that are willing to accept the individual as a patient, or
- the clinical trial is conducted outside the individual's state of residence.

Genetic Testing

Charges made for genetic testing that uses a proven testing method for the identification of genetically-linked inheritable disease. Genetic testing is covered only if:

- a person has symptoms or signs of a genetically-linked inheritable disease;
- it has been determined that a person is at risk for carrier status as supported by existing peer-reviewed, evidence-based, scientific literature for the development of a genetically-linked inheritable disease when the results will impact clinical outcome; or
- the therapeutic purpose is to identify specific genetic mutation that has been demonstrated in the existing peer-reviewed, evidence-based, scientific literature to directly impact treatment options.

Pre-implantation genetic testing, genetic diagnosis prior to embryo transfer, is covered when either parent has an inherited disease or is a documented carrier of a genetically-linked inheritable disease.

Genetic counseling is covered if a person is undergoing approved genetic testing, or if a person has an inherited disease and is a potential candidate for genetic testing. Genetic counseling is limited to 3 visits per calendar year for both pre- and post-genetic testing.

Nutritional Evaluation

Charges made for nutritional evaluation and counseling when diet is a part of the medical management of a documented organic disease.



Internal Prosthetic/Medical Appliances

Charges made for internal prosthetic/medical appliances that provide permanent or temporary internal functional supports for nonfunctional body parts are covered. Medically Necessary repair, maintenance or replacement of a covered appliance is also covered.

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Orthognathic Surgery

- orthognathic surgery to repair or correct a severe facial deformity or disfigurement that orthodontics alone can not correct, provided:
 - the deformity or disfigurement is accompanied by a documented clinically significant functional impairment, and there is a reasonable expectation that the procedure will result in meaningful functional improvement; or
 - the orthognathic surgery is Medically Necessary as a result of tumor, trauma, disease; or
 - the orthognathic surgery is performed prior to age 19 and is required as a result of severe congenital facial deformity or congenital condition.

Repeat or subsequent orthognathic surgeries for the same condition are covered only when the previous orthognathic surgery met the above requirements, and there is a high probability of significant additional improvement as determined by the utilization review Physician.

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Cardiac Rehabilitation

- Phase II cardiac rehabilitation provided on an outpatient basis following diagnosis of a qualifying cardiac condition when Medically Necessary. Phase II is a Hospital-based outpatient program following an inpatient Hospital discharge. The Phase II program must be Physician directed with active treatment and EKG monitoring.

Phase III and Phase IV cardiac rehabilitation is not covered. Phase III follows Phase II and is generally conducted at a recreational facility primarily to maintain the patient's status achieved through Phases I and II. Phase IV is an advancement of Phase III which includes more active participation and weight training.

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Home Health Services

- charges made for Home Health Services when you: require skilled care; are unable to obtain the required care as an ambulatory outpatient; and do not require confinement in a Hospital or Other Health Care Facility.

Home Health Services are provided only if Cigna has determined that the home is a medically appropriate setting. If you are a minor or an adult who is dependent upon others for nonskilled care and/or custodial services (e.g., bathing, eating, toileting), Home Health Services will be provided for you only during times when there is a family member or care giver present in the home to meet your nonskilled care and/or custodial services needs.

Home Health Services are those skilled health care services that can be provided during visits by Other Health Care Professionals. The services of a home health aide are covered when rendered in direct support of skilled health care services provided by Other Health Care Professionals. A visit is defined as a period of 2 hours or less. Home Health Services are subject to a maximum of 16 hours in total per day. Necessary consumable medical supplies and home infusion therapy administered or used by Other Health Care Professionals in providing Home Health Services are covered. Home Health Services do not include services by a person who is a member of your family or your Dependent's family or who normally resides in your house or your Dependent's house even if that person is an Other Health Care Professional. Skilled nursing services or private duty nursing services provided in the home are subject to the Home Health Services benefit terms, conditions and benefit limitations. Physical, occupational, and other Short-Term Rehabilitative Therapy services provided in the home are not subject to the Home Health Services benefit limitations in the Schedule, but are subject to the benefit limitations described under Short-term Rehabilitative Therapy Maximum shown in The Schedule.

HC-COV5

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Hospice Care Services

- charges made for a person who has been diagnosed as having six months or fewer to live, due to Terminal Illness, for the following Hospice Care Services provided under a Hospice Care Program:
 - by a Hospice Facility for Bed and Board and Services and Supplies;
 - by a Hospice Facility for services provided on an outpatient basis;



- by a Physician for professional services;
- by a Psychologist, social worker, family counselor or ordained minister for individual and family counseling;
- for pain relief treatment, including drugs, medicines and medical supplies;
- by an Other Health Care Facility for:
 - part-time or intermittent nursing care by or under the supervision of a Nurse;
 - part-time or intermittent services of an Other Health Care Professional;
- physical, occupational and speech therapy;
- medical supplies; drugs and medicines lawfully dispensed only on the written prescription of a Physician; and laboratory services; but only to the extent such charges would have been payable under the policy if the person had remained or been Confined in a Hospital or Hospice Facility.

The following charges for Hospice Care Services are not included as Covered Expenses:

- for the services of a person who is a member of your family or your Dependent's family or who normally resides in your house or your Dependent's house;
- for any period when you or your Dependent is not under the care of a Physician;
- for services or supplies not listed in the Hospice Care Program;
- for any curative or life-prolonging procedures;
- to the extent that any other benefits are payable for those expenses under the policy;
- for services or supplies that are primarily to aid you or your Dependent in daily living.

HC-COV6

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VI

Mental Health and Substance Abuse Services

Mental Health Services are services that are required to treat a disorder that impairs the behavior, emotional reaction or thought processes. In determining benefits payable, charges made for the treatment of any physiological conditions related to Mental Health will not be considered to be charges made for treatment of Mental Health.

Substance Abuse is defined as the psychological or physical dependence on alcohol or other mind-altering drugs that requires diagnosis, care, and treatment. In determining benefits payable, charges made for the treatment of any physiological conditions related to rehabilitation services for

alcohol or drug abuse or addiction will not be considered to be charges made for treatment of Substance Abuse.

Inpatient Mental Health Services

Services that are provided by a Hospital while you or your Dependent is Confined in a Hospital for the treatment and evaluation of Mental Health. Inpatient Mental Health Services include Partial Hospitalization and Mental Health Residential Treatment Services.

Partial Hospitalization sessions are services that are provided for not less than 4 hours and not more than 12 hours in any 24-hour period.

Mental Health Residential Treatment Services are services provided by a Hospital for the evaluation and treatment of the psychological and social functional disturbances that are a result of subacute Mental Health conditions.

Mental Health Residential Treatment Center means an institution which specializes in the treatment of psychological and social disturbances that are the result of Mental Health conditions; provides a subacute, structured, psychotherapeutic treatment program, under the supervision of Physicians; provides 24-hour care, in which a person lives in an open setting; and is licensed in accordance with the laws of the appropriate legally authorized agency as a residential treatment center.

A person is considered confined in a Mental Health Residential Treatment Center when she/he is a registered bed patient in a Mental Health Residential Treatment Center upon the recommendation of a Physician.

Outpatient Mental Health Services

Services of Providers who are qualified to treat Mental Health when treatment is provided on an outpatient basis, while you or your Dependent is not Confined in a Hospital, and is provided in an individual, group or Mental Health Intensive Outpatient Therapy Program. Covered services include, but are not limited to, outpatient treatment of conditions such as: anxiety or depression which interfere with daily functioning; emotional adjustment or concerns related to chronic conditions, such as psychosis or depression; emotional reactions associated with marital problems or divorce; child/adolescent problems of conduct or poor impulse control; affective disorders; suicidal or homicidal threats or acts; eating disorders; or acute exacerbation of chronic Mental Health conditions (crisis intervention and relapse prevention) and outpatient testing and assessment.

A Mental Health Intensive Outpatient Therapy Program consists of distinct levels or phases of treatment that are provided by a certified/licensed Mental Health program. Intensive Outpatient Therapy Programs provide a combination of individual, family and/or group therapy in a day, totaling nine or more hours in a week.



Inpatient Substance Abuse Rehabilitation Services

Services provided for rehabilitation, while you or your Dependent is Confined in a Hospital, when required for the diagnosis and treatment of abuse or addiction to alcohol and/or drugs. Inpatient Substance Abuse Services include Partial Hospitalization sessions and Residential Treatment services.

Partial Hospitalization sessions are services that are provided for not less than 4 hours and not more than 12 hours in any 24-hour period.

Substance Abuse Residential Treatment Services are services provided by a Hospital for the evaluation and treatment of the psychological and social functional disturbances that are a result of subacute Substance Abuse conditions.

Substance Abuse Residential Treatment Center means an institution which specializes in the treatment of psychological and social disturbances that are the result of Substance Abuse; provides a subacute, structured, psychotherapeutic treatment program, under the supervision of Physicians; provides 24-hour care, in which a person lives in an open setting; and is licensed in accordance with the laws of the appropriate legally authorized agency as a residential treatment center.

A person is considered confined in a Substance Abuse Residential Treatment Center when she/he is a registered bed patient in a Substance Abuse Residential Treatment Center upon the recommendation of a Physician.

Outpatient Substance Abuse Rehabilitation Services

Services provided for the diagnosis and treatment of abuse or addiction to alcohol and/or drugs, while you or your Dependent is not Confined in a Hospital, including outpatient rehabilitation in an individual, or a Substance Abuse Intensive Outpatient Therapy Program.

A Substance Abuse Intensive Outpatient Therapy Program consists of distinct levels or phases of treatment that are provided by a certified/licensed Substance Abuse program. Intensive Outpatient Therapy Programs provide a combination of individual, family and/or group therapy in a day, totaling nine, or more hours in a week.

Substance Abuse Detoxification Services

Detoxification and related medical ancillary services are provided when required for the diagnosis and treatment of addiction to alcohol and/or drugs. Cigna will decide, based on the Medical Necessity of each situation, whether such services will be provided in an inpatient or outpatient setting.

Exclusions

The following are specifically excluded from Mental Health and Substance Abuse Services:

- any court ordered treatment or therapy, or any treatment or therapy ordered as a condition of parole, probation or

custody or visitation evaluations unless Medically Necessary and otherwise covered under this policy or agreement.

- treatment of disorders which have been diagnosed as organic mental disorders associated with permanent dysfunction of the brain.
- developmental disorders, including but not limited to, developmental reading disorders, developmental arithmetic disorders, developmental language disorders or developmental articulation disorders.
- counseling for activities of an educational nature.
- counseling for borderline intellectual functioning.
- counseling for occupational problems.
- counseling related to consciousness raising.
- vocational or religious counseling.
- I.Q. testing.
- custodial care, including but not limited to geriatric day care.
- psychological testing on children requested by or for a school system.
- occupational/recreational therapy programs even if combined with supportive therapy for age-related cognitive decline.

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Durable Medical Equipment

- charges made for purchase or rental of Durable Medical Equipment that is ordered or prescribed by a Physician and provided by a vendor approved by Cigna for use outside a Hospital or Other Health Care Facility. Coverage for repair, replacement or duplicate equipment is provided only when required due to anatomical change and/or reasonable wear and tear. All maintenance and repairs that result from a person's misuse are the person's responsibility. Coverage for Durable Medical Equipment is limited to the lowest-cost alternative as determined by the utilization review Physician.

Durable Medical Equipment is defined as items which are designed for and able to withstand repeated use by more than one person; customarily serve a medical purpose; generally are not useful in the absence of Injury or Sickness; are appropriate for use in the home; and are not disposable. Such equipment includes, but is not limited to, crutches, hospital beds, respirators, wheel chairs, and dialysis machines.



Durable Medical Equipment items that are not covered include but are not limited to those that are listed below:

- **Bed Related Items:** bed trays, over the bed tables, bed wedges, pillows, custom bedroom equipment, mattresses, including nonpower mattresses, custom mattresses and posturepedic mattresses.
- **Bath Related Items:** bath lifts, nonportable whirlpools, bathtub rails, toilet rails, raised toilet seats, bath benches, bath stools, hand held showers, paraffin baths, bath mats, and spas.
- **Chairs, Lifts and Standing Devices:** computerized or gyroscopic mobility systems, roll about chairs, geriatric chairs, hip chairs, seat lifts (mechanical or motorized), patient lifts (mechanical or motorized – manual hydraulic lifts are covered if patient is two-person transfer), and auto tilt chairs.
- **Fixtures to Real Property:** ceiling lifts and wheelchair ramps.
- **Car/Van Modifications.**
- **Air Quality Items:** room humidifiers, vaporizers, air purifiers and electrostatic machines.
- **Blood/Injection Related Items:** blood pressure cuffs, centrifuges, nova pens and needleless injectors.
- **Other Equipment:** heat lamps, heating pads, cryounits, cryotherapy machines, electronic-controlled therapy units, ultraviolet cabinets, sheepskin pads and boots, postural drainage board, AC/DC adaptors, enuresis alarms, magnetic equipment, scales (baby and adult), stair gliders, elevators, saunas, any exercise equipment and diathermy machines.

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External Prosthetic Appliances and Devices

- charges made or ordered by a Physician for: the initial purchase and fitting of external prosthetic appliances and devices available only by prescription which are necessary for the alleviation or correction of Injury, Sickness or congenital defect. Coverage for External Prosthetic Appliances is limited to the most appropriate and cost effective alternative as determined by the utilization review Physician.

External prosthetic appliances and devices shall include prostheses/prosthetic appliances and devices, orthoses and orthotic devices; braces; and splints.

Prostheses/Prosthetic Appliances and Devices

Prostheses/prosthetic appliances and devices are defined as fabricated replacements for missing body parts.

Prostheses/prosthetic appliances and devices include, but are not limited to:

- basic limb prostheses;
- terminal devices such as hands or hooks; and
- speech prostheses.

Orthoses and Orthotic Devices

Orthoses and orthotic devices are defined as orthopedic appliances or apparatuses used to support, align, prevent or correct deformities. Coverage is provided for custom foot orthoses and other orthoses as follows:

- Nonfoot orthoses – only the following nonfoot orthoses are covered:
 - rigid and semirigid custom fabricated orthoses;
 - semirigid prefabricated and flexible orthoses; and
 - rigid prefabricated orthoses including preparation, fitting and basic additions, such as bars and joints.
- Custom foot orthoses – custom foot orthoses are only covered as follows:
 - for persons with impaired peripheral sensation and/or altered peripheral circulation (e.g. diabetic neuropathy and peripheral vascular disease);
 - when the foot orthosis is an integral part of a leg brace and is necessary for the proper functioning of the brace;
 - when the foot orthosis is for use as a replacement or substitute for missing parts of the foot (e.g. amputated toes) and is necessary for the alleviation or correction of Injury, Sickness or congenital defect; and
 - for persons with neurologic or neuromuscular condition (e.g. cerebral palsy, hemiplegia, spina bifida) producing spasticity, malalignment, or pathological positioning of the foot and there is reasonable expectation of improvement.

The following are specifically excluded orthoses and orthotic devices:

- prefabricated foot orthoses;
- cranial banding and/or cranial orthoses. Other similar devices are excluded except when used postoperatively for synostotic plagiocephaly. When used for this indication, the cranial orthosis will be subject to the limitations and maximums of the External Prosthetic Appliances and Devices benefit;
- orthosis shoes, shoe additions, procedures for foot orthopedic shoes, shoe modifications and transfers;
- orthoses primarily used for cosmetic rather than functional reasons; and
- orthoses primarily for improved athletic performance or sports participation.



Braces

A Brace is defined as an orthosis or orthopedic appliance that supports or holds in correct position any movable part of the body and that allows for motion of that part.

The following braces are specifically excluded: Copes scoliosis braces.

Splints

A Splint is defined as an appliance for preventing movement of a joint or for the fixation of displaced or movable parts.

Coverage for replacement of external prosthetic appliances and devices is limited to the following:

- replacement due to regular wear. Replacement for damage due to abuse or misuse by the person will not be covered.
- replacement will be provided when anatomic change has rendered the external prosthetic appliance or device ineffective. Anatomic change includes significant weight gain or loss, atrophy and/or growth.
- Coverage for replacement is limited as follows:
 - no more than once every 24 months for persons 19 years of age and older;
 - no more than once every 12 months for persons 18 years of age and under; and
 - replacement due to a surgical alteration or revision of the site.

The following are specifically excluded external prosthetic appliances and devices:

- external and internal power enhancements or power controls for prosthetic limbs and terminal devices; and
- myoelectric prostheses peripheral nerve stimulators.

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Short-Term Rehabilitative Therapy

Short-term Rehabilitative Therapy that is part of a rehabilitation program, including physical, speech, occupational, cognitive, osteopathic manipulative, and pulmonary rehabilitation therapy, when provided in the most medically appropriate setting.

The following limitation applies to Short-term Rehabilitative Therapy:

- occupational therapy is provided only for purposes of enabling persons to perform the activities of daily living after an Illness or Injury or Sickness.

Short-term Rehabilitative Therapy services that are not covered include but are not limited to:

- sensory integration therapy, group therapy; treatment of dyslexia; behavior modification or myofunctional therapy for dysfluency, such as stuttering or other involuntarily acted conditions without evidence of an underlying medical condition or neurological disorder;
- treatment for functional articulation disorder such as correction of tongue thrust, lisp, verbal apraxia or swallowing dysfunction that is not based on an underlying diagnosed medical condition or Injury; and
- maintenance or preventive treatment consisting of routine, long term or non-Medically Necessary care provided to prevent recurrence or to maintain the patient's current status.

Multiple outpatient services provided on the same day constitute one day.

A separate Copayment will apply to the services provided by each provider.

Services that are provided by a chiropractic Physician are not covered. These services include the conservative management of acute neuromusculoskeletal conditions through manipulation and ancillary physiological treatment rendered to restore motion, reduce pain and improve function.

Chiropractic Care Services

Charges made for diagnostic and treatment services utilized in an office setting by chiropractic Physicians. Chiropractic treatment includes the conservative management of acute neuromusculoskeletal conditions through manipulation and ancillary physiological treatment rendered to specific joints to restore motion, reduce pain, and improve function. For these services you have direct access to qualified chiropractic Physicians.

The following limitation applies to Chiropractic Care Services:

- occupational therapy is provided only for purposes of enabling persons to perform the activities of daily living after an Injury or Sickness.

Chiropractic Care services that are not covered include but are not limited to:

- services of a chiropractor which are not within his scope of practice, as defined by state law;
- charges for care not provided in an office setting;
- maintenance or preventive treatment consisting of routine, long term or non-Medically Necessary care provided to prevent recurrence or to maintain the patient's current status;



- vitamin therapy.

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Breast Reconstruction and Breast Prostheses

- charges made for reconstructive surgery following a mastectomy; benefits include: surgical services for reconstruction of the breast on which surgery was performed; surgical services for reconstruction of the nondiseased breast to produce symmetrical appearance; postoperative breast prostheses; and mastectomy bras and external prosthetics, limited to the lowest cost alternative available that meets external prosthetic placement needs. During all stages of mastectomy, treatment of physical complications, including lymphedema therapy, are covered.

Reconstructive Surgery

- charges made for reconstructive surgery or therapy to repair or correct a severe physical deformity or disfigurement which is accompanied by functional deficit; (other than abnormalities of the jaw or conditions related to TMJ disorder) provided that: the surgery or therapy restores or improves function; reconstruction is required as a result of Medically Necessary, noncosmetic surgery; or the surgery or therapy is performed prior to age 19 and is required as a result of the congenital absence or agenesis (lack of formation or development) of a body part. Repeat or subsequent surgeries for the same condition are covered only when there is the probability of significant additional improvement as determined by the utilization review Physician.

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Transplant Services

- charges made for human organ and tissue Transplant services which include solid organ and bone marrow/stem cell procedures at designated facilities throughout the United States or its territories. This coverage is subject to the following conditions and limitations.

Transplant services include the recipient's medical, surgical and Hospital services; inpatient immunosuppressive medications; and costs for organ or bone marrow/stem cell procurement. Transplant services are covered only if they are required to perform any of the following human to human organ or tissue transplants: allogeneic bone marrow/stem cell, autologous bone marrow/stem cell, cornea, heart, heart/lung, kidney, kidney/pancreas, liver, lung, pancreas or intestine which includes small bowel-liver or multi-visceral.

All Transplant services, other than cornea, are covered at 100% when received at Cigna LIFESOURCE Transplant Network® facilities. Cornea transplants are not covered at Cigna LIFESOURCE Transplant Network® facilities. Transplant services, including cornea, received at participating facilities specifically contracted with Cigna for those Transplant services, other than Cigna LIFESOURCE Transplant Network® facilities, are payable at the In-Network level. Transplant services received at any other facilities, including Non-Participating Providers and Participating Providers not specifically contracted with Cigna for Transplant services, are not covered.

Coverage for organ procurement costs are limited to costs directly related to the procurement of an organ, from a cadaver or a live donor. Organ procurement costs shall consist of surgery necessary for organ removal, organ transportation and the transportation, hospitalization and surgery of a live donor. Compatibility testing undertaken prior to procurement is covered if Medically Necessary. Costs related to the search for, and identification of a bone marrow or stem cell donor for an allogeneic transplant are also covered.

Transplant Travel Services

Charges made for reasonable travel expenses incurred by you in connection with a preapproved organ/tissue transplant are covered subject to the following conditions and limitations. Transplant travel benefits are not available for cornea transplants. Benefits for transportation, lodging and food are available to you only if you are the recipient of a preapproved organ/tissue transplant from a designated Cigna LIFESOURCE Transplant Network® facility. The term recipient is defined to include a person receiving authorized transplant related services during any of the following: evaluation, candidacy, transplant event, or post-transplant care. Travel expenses for the person receiving the transplant will include charges for: transportation to and from the transplant site (including charges for a rental car used during a period of care at the transplant facility); lodging while at, or traveling to and from the transplant site; and food while at, or traveling to and from the transplant site.

In addition to your coverage for the charges associated with the items above, such charges will also be considered covered travel expenses for one companion to accompany you. The term companion includes your spouse, your domestic partner, a member of your family, your legal guardian, or any person not related to you, but actively involved as your caregiver. The following are specifically excluded travel expenses: travel costs incurred due to travel within 60 miles of your home; laundry bills; telephone bills; alcohol or tobacco products; and charges for transportation that exceed coach class rates.



These benefits are only available when the covered person is the recipient of an organ transplant. No benefits are available when the covered person is a donor.

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Prescription Drug Benefits		
The Schedule		
For You and Your Dependents		
This plan provides Prescription Drug benefits for Prescription Drugs and Related Supplies provided by Pharmacies as shown in this Schedule. To receive Prescription Drug Benefits, you and your Dependents may be required to pay a portion of the Covered Expenses for Prescription Drugs and Related Supplies. That portion includes any applicable Copayment, Deductible and/or Coinsurance.		
Copayments		
Copayments are expenses to be paid by you or your Dependent for Covered Prescription Drugs and Related Supplies.		
BENEFIT HIGHLIGHTS	PARTICIPATING PHARMACY	Non-PARTICIPATING PHARMACY
Lifetime Maximum	Refer to the Medical Benefits Schedule	Refer to the Medical Benefits Schedule
Out-of-Pocket Maximum		
Individual	Refer to the Medical Benefits Schedule	Refer to the Medical Benefits Schedule
Family	Refer to the Medical Benefits Schedule	Refer to the Medical Benefits Schedule
Retail Prescription Drugs **	The amount you pay for each 30-day supply	The amount you pay for each 30-day supply
Medications required as part of preventive care services (detailed information is available at www.healthcare.gov) are covered at 100% with no copayment or deductible.		
Tier 1		
Generic* Preventive drugs on the Prescription Drug List	No charge	In-network coverage only
Generic* Non-Preventive drugs on the Prescription Drug List	No charge after \$20 copay	In-network coverage only
Tier 2		
Brand-Name* drugs designated as preferred on the Prescription Drug List with no Generic equivalent	No charge after \$40 copay	In-network coverage only
Tier 3		
Brand-Name* drugs with a Generic equivalent and drugs designated as non-preferred on the Prescription Drug List	No charge after \$60 copay	In-network coverage only
* Designated as per generally-accepted industry sources and adopted by the Insurance Company		



BENEFIT HIGHLIGHTS		PARTICIPATING PHARMACY	Non-PARTICIPATING PHARMACY
** You pay 100% of Cigna's discounted cost after the first fill of Specialty Medication.			
Home Delivery Prescription Drugs	The amount you pay for each 90-day supply	The amount you pay for each 90-day supply	
Medications required as part of preventive care services (detailed information is available at www.healthcare.gov) are covered at 100% with no copayment or deductible.			
Tier 1 Generic* Preventive drugs on the Prescription Drug List Generic* Non-Preventive drugs on the Prescription Drug List	No charge No charge after \$40 copay	In-network coverage only In-network coverage only	
Tier 2 Brand-Name* drugs designated as preferred on the Prescription Drug List with no Generic equivalent	No charge after \$80 copay	In-network coverage only	
Tier 3 Brand-Name* drugs with a Generic equivalent and drugs designated as non-preferred on the Prescription Drug List	No charge after \$120 copay	In-network coverage only	
* Designated as per generally-accepted industry sources and adopted by the Insurance Company			



Prescription Drug Benefits

For You and Your Dependents

Covered Expenses

If you or any one of your Dependents, while insured for Prescription Drug Benefits, incurs expenses for charges made by a Pharmacy, for Medically Necessary Prescription Drugs or Related Supplies ordered by a Physician, Cigna will provide coverage for those expenses as shown in The Schedule. Coverage also includes Medically Necessary Prescription Drugs and Related Supplies dispensed for a prescription issued to you or your Dependents by a licensed dentist for the prevention of infection or pain in conjunction with a dental procedure.

When you or a Dependent is issued a prescription for Medically Necessary Prescription Drugs or Related Supplies as part of the rendering of Emergency Services and that prescription cannot reasonably be filled by a Participating Pharmacy, the prescription will be covered by Cigna, as if filled by a Participating Pharmacy.

Limitations

Each Prescription Order or refill shall be limited as follows:

- up to a consecutive 30-day supply, excluding Specialty Medications, at a retail Participating Pharmacy, unless limited by the drug manufacturer's packaging; or
- up to a consecutive 90-day supply at a home delivery Participating Pharmacy, unless limited by the drug manufacturer's packaging; or
- to one fill of Specialty Medication at a retail Participating Pharmacy. If you exceed the one fill allowed at a retail Participating Pharmacy, you will be required to pay 100% of Cigna's discounted cost; or
- to a dosage and/or dispensing limit as determined by the P&T Committee.

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Coverage for certain Prescription Drugs and Related Supplies requires your Physician to obtain authorization prior to prescribing. Prior authorization may include, for example, a step therapy determination. Step therapy determines the specific usage progression of therapeutically equivalent drug products or supplies appropriate for treatment of a specific condition. If your Physician wishes to request coverage for

Prescription Drugs or Related Supplies for which prior authorization is required, your Physician may call or complete the appropriate prior authorization form and fax it to Cigna to request a prior authorization for coverage of the Prescription Drugs or Related Supplies. Your Physician should make this request before writing the prescription.

If the request is approved, your Physician will receive confirmation. The authorization will be processed in our claim system to allow you to have coverage for those Prescription Drugs or Related Supplies. The length of the authorization will depend on the diagnosis and Prescription Drugs or Related Supplies. When your Physician advises you that coverage for the Prescription Drugs or Related Supplies has been approved, you should contact the Pharmacy to fill the prescription(s).

If the request is denied, your Physician and you will be notified that coverage for the Prescription Drugs or Related Supplies is not authorized. If you disagree with a coverage decision, you may appeal that decision in accordance with the provisions of the policy, by submitting a written request stating why the Prescription Drugs or Related Supplies should be covered.

If you have questions about a specific prior authorization request, you should call Member Services at the toll-free number on the ID card.

All drugs newly approved by the Food and Drug Administration (FDA) are designated as either non-Preferred or non-Prescription Drug List drugs until the P&T Committee clinically evaluates the Prescription Drug for a different designation. Prescription Drugs that represent an advance over available therapy according to the FDA will be reviewed by the P&T Committee within six months after FDA approval. Prescription Drugs that appear to have therapeutic qualities similar to those of an already marketed drug according to the FDA, will not be reviewed by the P&T Committee for at least six months after FDA approval. In the case of compelling clinical data, an ad hoc group will be formed to make an interim decision on the merits of a Prescription Drug.

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Your Payments

Coverage for Prescription Drugs and Related Supplies purchased at a Pharmacy is subject to the Copayment or Coinsurance shown in the Schedule, after you have satisfied your Prescription Drug Deductible, if applicable. Please refer



to the Schedule for any required Copayments, Coinsurance, Deductibles or Maximums if applicable.

When a treatment regimen contains more than one type of Prescription Drugs which are packaged together for your, or your Dependent's convenience, a Copayment will apply to each Prescription Drug.

In no event will the Copayment or Coinsurance for the Prescription Drug or Related Supply exceed the amount paid by the plan to the Pharmacy, or the Pharmacy's Usual and Customary (U&C) charge. Usual & Customary (U&C) means the established Pharmacy retail cash price, less all applicable customer discounts that Pharmacy usually applies to its customers regardless of the customer's payment source.

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Exclusions

No payment will be made for the following expenses:

- drugs available over the counter that do not require a prescription by federal or state law unless state or federal law requires coverage of such drugs;
- any drug that is a pharmaceutical alternative to an over-the-counter drug other than insulin;
- a drug class in which at least one of the drugs is available over the counter and the drugs in the class are deemed to be therapeutically equivalent as determined by the P&T Committee;
- injectable infertility drugs and any injectable drugs that require Physician supervision and are not typically considered self-administered drugs. The following are examples of Physician supervised drugs: Injectables used to treat hemophilia and RSV (respiratory syncytial virus), chemotherapy injectables and endocrine and metabolic agents;
- Food and Drug Administration (FDA) approved drugs used for purposes other than those approved by the FDA unless the drug is recognized for the treatment of the particular indication in the standard reference compendia (AHFS or The American Hospital Formulary Service Drug Information) or in medical literature. Medical literature means scientific studies published in peer-reviewed English-language bio-medical journals;
- prescription and nonprescription supplies (such as ostomy supplies), devices, and appliances other than Related Supplies;
- implantable contraceptive products;
- any fertility drug;

- drugs used for cosmetic purposes such as drugs used to reduce wrinkles, drugs to promote hair growth as well as drugs used to control perspiration and fade cream products;
- immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis;
- replacement of Prescription Drugs and Related Supplies due to loss or theft;
- drugs used to enhance athletic performance;
- drugs which are to be taken by or administered to you while you are a patient in a licensed Hospital, Skilled Nursing Facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals;
- prescriptions more than one year from the original date of issue;
- any drugs that are experimental or investigational as described under the Medical "Exclusions" section of your certificate.

Other limitations are shown in the Medical "Exclusions" section of your certificate.

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Reimbursement/Filing a Claim

When you or your Dependents purchase your Prescription Drugs or Related Supplies through a retail Participating Pharmacy, you pay any applicable Copayment, Coinsurance or Deductible shown in the Schedule at the time of purchase. You do not need to file a claim form unless you are unable to purchase Prescription Drugs at a Participating Pharmacy for Emergency Services.

To purchase Prescription Drugs or Related Supplies from a home delivery Participating Pharmacy, see your home delivery drug introductory kit for details, or contact member services for assistance.

See your Employer's Benefit Plan Administrator to obtain the appropriate claim form.

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Exclusions, Expenses Not Covered and General Limitations

Exclusions and Expenses Not Covered

Additional coverage limitations determined by plan or provider type are shown in the Schedule. Payment for the following is specifically excluded from this plan:

- care for health conditions that are required by state or local law to be treated in a public facility.
- care required by state or federal law to be supplied by a public school system or school district.
- care for military service disabilities treatable through governmental services if you are legally entitled to such treatment and facilities are reasonably available.
- treatment of an Injury or Sickness which is due to war, declared, or undeclared, riot or insurrection.
- charges which you are not obligated to pay or for which you are not billed or for which you would not have been billed except that they were covered under this plan. For example, if Cigna determines that a provider is or has waived, reduced, or forgiven any portion of its charges and/or any portion of copayment, deductible, and/or coinsurance amount(s) you are required to pay for a Covered Service (as shown on the Schedule) without Cigna's express consent, then Cigna in its sole discretion shall have the right to deny the payment of benefits in connection with the Covered Service, or reduce the benefits in proportion to the amount of the copayment, deductible, and/or coinsurance amounts waived, forgiven or reduced, regardless of whether the provider represents that you remain responsible for any amounts that your plan does not cover. In the exercise of that discretion, Cigna shall have the right to require you to provide proof sufficient to Cigna that you have made your required cost share payment(s) prior to the payment of any benefits by Cigna. This exclusion includes, but is not limited to, charges of a Non-Participating Provider who has agreed to charge you or charged you at an in-network benefits level or some other benefits level not otherwise applicable to the services received.
- charges arising out of or relating to any violation of a healthcare-related state or federal law or which themselves are a violation of a healthcare-related state or federal law.
- assistance in the activities of daily living, including but not limited to eating, bathing, dressing or other Custodial Services or self-care activities, homemaker services and services primarily for rest, domiciliary or convalescent care.
- for or in connection with experimental, investigational or unproven services.
Experimental, investigational and unproven services are medical, surgical, diagnostic, psychiatric, substance abuse or other health care technologies, supplies, treatments, procedures, drug therapies or devices that are determined by the utilization review Physician to be:
 - not demonstrated, through existing peer-reviewed, evidence-based, scientific literature to be safe and effective for treating or diagnosing the condition or sickness for which its use is proposed;
 - not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed for the proposed use;
 - the subject of review or approval by an Institutional Review Board for the proposed use except as provided in the "Clinical Trials" section(s) of this plan; or
 - the subject of an ongoing phase I, II or III clinical trial, except for routine patient care costs related to qualified clinical trials as provided in the "Clinical Trials" section(s) of this plan.
- cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.
- The following services are excluded from coverage regardless of clinical indications: Macromastia or Gynecomastia Surgeries; Abdominoplasty; Panniculectomy; Rhinoplasty; Blepharoplasty; Redundant skin surgery; Removal of skin tags; Acupressure; Craniosacral/cranial therapy; Dance therapy, Movement therapy; Applied kinesiology; Rolfing; Prolotherapy; and Extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
- dental treatment of the teeth, gums or structures directly supporting the teeth, including dental X-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition. Charges made for services or supplies provided for or in connection with an accidental injury to sound natural teeth are covered provided a continuous course of dental treatment is started within six months of an accident. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least 50% bony support and are functional in the arch.
- for medical and surgical services intended primarily for the treatment or control of obesity. However, treatment of clinically severe obesity, as defined by the body mass index (BMI) classifications of the National Heart, Lung, and Blood Institute (NHLBI) guideline is covered only at



approved centers if the services are demonstrated, through existing peer-reviewed, evidence-based, scientific literature and scientifically based guidelines, to be safe and effective for treatment of the condition. Clinically severe obesity is defined by the NHLBI as a BMI of 40 or greater without comorbidities, or 35-39 with comorbidities. The following are specifically excluded:

- medical and surgical services to alter appearances or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity; and
- weight loss programs or treatments, whether prescribed or recommended by a Physician or under medical supervision.
- unless otherwise covered in this plan, for reports, evaluations, physical examinations, or hospitalization not required for health reasons including, but not limited to, employment, insurance or government licenses, and court-ordered, forensic or custodial evaluations.
- court-ordered treatment or hospitalization, unless such treatment is prescribed by a Physician and listed as covered in this plan.
- infertility services including infertility drugs, surgical or medical treatment programs for infertility, including in vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), variations of these procedures, and any costs associated with the collection, washing, preparation or storage of sperm for artificial insemination (including donor fees). Cryopreservation of donor sperm and eggs are also excluded from coverage.
- reversal of male or female voluntary sterilization procedures.
- transsexual surgery including medical or psychological counseling and hormonal therapy in preparation for, or subsequent to, any such surgery.
- any services or supplies for the treatment of male or female sexual dysfunction such as, but not limited to, treatment of erectile dysfunction (including penile implants), anorgasm, and premature ejaculation.
- medical and Hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under this plan.
- nonmedical counseling or ancillary services, including but not limited to Custodial Services, education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, hypnosis, sleep therapy, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other nonmedical ancillary services for learning disabilities, developmental delays, or mental retardation.
- therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
- consumable medical supplies other than ostomy supplies and urinary catheters. Excluded supplies include, but are not limited to bandages and other disposable medical supplies, skin preparations and test strips, except as specified in the "Home Health Services" or "Breast Reconstruction and Breast Prostheses" sections of this plan.
- private Hospital rooms and/or private duty nursing except as provided under the Home Health Services provision.
- personal or comfort items such as personal care kits provided on admission to a Hospital, television, telephone, newborn infant photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of an Injury or Sickness.
- artificial aids including, but not limited to, corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets, dentures and wigs.
- hearing aids, including but not limited to semi-implantable hearing devices, audiant bone conductors and Bone Anchored Hearing Aids (BAHAs). A hearing aid is any device that amplifies sound.
- aids or devices that assist with nonverbal communications, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
- eyeglass lenses and frames and contact lenses (except for the first pair of contact lenses for treatment of keratoconus or post-cataract surgery).
- routine refractions, eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
- all noninjectable prescription drugs, injectable prescription drugs that do not require Physician supervision and are typically considered self-administered drugs, nonprescription drugs, and investigational and experimental drugs, except as provided in this plan.
- routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.



- membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs.
- genetic screening or pre-implantations genetic screening. General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
- dental implants for any condition.
- fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
- blood administration for the purpose of general improvement in physical condition.
- cost of biologicals that are immunizations or medications for the purpose of travel, or to protect against occupational hazards and risks.
- cosmetics, dietary supplements and health and beauty aids.
- all nutritional supplements and formulae except for infant formula needed for the treatment of inborn errors of metabolism.
- medical treatment for a person age 65 or older, who is covered under this plan as a retiree, or their Dependent, when payment is denied by the Medicare plan because treatment was received from a nonparticipating provider.
- medical treatment when payment is denied by a Primary Plan because treatment was received from a nonparticipating provider.
- for or in connection with an Injury or Sickness arising out of, or in the course of, any employment for wage or profit.
- telephone, e-mail, and Internet consultations, and telemedicine.
- massage therapy.

General Limitations

No payment will be made for expenses incurred for you or any one of your Dependents:

- for charges made by a Hospital owned or operated by or which provides care or performs services for, the United States Government, if such charges are directly related to a military-service-connected Injury or Sickness.
- to the extent that you or any one of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid.
- to the extent that payment is unlawful where the person resides when the expenses are incurred.

- for charges which would not have been made if the person had no insurance.
- to the extent of the exclusions imposed by any certification requirement shown in this plan.
- expenses for supplies, care, treatment, or surgery that are not Medically Necessary.
- charges made by any covered provider who is a member of your or your Dependent's family.
- expenses incurred outside the United States other than expenses for medically necessary urgent or emergent care while temporarily traveling abroad.

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Coordination of Benefits

This section applies if you or any one of your Dependents is covered under more than one Plan and determines how benefits payable from all such Plans will be coordinated. You should file all claims with each Plan.

Definitions

For the purposes of this section, the following terms have the meanings set forth below:

Plan

Any of the following that provides benefits or services for medical care or treatment:

- Group insurance and/or group-type coverage, whether insured or self-insured which neither can be purchased by the general public, nor is individually underwritten, including closed panel coverage.
- Coverage under Medicare and other governmental benefits as permitted by law, excepting Medicaid and Medicare supplement policies.
- Medical benefits coverage of group, group-type, and individual automobile contracts.

Each Plan or part of a Plan which has the right to coordinate benefits will be considered a separate Plan.

Closed Panel Plan

A Plan that provides medical or dental benefits primarily in the form of services through a panel of employed or contracted providers, and that limits or excludes benefits provided by providers outside of the panel, except in the case of emergency or if referred by a provider within the panel.



Primary Plan

The Plan that determines and provides or pays benefits without taking into consideration the existence of any other Plan.

Secondary Plan

A Plan that determines, and may reduce its benefits after taking into consideration, the benefits provided or paid by the Primary Plan. A Secondary Plan may also recover from the Primary Plan the Reasonable Cash Value of any services it provided to you.

Allowable Expense

A necessary, reasonable and customary service or expense, including deductibles, coinsurance or copayments, that is covered in full or in part by any Plan covering you. When a Plan provides benefits in the form of services, the Reasonable Cash Value of each service is the Allowable Expense and is a paid benefit.

Examples of expenses or services that are not Allowable Expenses include, but are not limited to the following:

- An expense or service or a portion of an expense or service that is not covered by any of the Plans is not an Allowable Expense.
- If you are confined to a private Hospital room and no Plan provides coverage for more than a semiprivate room, the difference in cost between a private and semiprivate room is not an Allowable Expense.
- If you are covered by two or more Plans that provide services or supplies on the basis of reasonable and customary fees, any amount in excess of the highest reasonable and customary fee is not an Allowable Expense.
- If you are covered by one Plan that provides services or supplies on the basis of reasonable and customary fees and one Plan that provides services and supplies on the basis of negotiated fees, the Primary Plan's fee arrangement shall be the Allowable Expense.
- If your benefits are reduced under the Primary Plan (through the imposition of a higher copayment amount, higher coinsurance percentage, a deductible and/or a penalty) because you did not comply with Plan provisions or because you did not use a preferred provider, the amount of the reduction is not an Allowable Expense. Such Plan provisions include second surgical opinions and precertification of admissions or services.

Claim Determination Period

A calendar year, but does not include any part of a year during which you are not covered under this policy or any date before this section or any similar provision takes effect.

Reasonable Cash Value

An amount which a duly licensed provider of health care services usually charges patients and which is within the range of fees usually charged for the same service by other health care providers located within the immediate geographic area where the health care service is rendered under similar or comparable circumstances.

Order of Benefit Determination Rules

A Plan that does not have a coordination of benefits rule consistent with this section shall always be the Primary Plan. If the Plan does have a coordination of benefits rule consistent with this section, the first of the following rules that applies to the situation is the one to use:

- The Plan that covers you as an enrollee or an employee shall be the Primary Plan and the Plan that covers you as a Dependent shall be the Secondary Plan;
- If you are a Dependent child whose parents are not divorced or legally separated, the Primary Plan shall be the Plan which covers the parent whose birthday falls first in the calendar year as an enrollee or employee;
- If you are the Dependent of divorced or separated parents, benefits for the Dependent shall be determined in the following order:
 - first, if a court decree states that one parent is responsible for the child's healthcare expenses or health coverage and the Plan for that parent has actual knowledge of the terms of the order, but only from the time of actual knowledge;
 - then, the Plan of the parent with custody of the child;
 - then, the Plan of the spouse of the parent with custody of the child;
 - then, the Plan of the parent not having custody of the child, and
 - finally, the Plan of the spouse of the parent not having custody of the child.
- The Plan that covers you as an active employee (or as that employee's Dependent) shall be the Primary Plan and the Plan that covers you as laid-off or retired employee (or as that employee's Dependent) shall be the secondary Plan. If the other Plan does not have a similar provision and, as a result, the Plans cannot agree on the order of benefit determination, this paragraph shall not apply.
- The Plan that covers you under a right of continuation which is provided by federal or state law shall be the Secondary Plan and the Plan that covers you as an active employee or retiree (or as that employee's Dependent) shall be the Primary Plan. If the other Plan does not have a similar provision and, as a result, the Plans cannot agree on the order of benefit determination, this paragraph shall not apply.



- If one of the Plans that covers you is issued out of the state whose laws govern this Policy, and determines the order of benefits based upon the gender of a parent, and as a result, the Plans do not agree on the order of benefit determination, the Plan with the gender rules shall determine the order of benefits.

If none of the above rules determines the order of benefits, the Plan that has covered you for the longer period of time shall be primary.

When coordinating benefits with Medicare, this Plan will be the Secondary Plan and determine benefits after Medicare, where permitted by the Social Security Act of 1965, as amended. However, when more than one Plan is secondary to Medicare, the benefit determination rules identified above, will be used to determine how benefits will be coordinated.

Effect on the Benefits of This Plan

If this Plan is the Secondary Plan, this Plan may reduce benefits so that the total benefits paid by all Plans during a Claim Determination Period are not more than 100% of the total of all Allowable Expenses.

The difference between the amount that this Plan would have paid if this Plan had been the Primary Plan, and the benefit payments that this Plan had actually paid as the Secondary Plan, will be recorded as a benefit reserve for you. Cigna will use this benefit reserve to pay any Allowable Expense not otherwise paid during the Claim Determination Period.

As each claim is submitted, Cigna will determine the following:

- Cigna's obligation to provide services and supplies under this policy;
- whether a benefit reserve has been recorded for you; and
- whether there are any unpaid Allowable Expenses during the Claims Determination Period.

If there is a benefit reserve, Cigna will use the benefit reserve recorded for you to pay up to 100% of the total of all Allowable Expenses. At the end of the Claim Determination Period, your benefit reserve will return to zero and a new benefit reserve will be calculated for each new Claim Determination Period.

Recovery of Excess Benefits

If Cigna pays charges for benefits that should have been paid by the Primary Plan, or if Cigna pays charges in excess of those for which we are obligated to provide under the Policy, Cigna will have the right to recover the actual payment made or the Reasonable Cash Value of any services.

Cigna will have sole discretion to seek such recovery from any person to, or for whom, or with respect to whom, such services were provided or such payments made by any insurance company, healthcare plan or other organization. If

we request, you must execute and deliver to us such instruments and documents as we determine are necessary to secure the right of recovery.

Right to Receive and Release Information

Cigna, without consent or notice to you, may obtain information from and release information to any other Plan with respect to you in order to coordinate your benefits pursuant to this section. You must provide us with any information we request in order to coordinate your benefits pursuant to this section. This request may occur in connection with a submitted claim; if so, you will be advised that the "other coverage" information, (including an Explanation of Benefits paid under the Primary Plan) is required before the claim will be processed for payment. If no response is received within 90 days of the request, the claim will be denied. If the requested information is subsequently received, the claim will be processed.

Medicare Eligibles

Cigna will pay as the Secondary Plan as permitted by the Social Security Act of 1965 as amended for the following:

- a former Employee who is eligible for Medicare and whose insurance is continued for any reason as provided in this plan;
- a former Employee's Dependent, or a former Dependent Spouse, who is eligible for Medicare and whose insurance is continued for any reason as provided in this plan;
- an Employee whose Employer and each other Employer participating in the Employer's plan have fewer than 100 Employees and that Employee is eligible for Medicare due to disability;
- the Dependent of an Employee whose Employer and each other Employer participating in the Employer's plan have fewer than 100 Employees and that Dependent is eligible for Medicare due to disability;
- an Employee or a Dependent of an Employee of an Employer who has fewer than 20 Employees, if that person is eligible for Medicare due to age;
- an Employee, retired Employee, Employee's Dependent or retired Employee's Dependent who is eligible for Medicare due to End Stage Renal Disease after that person has been eligible for Medicare for 30 months;

Cigna will assume the amount payable under:

- Part A of Medicare for a person who is eligible for that Part without premium payment, but has not applied, to be the amount he would receive if he had applied.



- Part B of Medicare for a person who is entitled to be enrolled in that Part, but is not, to be the amount he would receive if he were enrolled.
- Part B of Medicare for a person who has entered into a private contract with a provider, to be the amount he would receive in the absence of such private contract.

A person is considered eligible for Medicare on the earliest date any coverage under Medicare could become effective for him.

This reduction will not apply to any Employee and his Dependent or any former Employee and his Dependent unless he is listed under (a) through (f) above.

Domestic Partners

Under federal law, the Medicare Secondary Payer Rules do not apply to Domestic Partners covered under a group health plan when Medicare coverage is due to age. Therefore, when Medicare coverage is due to age, Medicare is always the Primary Plan for a person covered as a Domestic Partner, and Cigna is the Secondary Plan. However, when Medicare coverage is due to disability, the Medicare Secondary Payer rules explained above will apply.

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Expenses For Which A Third Party May Be Responsible

This plan does not cover:

- Expenses incurred by you or your Dependent (hereinafter individually and collectively referred to as a "Participant,") for which another party may be responsible as a result of having caused or contributed to an Injury or Sickness.
- Expenses incurred by a Participant to the extent any payment is received for them either directly or indirectly from a third party tortfeasor or as a result of a settlement, judgment or arbitration award in connection with any automobile medical, automobile no-fault, uninsured or underinsured motorist, homeowners, workers' compensation, government insurance (other than Medicaid), or similar type of insurance or coverage.

Subrogation/Right of Reimbursement

If a Participant incurs a Covered Expense for which, in the opinion of the plan or its claim administrator, another party may be responsible or for which the Participant may receive payment as described above:

- Subrogation: The plan shall, to the extent permitted by law, be subrogated to all rights, claims or interests that a

Participant may have against such party and shall automatically have a lien upon the proceeds of any recovery by a Participant from such party to the extent of any benefits paid under the plan. A Participant or his/her representative shall execute such documents as may be required to secure the plan's subrogation rights.

- Right of Reimbursement: The plan is also granted a right of reimbursement from the proceeds of any recovery whether by settlement, judgment, or otherwise. This right of reimbursement is cumulative with and not exclusive of the subrogation right granted in paragraph 1, but only to the extent of the benefits provided by the plan.

Lien of the Plan

By accepting benefits under this plan, a Participant:

- grants a lien and assigns to the plan an amount equal to the benefits paid under the plan against any recovery made by or on behalf of the Participant which is binding on any attorney or other party who represents the Participant whether or not an agent of the Participant or of any insurance company or other financially responsible party against whom a Participant may have a claim provided said attorney, insurance carrier or other party has been notified by the plan or its agents;
- agrees that this lien shall constitute a charge against the proceeds of any recovery and the plan shall be entitled to assert a security interest thereon;
- agrees to hold the proceeds of any recovery in trust for the benefit of the plan to the extent of any payment made by the plan.

Additional Terms

- No adult Participant hereunder may assign any rights that it may have to recover medical expenses from any third party or other person or entity to any minor Dependent of said adult Participant without the prior express written consent of the plan. The plan's right to recover shall apply to decedents', minors', and incompetent or disabled persons' settlements or recoveries.
- No Participant shall make any settlement, which specifically reduces or excludes, or attempts to reduce or exclude, the benefits provided by the plan.
- The plan's right of recovery shall be a prior lien against any proceeds recovered by the Participant. This right of recovery shall not be defeated nor reduced by the application of any so-called "Made-Whole Doctrine", "Rimes Doctrine", or any other such doctrine purporting to defeat the plan's recovery rights by allocating the proceeds exclusively to non-medical expense damages.
- No Participant hereunder shall incur any expenses on behalf of the plan in pursuit of the plan's rights hereunder, specifically; no court costs, attorneys' fees or other



representatives' fees may be deducted from the plan's recovery without the prior express written consent of the plan. This right shall not be defeated by any so-called "Fund Doctrine", "Common Fund Doctrine", or "Attorney's Fund Doctrine".

- The plan shall recover the full amount of benefits provided hereunder without regard to any claim of fault on the part of any Participant, whether under comparative negligence or otherwise.
- The plan hereby disavows all equitable defenses in pursuit of its right of recovery. The plan's subrogation or recovery rights are neither affected nor diminished by equitable defenses.
- In the event that a Participant shall fail or refuse to honor its obligations hereunder, then the plan shall be entitled to recover any costs incurred in enforcing the terms hereof including, but not limited to, attorney's fees, litigation, court costs, and other expenses. The plan shall also be entitled to offset the reimbursement obligation against any entitlement to future medical benefits hereunder until the Participant has fully complied with his reimbursement obligations hereunder, regardless of how those future medical benefits are incurred.
- Any reference to state law in any other provision of this plan shall not be applicable to this provision, if the plan is governed by ERISA. By acceptance of benefits under the plan, the Participant agrees that a breach hereof would cause irreparable and substantial harm and that no adequate remedy at law would exist. Further, the Plan shall be entitled to invoke such equitable remedies as may be necessary to enforce the terms of the plan, including, but not limited to, specific performance, restitution, the imposition of an equitable lien and/or constructive trust, as well as injunctive relief.
- Participants must assist the plan in pursuing any subrogation or recovery rights by providing requested information.

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Payment of Benefits

To Whom Payable

Medical Benefits are assignable to the provider. When you assign benefits to a provider, you have assigned the entire amount of the benefits due on that claim. If the provider is overpaid because of accepting a patient's payment on the charge, it is the provider's responsibility to reimburse the patient. Because of Cigna's contracts with providers, all claims from contracted providers should be assigned.

Cigna may, at its option, make payment to you for the cost of any Covered Expenses from a Non-Participating Provider even if benefits have been assigned. When benefits are paid to you or your Dependents, you or your Dependents are responsible for reimbursing the provider.

If any person to whom benefits are payable is a minor or, in the opinion of Cigna is not able to give a valid receipt for any payment due him, such payment will be made to his legal guardian. If no request for payment has been made by his legal guardian, Cigna may, at its option, make payment to the person or institution appearing to have assumed his custody and support.

When one of our participants passes away, Cigna may receive notice that an executor of the estate has been established. The executor has the same rights as our insured and benefit payments for unassigned claims should be made payable to the executor.

Payment as described above will release Cigna from all liability to the extent of any payment made.

Recovery of Overpayment

When an overpayment has been made by Cigna, Cigna will have the right at any time to: recover that overpayment from the person to whom or on whose behalf it was made; or offset the amount of that overpayment from a future claim payment. In addition, your acceptance of benefits under this plan and/or assignment of Medical Benefits separately creates an equitable lien by agreement pursuant to which Cigna may seek recovery of any overpayment. You agree that Cigna, in seeking recovery of any overpayment as a contractual right or as an equitable line by agreement, may pursue the general assets of the person or entity to whom or on whose behalf the overpayment was made.

Calculation of Covered Expenses

Cigna, in its discretion, will calculate Covered Expenses following evaluation and validation of all provider billings in accordance with:

- the methodologies in the most recent edition of the Current Procedural terminology,
- the methodologies as reported by generally recognized professionals or publications.

HC-POB1

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Termination of Insurance

Employees

Your insurance will cease on the earliest date below:

- the date you cease to be in a Class of Eligible Employees or cease to qualify for the insurance.
- the last day for which you have made any required contribution for the insurance.
- the date the policy is canceled.
- the last day of the calendar month in which your Active Service ends except as described below.

Any continuation of insurance must be based on a plan which precludes individual selection.

Temporary Layoff

If your Active Service ends due to temporary, your insurance will be continued until the date your Employer cancels your insurance. However, your insurance will not be continued for more than 60 days past the date your Active Service ends.

Temporary Leave of Absence

If your Active Service ends due to temporary leave of absence, your insurance will be continued until the date your Employer cancels your insurance. However, your insurance will not be continued for more than 60 days past the date your Active Service ends. The City continues health coverage and contributions during approved FMLA absences. Employees who are on approved personal leave pay the full premium.

Injury or Sickness

If your Active Service ends due to an Injury or Sickness, your insurance will be continued while you remain totally and continuously disabled as a result of the Injury or Sickness. However, your insurance will not continue past the date your Employer cancels your insurance.

Retirement

If your Active Service ends because you retire, your insurance will be continued until the date on which your Employer cancels the insurance.

Dependents

Your insurance for all of your Dependents will cease on the earliest date below:

- the date your insurance ceases.
- the date you cease to be eligible for Dependent Insurance.
- the last day for which you have made any required contribution for the insurance.
- the date Dependent Insurance is canceled.

The insurance for any one of your Dependents will cease on the date that Dependent no longer qualifies as a Dependent.

HC-TRM1

04-10

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Rescissions

Your coverage may not be rescinded (retroactively terminated) by Cigna or the plan sponsor unless the plan sponsor or an individual (or a person seeking coverage on behalf of the individual) performs an act, practice or omission that constitutes fraud; or the plan sponsor or individual (or a person seeking coverage on behalf of the individual) makes an intentional misrepresentation of material fact.

HC-TRM80

01-11

Medical Benefits Extension Upon Policy Cancellation

If the Medical Benefits under this plan cease for you or your Dependent due to cancellation of the policy, and you or your Dependent is Totally Disabled on that date due to an Injury, Sickness or pregnancy, Medical Benefits will be paid for Covered Expenses incurred in connection with that Injury, Sickness or pregnancy. However, no benefits will be paid after the earliest of:

- the date you exceed the Maximum Benefit, if any, shown in the Schedule;
- the date a succeeding carrier agrees to provide coverage without limitation for the disabling condition;
- the date you are no longer Totally Disabled;
- 12 months from the date the policy is canceled; or
- for pregnancy, until delivery.

Totally Disabled

You will be considered Totally Disabled if, because of an Injury or a Sickness:

- you are unable to perform the basic duties of your occupation; and
- you are not performing any other work or engaging in any other occupation for wage or profit.

Your Dependent will be considered Totally Disabled if, because of an Injury or a Sickness:

- he is unable to engage in the normal activities of a person of the same age, sex and ability; or



- in the case of a Dependent who normally works for wage or profit, he is not performing such work.

HC-BEX42

04-11

Federal Requirements

The following pages explain your rights and responsibilities under federal laws and regulations. Some states may have similar requirements. If a similar provision appears elsewhere in this booklet, the provision which provides the better benefit will apply.

HC-FED1

10-10

Notice of Provider Directory/Networks

Notice Regarding Provider/Pharmacy Directories and Provider/Pharmacy Networks

If your Plan utilizes a network of Providers, a separate listing of Participating Providers who participate in the network is available to you without charge by visiting www.cigna.com; mycigna.com or by calling the toll-free telephone number on your ID card.

Your Participating Provider/Pharmacy networks consist of a group of local medical practitioners, and Hospitals, of varied specialties as well as general practice or a group of local Pharmacies who are employed by or contracted with Cigna HealthCare.

HC-FED2

10-10

Qualified Medical Child Support Order (QMCSO)

Eligibility for Coverage Under a QMCSO

If a Qualified Medical Child Support Order (QMCSO) is issued for your child, that child will be eligible for coverage as required by the order and you will not be considered a Late Entrant for Dependent Insurance.

You must notify your Employer and elect coverage for that child, and yourself if you are not already enrolled, within 31 days of the QMCSO being issued.

Qualified Medical Child Support Order Defined

A Qualified Medical Child Support Order is a judgment, decree or order (including approval of a settlement agreement) or administrative notice, which is issued pursuant to a state

domestic relations law (including a community property law), or to an administrative process, which provides for child support or provides for health benefit coverage to such child and relates to benefits under the group health plan, and satisfies all of the following:

- the order recognizes or creates a child's right to receive group health benefits for which a participant or beneficiary is eligible;
- the order specifies your name and last known address, and the child's name and last known address, except that the name and address of an official of a state or political subdivision may be substituted for the child's mailing address;
- the order provides a description of the coverage to be provided, or the manner in which the type of coverage is to be determined;
- the order states the period to which it applies; and
- if the order is a National Medical Support Notice completed in accordance with the Child Support Performance and Incentive Act of 1998, such Notice meets the requirements above.

The QMCSO may not require the health insurance policy to provide coverage for any type or form of benefit or option not otherwise provided under the policy, except that an order may require a plan to comply with State laws regarding health care coverage.

Payment of Benefits

Any payment of benefits in reimbursement for Covered Expenses paid by the child, or the child's custodial parent or legal guardian, shall be made to the child, the child's custodial parent or legal guardian, or a state official whose name and address have been substituted for the name and address of the child.

HC-FED4

10-10

Special Enrollment Rights Under the Health Insurance Portability & Accountability Act (HIPAA)

If you or your eligible Dependent(s) experience a special enrollment event as described below, you or your eligible Dependent(s) may be entitled to enroll in the Plan outside of a designated enrollment period upon the occurrence of one of the special enrollment events listed below. If you are already enrolled in the Plan, you may request enrollment for you and your eligible Dependent(s) under a different option offered by the Employer for which you are currently eligible. If you are not already enrolled in the Plan, you must request special



enrollment for yourself in addition to your eligible Dependent(s). You and all of your eligible Dependent(s) must be covered under the same option. The special enrollment events include:

- **Acquiring a new Dependent.** If you acquire a new Dependent(s) through marriage, birth, adoption or placement for adoption, you may request special enrollment for any of the following combinations of individuals if not already enrolled in the Plan: Employee only; spouse only; Employee and spouse; Dependent child(ren) only; Employee and Dependent child(ren); Employee, spouse and Dependent child(ren). Enrollment of Dependent children is limited to the newborn or adopted children or children who became Dependent children of the Employee due to marriage.
- **Loss of eligibility for State Medicaid or Children's Health Insurance Program (CHIP).** If you and/or your Dependent(s) were covered under a state Medicaid or CHIP plan and the coverage is terminated due to a loss of eligibility, you may request special enrollment for yourself and any affected Dependent(s) who are not already enrolled in the Plan. You must request enrollment within 60 days after termination of Medicaid or CHIP coverage.
- **Loss of eligibility for other coverage (excluding continuation coverage).** If coverage was declined under this Plan due to coverage under another plan, and eligibility for the other coverage is lost, you and all of your eligible Dependent(s) may request special enrollment in this Plan. If required by the Plan, when enrollment in this Plan was previously declined, it must have been declined in writing with a statement that the reason for declining enrollment was due to other health coverage. This provision applies to loss of eligibility as a result of any of the following:
 - divorce or legal separation;
 - cessation of Dependent status (such as reaching the limiting age);
 - death of the Employee;
 - termination of employment;
 - reduction in work hours to below the minimum required for eligibility;
 - you or your Dependent(s) no longer reside, live or work in the other plan's network service area and no other coverage is available under the other plan;
 - you or your Dependent(s) incur a claim which meets or exceeds the lifetime maximum limit that is applicable to all benefits offered under the other plan; or
 - the other plan no longer offers any benefits to a class of similarly situated individuals.
- **Termination of employer contributions (excluding continuation coverage).** If a current or former employer

ceases all contributions toward the Employee's or Dependent's other coverage, special enrollment may be requested in this Plan for you and all of your eligible Dependent(s).

- **Exhaustion of COBRA or other continuation coverage.** Special enrollment may be requested in this Plan for you and all of your eligible Dependent(s) upon exhaustion of COBRA or other continuation coverage. If you or your Dependent(s) elect COBRA or other continuation coverage following loss of coverage under another plan, the COBRA or other continuation coverage must be exhausted before any special enrollment rights exist under this Plan. An individual is considered to have exhausted COBRA or other continuation coverage only if such coverage ceases: due to failure of the employer or other responsible entity to remit premiums on a timely basis; when the person no longer resides or works in the other plan's service area and there is no other COBRA or continuation coverage available under the plan; or when the individual incurs a claim that would meet or exceed a lifetime maximum limit on all benefits and there is no other COBRA or other continuation coverage available to the individual. This does not include termination of an employer's limited period of contributions toward COBRA or other continuation coverage as provided under any severance or other agreement.
- **Eligibility for Premium Assistance under State Medicaid or Children's Health Insurance Program (CHIP).** If you and/or your Dependent(s) become eligible for assistance with group health plan premium payments under a state Medicaid or CHIP plan, you may request special enrollment for yourself and any affected Dependent(s) who are not already enrolled in the Plan. You must request enrollment within 60 days after the date you are determined to be eligible for assistance.

Except as stated above, special enrollment must be requested within 30 days after the occurrence of the special enrollment event. If the special enrollment event is the birth or adoption of a Dependent child, coverage will be effective immediately on the date of birth, adoption or placement for adoption. Coverage with regard to any other special enrollment event will be effective on the first day of the calendar month following receipt of the request for special enrollment.

Domestic Partners and their children are not eligible for special enrollment on a pre-tax basis.

HC-FED71 M

12-14



Effect of Section 125 Tax Regulations on This Plan

Your Employer has chosen to administer this Plan in accordance with Section 125 regulations of the Internal Revenue Code. Per this regulation, you may agree to a pretax salary reduction put toward the cost of your benefits. Otherwise, you will receive your taxable earnings as cash (salary).

A. Coverage Elections

Per Section 125 regulations, you are generally allowed to enroll for or change coverage only before each annual benefit period. However, exceptions are allowed if your Employer agrees and you enroll for or change coverage within 30 days of the following:

- the date you meet the Special Enrollment criteria described above; or
- the date you meet the criteria shown in the following Sections B through H.

B. Change of Status

A change in status is defined as:

- change in legal marital status due to marriage, death of a spouse, divorce, annulment or legal separation;
- change in number of Dependents due to birth, adoption, placement for adoption, or death of a Dependent;
- change in employment status of Employee, spouse or Dependent due to termination or start of employment, strike, lockout, beginning or end of unpaid leave of absence, including under the Family and Medical Leave Act (FMLA), or change in worksite;
- changes in employment status of Employee, spouse or Dependent resulting in eligibility or ineligibility for coverage;
- change in residence of Employee, spouse or Dependent to a location outside of the Employer's network service area; and
- changes which cause a Dependent to become eligible or ineligible for coverage.

C. Court Order

A change in coverage due to and consistent with a court order of the Employee or other person to cover a Dependent.

D. Medicare or Medicaid Eligibility/Entitlement

The Employee, spouse or Dependent cancels or reduces coverage due to entitlement to Medicare or Medicaid, or enrolls or increases coverage due to loss of Medicare or Medicaid eligibility.

E. Change in Cost of Coverage

If the cost of benefits increases or decreases during a benefit period, your Employer may, in accordance with plan terms, automatically change your elective contribution.

When the change in cost is significant, you may either increase your contribution or elect less-costly coverage. When a significant overall reduction is made to the benefit option you have elected, you may elect another available benefit option. When a new benefit option is added, you may change your election to the new benefit option.

F. Changes in Coverage of Spouse or Dependent Under Another Employer's Plan

You may make a coverage election change if the plan of your spouse or Dependent: incurs a change such as adding or deleting a benefit option; allows election changes due to Special Enrollment, Change in Status, Court Order or Medicare or Medicaid Eligibility/Entitlement; or this Plan and the other plan have different periods of coverage or open enrollment periods.

G. Reduction in work hours

If an Employee's work hours are reduced below 30 hours/week (even if it does not result in the Employee losing eligibility for the Employer's coverage); and the Employee (and family) intend to enroll in another plan that provides Minimum Essential Coverage (MEC). The new coverage must be effective no later than the 1st day of the 2nd month following the month that includes the date the original coverage is revoked.

H. Enrollment in Qualified Health Plan (QHP)

The Employee must be eligible for a Special Enrollment Period to enroll in a QHP through a Marketplace or the Employee wants to enroll in a QHP through a Marketplace during the Marketplace's annual open enrollment period; and the disenrollment from the group plan corresponds to the intended enrollment of the Employee (and family) in a QHP through a Marketplace for new coverage effective beginning no later than the day immediately following the last day of the original coverage.

HC-FED70

12-14

Eligibility for Coverage for Adopted Children

Any child who is adopted by you, including a child who is placed with you for adoption, will be eligible for Dependent Insurance, if otherwise eligible as a Dependent, upon the date of placement with you. A child will be considered placed for adoption when you become legally obligated to support that child, totally or partially, prior to that child's adoption.



If a child placed for adoption is not adopted, all health coverage ceases when the placement ends, and will not be continued.

The provisions in the "Exception for Newborns" section of this document that describe requirements for enrollment and effective date of insurance will also apply to an adopted child or a child placed with you for adoption.

HC-FED67

09-14

Coverage for Maternity Hospital Stay

Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification. For information on precertification, contact your plan administrator.

HC-FED10

10-10

Women's Health and Cancer Rights Act (WHCRA)

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call Member Services at the toll free number listed on your ID card for more information.

HC-FED12

10-10

Group Plan Coverage Instead of Medicaid

If your income and liquid resources do not exceed certain limits established by law, the state may decide to pay premiums for this coverage instead of for Medicaid, if it is cost effective. This includes premiums for continuation coverage required by federal law.

HC-FED13

10-10

Requirements of Medical Leave Act of 1993 (as amended) (FMLA)

Any provisions of the policy that provide for: continuation of insurance during a leave of absence; and reinstatement of insurance following a return to Active Service; are modified by the following provisions of the federal Family and Medical Leave Act of 1993, as amended, where applicable:

Continuation of Health Insurance During Leave

Your health insurance will be continued during a leave of absence if:

- that leave qualifies as a leave of absence under the Family and Medical Leave Act of 1993, as amended; and
- you are an eligible Employee under the terms of that Act.

The cost of your health insurance during such leave must be paid, whether entirely by your Employer or in part by you and your Employer.

Reinstatement of Canceled Insurance Following Leave

Upon your return to Active Service following a leave of absence that qualifies under the Family and Medical Leave Act of 1993, as amended, any canceled insurance (health, life or disability) will be reinstated as of the date of your return.



You will not be required to satisfy any eligibility or benefit waiting period to the extent that they had been satisfied prior to the start of such leave of absence.

Your Employer will give you detailed information about the Family and Medical Leave Act of 1993, as amended.

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Uniformed Services Employment and Re-Employment Rights Act of 1994 (USERRA)

The Uniformed Services Employment and Re-employment Rights Act of 1994 (USERRA) sets requirements for continuation of health coverage and re-employment in regard to an Employee's military leave of absence. These requirements apply to medical and dental coverage for you and your Dependents. They do not apply to any Life, Short-term or Long-term Disability or Accidental Death & Dismemberment coverage you may have.

Continuation of Coverage

For leaves of less than 31 days, coverage will continue as described in the Termination section regarding Leave of Absence.

For leaves of 31 days or more, you may continue coverage for yourself and your Dependents as follows:

You may continue benefits by paying the required premium to your Employer, until the earliest of the following:

- 24 months from the last day of employment with the Employer;
- the day after you fail to return to work; and
- the date the policy cancels.

Your Employer may charge you and your Dependents up to 102% of the total premium.

Following continuation of health coverage per USERRA requirements, you may convert to a plan of individual coverage according to any "Conversion Privilege" shown in your certificate.

Reinstatement of Benefits (applicable to all coverages)

If your coverage ends during the leave of absence because you do not elect USERRA or an available conversion plan at the expiration of USERRA and you are reemployed by your current Employer, coverage for you and your Dependents may be reinstated if you gave your Employer advance written or verbal notice of your military service leave, and the duration of all military leaves while you are employed with your current Employer does not exceed 5 years.

You and your Dependents will be subject to only the balance of a waiting period that was not yet satisfied before the leave

began. However, if an Injury or Sickness occurs or is aggravated during the military leave, full Plan limitations will apply.

If your coverage under this plan terminates as a result of your eligibility for military medical and dental coverage and your order to active duty is canceled before your active duty service commences, these reinstatement rights will continue to apply.

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Claim Determination Procedures

The following complies with federal law. Provisions of the laws of your state may supersede.

Procedures Regarding Medical Necessity Determinations

In general, health services and benefits must be Medically Necessary to be covered under the plan. The procedures for determining Medical Necessity vary, according to the type of service or benefit requested, and the type of health plan. Medical Necessity determinations are made on either a preservice, concurrent, or postservice basis, as described below:

Certain services require prior authorization in order to be covered. This prior authorization is called a "preservice Medical Necessity determination." The Certificate describes who is responsible for obtaining this review. You or your authorized representative (typically, your health care provider) must request Medical Necessity determinations according to the procedures described below, in the Certificate, and in your provider's network participation documents as applicable.

When services or benefits are determined to be not Medically Necessary, you or your representative will receive a written description of the adverse determination, and may appeal the determination. Appeal procedures are described in the Certificate, in your provider's network participation documents, and in the determination notices.

Preservice Medical Necessity Determinations

When you or your representative request a required Medical Necessity determination prior to care, Cigna will notify you or your representative of the determination within 15 days after receiving the request. However, if more time is needed due to matters beyond Cigna's control, Cigna will notify you or your representative within 15 days after receiving your request. This notice will include the date a determination can be expected, which will be no more than 30 days after receipt of the request. If more time is needed because necessary information is missing from the request, the notice will also specify what information is needed, and you or your representative must provide the specified information to Cigna within 45 days after receiving the notice. The determination



period will be suspended on the date Cigna sends such a notice of missing information, and the determination period will resume on the date you or your representative responds to the notice.

If the determination periods above would seriously jeopardize your life or health, your ability to regain maximum function, or in the opinion of a Physician with knowledge of your health condition, cause you severe pain which cannot be managed without the requested services, Cigna will make the preservice determination on an expedited basis. Cigna's Physician will defer to the determination of the treating Physician, regarding whether an expedited determination is necessary. Cigna will notify you or your representative of an expedited determination within 72 hours after receiving the request.

However, if necessary information is missing from the request, Cigna will notify you or your representative within 24 hours after receiving the request to specify what information is needed. You or your representative must provide the specified information to Cigna within 48 hours after receiving the notice. Cigna will notify you or your representative of the expedited benefit determination within 48 hours after you or your representative responds to the notice. Expedited determinations may be provided orally, followed within 3 days by written or electronic notification.

If you or your representative fails to follow Cigna's procedures for requesting a required preservice Medical Necessity determination, Cigna will notify you or your representative of the failure and describe the proper procedures for filing within 5 days (or 24 hours, if an expedited determination is required, as described above) after receiving the request. This notice may be provided orally, unless you or your representative requests written notification.

Concurrent Medical Necessity Determinations

When an ongoing course of treatment has been approved for you and you wish to extend the approval, you or your representative must request a required concurrent Medical Necessity determination at least 24 hours prior to the expiration of the approved period of time or number of treatments. When you or your representative requests such a determination, Cigna will notify you or your representative of the determination within 24 hours after receiving the request.

Postservice Medical Necessity Determinations

When you or your representative requests a Medical Necessity determination after services have been rendered, Cigna will notify you or your representative of the determination within 30 days after receiving the request. However, if more time is needed to make a determination due to matters beyond Cigna's control Cigna will notify you or your representative within 30 days after receiving the request. This notice will include the date a determination can be expected, which will be no more than 45 days after receipt of the request.

If more time is needed because necessary information is missing from the request, the notice will also specify what information is needed, and you or your representative must provide the specified information to Cigna within 45 days after receiving the notice. The determination period will be suspended on the date Cigna sends such a notice of missing information, and the determination period will resume on the date you or your representative responds to the notice.

Postservice Claim Determinations

When you or your representative requests payment for services which have been rendered, Cigna will notify you of the claim payment determination within 30 days after receiving the request. However, if more time is needed to make a determination due to matters beyond Cigna's control, Cigna will notify you or your representative within 30 days after receiving the request. This notice will include the date a determination can be expected, which will be no more than 45 days after receipt of the request. If more time is needed because necessary information is missing from the request, the notice will also specify what information is needed, and you or your representative must provide the specified information within 45 days after receiving the notice. The determination period will be suspended on the date Cigna sends such a notice of missing information, and resume on the date you or your representative responds to the notice.

Notice of Adverse Determination

Every notice of an adverse benefit determination will be provided in writing or electronically, and will include all of the following that pertain to the determination: information sufficient to identify the claim; the specific reason or reasons for the adverse determination; reference to the specific plan provisions on which the determination is based; a description of any additional material or information necessary to perfect the claim and an explanation of why such material or information is necessary; a description of the plan's review procedures and the time limits applicable, including a statement of a claimant's rights to bring a civil action under section 502(a) of ERISA following an adverse benefit determination on appeal; upon request and free of charge, a copy of any internal rule, guideline, protocol or other similar criterion that was relied upon in making the adverse determination regarding your claim; and an explanation of the scientific or clinical judgment for a determination that is based on a Medical Necessity, experimental treatment or other similar exclusion or limit; information about any office of health insurance consumer assistance or ombudsman available to assist you with the appeal process; and in the case of a claim involving urgent care, a description of the expedited review process applicable to such claim.

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Medical - When You Have a Complaint or an Appeal

For the purposes of this section, any reference to "you" or "your" also refers to a representative or provider designated by you to act on your behalf; unless otherwise noted.

We want you to be completely satisfied with the care you receive. That is why we have established a process for addressing your concerns and solving your problems.

Start With Customer Service

We are here to listen and help. If you have a concern regarding a person, a service, the quality of care, contractual benefits, or a rescission of coverage, you may call the toll-free number on your ID card, explanation of benefits, or claim form and explain your concern to one of our Customer Service representatives. You may also express that concern in writing.

We will do our best to resolve the matter on your initial contact. If we need more time to review or investigate your concern, we will get back to you as soon as possible, but in any case within 30 days. If you are not satisfied with the results of a coverage decision, you may start the appeals procedure.

Internal Appeals Procedure

To initiate an appeal, you must submit a request for an appeal in writing to Cigna within 180 days of receipt of a denial notice. You should state the reason why you feel your appeal should be approved and include any information supporting your appeal. If you are unable or choose not to write, you may ask Cigna to register your appeal by telephone. Call or write us at the toll-free number on your ID card, explanation of benefits, or claim form.

Your appeal will be reviewed and the decision made by someone not involved in the initial decision. Appeals involving Medical Necessity or clinical appropriateness will be considered by a health care professional.

We will respond in writing with a decision within 30 calendar days after we receive an appeal for a required preservice or concurrent care coverage determination or a postservice Medical Necessity determination. We will respond within 60 calendar days after we receive an appeal for any other postservice coverage determination. If more time or information is needed to make the determination, we will notify you in writing to request an extension of up to 15 calendar days and to specify any additional information needed to complete the review.

In the event any new or additional information (evidence) is considered, relied upon or generated by Cigna in connection with the appeal, Cigna will provide this information to you as

soon as possible and sufficiently in advance of the decision, so that you will have an opportunity to respond. Also, if any new or additional rationale is considered by Cigna, Cigna will provide the rationale to you as soon as possible and sufficiently in advance of the decision so that you will have an opportunity to respond.

You may request that the appeal process be expedited if, (a) the time frames under this process would seriously jeopardize your life, health or ability to regain maximum functionality or in the opinion of your Physician would cause you severe pain which cannot be managed without the requested services; or (b) your appeal involves nonauthorization of an admission or continuing inpatient Hospital stay.

If you request that your appeal be expedited based on (a) above, you may also ask for an expedited external review at the same time, if the time to complete an expedited review would be detrimental to your medical condition.

When an appeal is expedited, Cigna will respond orally with a decision within 72 hours, followed up in writing.

External Review Procedure

If you are not fully satisfied with the decision of Cigna's internal appeal review and the appeal involves medical judgment or a rescission of coverage, you may request that your appeal be referred to an Independent Review Organization (IRO). The IRO is composed of persons who are not employed by Cigna, or any of its affiliates. A decision to request an external review to an IRO will not affect the claimant's rights to any other benefits under the plan.

There is no charge for you to initiate an external review. Cigna and your benefit plan will abide by the decision of the IRO.

To request a review, you must notify the Appeals Coordinator within 4 months of your receipt of Cigna's appeal review denial. Cigna will then forward the file to a randomly selected IRO. The IRO will render an opinion within 45 days.

When requested, and if a delay would be detrimental to your medical condition, as determined by Cigna's Physician Reviewer, or if your appeal concerns an admission, availability of care, continued stay, or health care item or service for which you received emergency services, but you have not yet been discharged from a facility, the external review shall be completed within 72 hours.

Notice of Benefit Determination on Appeal

Every notice of a determination on appeal will be provided in writing or electronically and, if an adverse determination, will include: information sufficient to identify the claim; the specific reason or reasons for the adverse determination; reference to the specific plan provisions on which the determination is based; a statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to and copies of all documents, records, and other Relevant



Information as defined below; a statement describing any voluntary appeal procedures offered by the plan and the claimant's right to bring an action under ERISA section 502(a), if applicable; upon request and free of charge, a copy of any internal rule, guideline, protocol or other similar criterion that was relied upon in making the adverse determination regarding your appeal, and an explanation of the scientific or clinical judgment for a determination that is based on a Medical Necessity, experimental treatment or other similar exclusion or limit; and information about any office of health insurance consumer assistance or ombudsman available to assist you in the appeal process. A final notice of an adverse determination will include a discussion of the decision.

You also have the right to bring a civil action under section 502(a) of ERISA if you are not satisfied with the decision on review. You or 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. You may also contact the Plan Administrator.

Relevant Information

Relevant Information is any document, record or other information which: was relied upon in making the benefit determination; was submitted, considered or generated in the course of making the benefit determination, without regard to whether such document, record, or other information was relied upon in making the benefit determination; demonstrates compliance with the administrative processes and safeguards required by federal law in making the benefit determination; or constitutes a statement of policy or guidance with respect to the plan concerning the denied treatment option or benefit for the claimant's diagnosis, without regard to whether such advice or statement was relied upon in making the benefit determination.

Legal Action

If your plan is governed by ERISA, you have the right to bring a civil action under section 502(a) of ERISA if you are not satisfied with the outcome of the Appeals Procedure. In most instances, you may not initiate a legal action against Cigna until you have completed the appeal processes. However, no action will be brought at all unless brought within three years after proof of claim is required under the Plan. However, no action will be brought at all unless brought within 3 years after a claim is submitted for In-Network Services.

COBRA Continuation Rights Under Federal Law

For You and Your Dependents

What is COBRA Continuation Coverage?

Under federal law, you and/or your Dependents must be given the opportunity to continue health insurance when there is a "qualifying event" that would result in loss of coverage under the Plan. You and/or your Dependents will be permitted to continue the same coverage under which you or your Dependents were covered on the day before the qualifying event occurred, unless you move out of that plan's coverage area or the plan is no longer available. You and/or your Dependents cannot change coverage options until the next open enrollment period.

When is COBRA Continuation Available?

For you and your Dependents, COBRA continuation is available for up to 18 months from the date of the following qualifying events if the event would result in a loss of coverage under the Plan:

- your termination of employment for any reason, other than gross misconduct; or
- your reduction in work hours.

For your Dependents, COBRA continuation coverage is available for up to 36 months from the date of the following qualifying events if the event would result in a loss of coverage under the Plan:

- your death;
- your divorce or legal separation; or
- for a Dependent child, failure to continue to qualify as a Dependent under the Plan.

Who is Entitled to COBRA Continuation?

Only a "qualified beneficiary" (as defined by federal law) may elect to continue health insurance coverage. A qualified beneficiary may include the following individuals who were covered by the Plan on the day the qualifying event occurred: you, your spouse, and your Dependent children. Each qualified beneficiary has their own right to elect or decline COBRA continuation coverage even if you decline or are not eligible for COBRA continuation.

The following individuals are not qualified beneficiaries for purposes of COBRA continuation: domestic partners, grandchildren (unless adopted by you), stepchildren (unless adopted by you). Although these individuals do not have an independent right to elect COBRA continuation coverage, if you elect COBRA continuation coverage for yourself, you may also cover your Dependents even if they are not considered qualified beneficiaries under COBRA. However, such individuals' coverage will terminate when your COBRA continuation coverage terminates. The sections titled



“Secondary Qualifying Events” and “Medicare Extension For Your Dependents” are not applicable to these individuals.

Secondary Qualifying Events

If, as a result of your termination of employment or reduction in work hours, your Dependent(s) have elected COBRA continuation coverage and one or more Dependents experience another COBRA qualifying event, the affected Dependent(s) may elect to extend their COBRA continuation coverage for an additional 18 months (7 months if the secondary event occurs within the disability extension period) for a maximum of 36 months from the initial qualifying event. The second qualifying event must occur before the end of the initial 18 months of COBRA continuation coverage or within the disability extension period discussed below. Under no circumstances will COBRA continuation coverage be available for more than 36 months from the initial qualifying event. Secondary qualifying events are: your death; your divorce or legal separation; or, for a Dependent child, failure to continue to qualify as a Dependent under the Plan.

Disability Extension

If, after electing COBRA continuation coverage due to your termination of employment or reduction in work hours, you or one of your Dependents is determined by the Social Security Administration (SSA) to be totally disabled under Title II or XVI of the SSA, you and all of your Dependents who have elected COBRA continuation coverage may extend such continuation for an additional 11 months, for a maximum of 29 months from the initial qualifying event.

To qualify for the disability extension, all of the following requirements must be satisfied:

- SSA must determine that the disability occurred prior to or within 60 days after the disabled individual elected COBRA continuation coverage; and
- A copy of the written SSA determination must be provided to the Plan Administrator within 60 calendar days after the date the SSA determination is made AND before the end of the initial 18-month continuation period.

If the SSA later determines that the individual is no longer disabled, you must notify the Plan Administrator within 30 days after the date the final determination is made by SSA. The 11-month disability extension will terminate for all covered persons on the first day of the month that is more than 30 days after the date the SSA makes a final determination that the disabled individual is no longer disabled.

All causes for “Termination of COBRA Continuation” listed below will also apply to the period of disability extension.

Medicare Extension for Your Dependents

When the qualifying event is your termination of employment or reduction in work hours and you became enrolled in Medicare (Part A, Part B or both) within the 18 months before

the qualifying event, COBRA continuation coverage for your Dependents will last for up to 36 months after the date you became enrolled in Medicare. Your COBRA continuation coverage will last for up to 18 months from the date of your termination of employment or reduction in work hours.

Termination of COBRA Continuation

COBRA continuation coverage will be terminated upon the occurrence of any of the following:

- the end of the COBRA continuation period of 18, 29 or 36 months, as applicable;
- failure to pay the required premium within 30 calendar days after the due date;
- cancellation of the Employer’s policy with Cigna;
- after electing COBRA continuation coverage, a qualified beneficiary enrolls in Medicare (Part A, Part B, or both);
- after electing COBRA continuation coverage, a qualified beneficiary becomes covered under another group health plan, unless the qualified beneficiary has a condition for which the new plan limits or excludes coverage under a pre-existing condition provision. In such case coverage will continue until the earliest of: the end of the applicable maximum period; the date the pre-existing condition provision is no longer applicable; or the occurrence of an event described in one of the first three bullets above;
- any reason the Plan would terminate coverage of a participant or beneficiary who is not receiving continuation coverage (e.g., fraud).

Moving Out of Employer’s Service Area or Elimination of a Service Area

If you and/or your Dependents move out of the Employer’s service area or the Employer eliminates a service area in your location, your COBRA continuation coverage under the plan will be limited to emergency services only. Because the Plan does not provide out-of-network coverage, nonemergency services will not be covered under the plan outside of the Employer’s service area. If the Employer offers another benefit option through Cigna or another carrier which can provide coverage in your location, you may elect COBRA continuation coverage under that option.

Employer’s Notification Requirements

Your Employer or contracted COBRA third party administrator is required to provide you and/or your Dependents with the following notices:

- An initial notification of COBRA continuation rights must be provided within 90 days after your (or your spouse’s) coverage under the Plan begins (or the Plan first becomes subject to COBRA continuation requirements, if later). If you and/or your Dependents experience a qualifying event before the end of that 90-day period, the initial notice must



be provided within the time frame required for the COBRA continuation coverage election notice as explained below.

- A COBRA continuation coverage election notice must be provided to you and/or your Dependents within the following timeframes:
 - if the Plan provides that COBRA continuation coverage and the period within which an Employer must notify the Plan Administrator of a qualifying event starts upon the loss of coverage, 44 days after loss of coverage under the Plan;
 - if the Plan provides that COBRA continuation coverage and the period within which an Employer must notify the Plan Administrator of a qualifying event starts upon the occurrence of a qualifying event, 44 days after the qualifying event occurs; or
 - in the case of a multi-employer plan, no later than 14 days after the end of the period in which Employers must provide notice of a qualifying event to the Plan Administrator.

How to Elect COBRA Continuation Coverage

The COBRA coverage election notice will list the individuals who are eligible for COBRA continuation coverage and inform you of the applicable premium. The notice will also include instructions for electing COBRA continuation coverage. You must notify the Plan Administrator of your election no later than the due date stated on the COBRA election notice. If a written election notice is required, it must be post-marked no later than the due date stated on the COBRA election notice. If you do not make proper notification by the due date shown on the notice, you and your Dependents will lose the right to elect COBRA continuation coverage. If you reject COBRA continuation coverage before the due date, you may change your mind as long as you furnish a completed election form before the due date.

Each qualified beneficiary has an independent right to elect COBRA continuation coverage. Continuation coverage may be elected for only one, several, or for all Dependents who are qualified beneficiaries. Parents may elect to continue coverage on behalf of their Dependent children. You or your spouse may elect continuation coverage on behalf of all the qualified beneficiaries. You are not required to elect COBRA continuation coverage in order for your Dependents to elect COBRA continuation.

How Much Does COBRA Continuation Coverage Cost?

Each qualified beneficiary may be required to pay the entire cost of continuation coverage. The amount may not exceed 102% of the cost to the group health plan (including both Employer and Employee contributions) for coverage of a similarly situated active Employee or family member. The premium during the 11-month disability extension may not exceed 150% of the cost to the group health plan (including

both employer and employee contributions) for coverage of a similarly situated active Employee or family member.

For example: If the Employee alone elects COBRA continuation coverage, the Employee will be charged 102% (or 150%) of the active Employee premium. If the spouse or one Dependent child alone elects COBRA continuation coverage, they will be charged 102% (or 150%) of the active Employee premium. If more than one qualified beneficiary elects COBRA continuation coverage, they will be charged 102% (or 150%) of the applicable family premium.

When and How to Pay COBRA Premiums

First payment for COBRA continuation

If you elect COBRA continuation coverage, you do not have to send any payment with the election form. However, you must make your first payment no later than 45 calendar days after the date of your election. (This is the date the Election Notice is postmarked, if mailed.) If you do not make your first payment within that 45 days, you will lose all COBRA continuation rights under the Plan.

Subsequent payments

After you make your first payment for COBRA continuation coverage, you will be required to make subsequent payments of the required premium for each additional month of coverage. Payment is due on the first day of each month. If you make a payment on or before its due date, your coverage under the Plan will continue for that coverage period without any break.

Grace periods for subsequent payments

Although subsequent payments are due by the first day of the month, you will be given a grace period of 30 days after the first day of the coverage period to make each monthly payment. Your COBRA continuation coverage will be provided for each coverage period as long as payment for that coverage period is made before the end of the grace period for that payment. However, if your payment is received after the due date, your coverage under the Plan may be suspended during this time. Any providers who contact the Plan to confirm coverage during this time may be informed that coverage has been suspended. If payment is received before the end of the grace period, your coverage will be reinstated back to the beginning of the coverage period. This means that any claim you submit for benefits while your coverage is suspended may be denied and may have to be resubmitted once your coverage is reinstated. If you fail to make a payment before the end of the grace period for that coverage period, you will lose all rights to COBRA continuation coverage under the Plan.

You Must Give Notice of Certain Qualifying Events

If you or your Dependent(s) experience one of the following qualifying events, you must notify the Plan Administrator



within 60 calendar days after the later of the date the qualifying event occurs or the date coverage would cease as a result of the qualifying event:

- Your divorce or legal separation; or
- Your child ceases to qualify as a Dependent under the Plan.
- The occurrence of a secondary qualifying event as discussed under "Secondary Qualifying Events" above (this notice must be received prior to the end of the initial 18- or 29-month COBRA period).

(Also refer to the section titled "Disability Extension" for additional notice requirements.)

Notice must be made in writing and must include: the name of the Plan, name and address of the Employee covered under the Plan, name and address(es) of the qualified beneficiaries affected by the qualifying event; the qualifying event; the date the qualifying event occurred; and supporting documentation (e.g., divorce decree, birth certificate, disability determination, etc.).

Newly Acquired Dependents

If you acquire a new Dependent through marriage, birth, adoption or placement for adoption while your coverage is being continued, you may cover such Dependent under your COBRA continuation coverage. However, only your newborn or adopted Dependent child is a qualified beneficiary and may continue COBRA continuation coverage for the remainder of the coverage period following your early termination of COBRA coverage or due to a secondary qualifying event. COBRA coverage for your Dependent spouse and any Dependent children who are not your children (e.g., stepchildren or grandchildren) will cease on the date your COBRA coverage ceases and they are not eligible for a secondary qualifying event.

COBRA Continuation for Retirees Following Employer's Bankruptcy

If you are covered as a retiree, and a proceeding in bankruptcy is filed with respect to the Employer under Title 11 of the United States Code, you may be entitled to COBRA continuation coverage. If the bankruptcy results in a loss of coverage for you, your Dependents or your surviving spouse within one year before or after such proceeding, you and your covered Dependents will become COBRA qualified beneficiaries with respect to the bankruptcy. You will be entitled to COBRA continuation coverage until your death. Your surviving spouse and covered Dependent children will be entitled to COBRA continuation coverage for up to 36 months following your death. However, COBRA continuation coverage will cease upon the occurrence of any of the events listed under "Termination of COBRA Continuation" above.

Interaction With Other Continuation Benefits

You may be eligible for other continuation benefits under state law. Refer to the Termination section for any other continuation benefits.

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07-14

Definitions

Active Service

You will be considered in Active Service:

- on any of your Employer's scheduled work days if you are performing the regular duties of your work on a full-time basis on that day either at your Employer's place of business or at some location to which you are required to travel for your Employer's business.
- on a day which is not one of your Employer's scheduled work days if you were in Active Service on the preceding scheduled work day.

HC-DFS1

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V1

Bed and Board

The term Bed and Board includes all charges made by a Hospital on its own behalf for room and meals and for all general services and activities needed for the care of registered bed patients.

HC-DFS2

04-10

V2

Charges

The term "charges" means the actual billed charges; except when the provider has contracted directly or indirectly with Cigna for a different amount.

HC-DFS3

04-10

V1



Chiropractic Care

The term Chiropractic Care means the conservative management of neuromusculoskeletal conditions through manipulation and ancillary physiological treatment rendered to specific joints to restore motion, reduce pain and improve function.

HC-DFS55

04-10
V1

Custodial Services

Any services that are of a sheltering, protective, or safeguarding nature. Such services may include a stay in an institutional setting, at-home care, or nursing services to care for someone because of age or mental or physical condition. This service primarily helps the person in daily living. Custodial care also can provide medical services, given mainly to maintain the person's current state of health. These services cannot be intended to greatly improve a medical condition; they are intended to provide care while the patient cannot care for himself or herself. Custodial Services include but are not limited to:

- Services related to watching or protecting a person;
- Services related to performing or assisting a person in performing any activities of daily living, such as: walking, grooming, bathing, dressing, getting in or out of bed, toileting, eating, preparing foods, or taking medications that can be self administered, and
- Services not required to be performed by trained or skilled medical or paramedical personnel.

HC-DFS4

04-10
V1

Dependent

Dependents are:

- your lawful spouse; or
- your Domestic Partner; and
- any child of yours who is:
 - less than 26 years old.
 - from the end of the calendar year in which the child reaches age 26 or until the end of the calendar year in which the child reaches the age of 30, provided the child is unmarried and does not have a dependent of their own, is a Florida state resident or a full-time or part-time student, and is not covered under a plan of their own or entitled to benefits under Title XVIII of the Social Security Act. CIGNA may require such proof at least

once each year until the end of the calendar year in which he attains age 30;

- 26 or more years old, unmarried, and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a Dependent under this Plan, or while covered as a dependent under a prior plan with no break in coverage.

Proof of the child's condition and dependence must be submitted to Cigna within 31 days after the date the child ceases to qualify above. From time to time, but not more frequently than once a year, Cigna may require proof of the continuation of such condition and dependence.

A child includes a legally adopted child, including that child from the date of placement in the home or from birth provided that a written agreement to adopt such child has been entered into prior to the birth of such child. Coverage for a legally adopted child will include the necessary care and treatment of an Injury or a Sickness existing prior to the date of placement or adoption. A child also includes a foster child or a child placed in your custody by a court order from the date of placement in the home. Coverage is not required if the adopted or foster child is ultimately not placed in your home. It also includes:

- a stepchild or a child for whom you are the legal guardian;
- a child born to an insured Dependent child of yours until such child is 18 months old.

If your Domestic Partner has a child, that child will also be included as a Dependent.

Benefits for a Dependent child or student will continue until the last day of the calendar year in which the limiting age is reached.

Anyone who is eligible as an Employee can be included as a dependent of another employee.

No one may be considered as a Dependent of more than one Employee.

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V1 M

Domestic Partner

A Domestic Partner is defined as a person of the same or opposite sex who:

- shares your permanent residence;
- is no less than 18 years of age;
- is financially interdependent with you and has proven such interdependence by providing evidence of one of the following:



- The parties to the domestic partnership share a residence as evidenced by the same residential address on a valid driver license or state identification card; or joint ownership of Florida homestead property as joint tenants with right of survivorship with both owners having been granted a homestead exemption on the property; or joint ownership of Florida homestead property as tenants in common with both owners having been granted a homestead exemption on that property; or a lease showing the domestic partner as co-lessee residents of residential real property; and
- is not eligible for marriage to each other as provided in Section 741.21, Florida Statutes, as may be amended and revised; and
- has signed jointly with you, a notarized affidavit attesting to the above which can be made available to your employer upon request.

In addition, you and your Domestic Partner will be considered to have met the terms of this definition as long as neither you nor your Domestic Partner:

- has not previously during the calendar year included more than one other domestic partner as a domestic partner under the plan;
- is a party to a marriage recognized by Florida law; or
- has any other Domestic Partner, spouse or spouse equivalent of the same or opposite sex.

You and your Domestic Partner must have registered as Domestic Partners, if you reside in a state that provides for such registration.

The section of this certificate entitled "COBRA Continuation Rights Under Federal Law" will not apply to your Domestic Partner and his or her Dependents on a pre-tax basis.

HC-DFS47

04-10
V1 M

Emergency Medical Condition

Emergency medical condition means a medical condition which manifests itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; serious impairment to bodily functions; or serious dysfunction of any bodily organ or part.

HC-DFS394

11-10

Emergency Services

Emergency services means, with respect to an emergency medical condition, a medical screening examination that is within the capability of the emergency department of a hospital, including ancillary services routinely available to the emergency department to evaluate the emergency medical condition; and such further medical examination and treatment, to the extent they are within the capabilities of the staff and facilities available at the hospital, to stabilize the patient.

HC-DFS393

11-10

Employee

The term Employee means a full-time or variable hour employee of the Employer who is currently in Active Service. The term does not include employees who are part-time or temporary or who normally work less than 30 hours a week for the Employer.

HC-DFS7

04-10
V3 M

Employer

The term Employer means the plan sponsor self-insuring the benefits described in this booklet, on whose behalf Cigna is providing claim administration services.

HC-DFS8

04-10
V1

Essential Health Benefits

Essential health benefits means, to the extent covered under the plan, expenses incurred with respect to covered services, in at least the following categories: ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services, including behavioral health treatment, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services and chronic disease management and pediatric services, including oral and vision care.

HC-DFS411

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Expense Incurred

An expense is incurred when the service or the supply for which it is incurred is provided.

HC-DFS10

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or any other licensed facility or agency under a Hospice Care Program.

HC-DFS52

04-10
V1

Free-Standing Surgical Facility

The term Free-standing Surgical Facility means an institution which meets all of the following requirements:

- it has a medical staff of Physicians, Nurses and licensed anesthesiologists;
- it maintains at least two operating rooms and one recovery room;
- it maintains diagnostic laboratory and x-ray facilities;
- it has equipment for emergency care;
- it has a blood supply;
- it maintains medical records;
- it has agreements with Hospitals for immediate acceptance of patients who need Hospital Confinement on an inpatient basis; and
- it is licensed in accordance with the laws of the appropriate legally authorized agency.

HC-DFS11

04-10
V1

Hospice Facility

The term Hospice Facility means an institution or part of it which:

- primarily provides care for Terminally Ill patients;
- is accredited by the National Hospice Organization;
- meets standards established by Cigna; and
- fulfills any licensing requirements of the state or locality in which it operates.

HC-DFS53

04-10
V1

Hospital

The term Hospital means:

- an institution licensed as a hospital, which: maintains, on the premises, all facilities necessary for medical and surgical treatment; provides such treatment on an inpatient basis, for compensation, under the supervision of Physicians; and provides 24-hour service by Registered Graduate Nurses;
- an institution which qualifies as a hospital, a psychiatric hospital or a tuberculosis hospital, and a provider of services under Medicare, if such institution is accredited as a hospital by the Joint Commission on the Accreditation of Healthcare Organizations; or
- an institution which: specializes in treatment of Mental Health and Substance Abuse or other related illness; provides residential treatment programs; and is licensed in accordance with the laws of the appropriate legally authorized agency.

The term Hospital will not include an institution which is primarily a place for rest, a place for the aged, or a nursing home.

Hospice Care Program

The term Hospice Care Program means:

- a coordinated, interdisciplinary program to meet the physical, psychological, spiritual and social needs of dying persons and their families;
- a program that provides palliative and supportive medical, nursing and other health services through home or inpatient care during the illness;
- a program for persons who have a Terminal Illness and for the families of those persons.

HC-DFS51

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HC-DFS48

04-10
V1

Hospice Care Services

The term Hospice Care Services means any services provided by: a Hospital, a Skilled Nursing Facility or a similar institution, a Home Health Care Agency, a Hospice Facility,



Hospital Confinement or Confined in a Hospital

A person will be considered Confined in a Hospital if he is:

- a registered bed patient in a Hospital upon the recommendation of a Physician;
- receiving treatment for Mental Health and Substance Abuse Services in a Partial Hospitalization program;
- receiving treatment for Mental Health and Substance Abuse Services in a Mental Health or Substance Abuse Residential Treatment Center.

HC-DFS49

04-10
V1

Injury

The term Injury means an accidental bodily injury.

HC-DFS12

04-10
V1

Maintenance Treatment

The term Maintenance Treatment means:

- treatment rendered to keep or maintain the patient's current status.

HC-DFS56

04-10
V1

Maximum Reimbursable Charge - Medical

The Maximum Reimbursable Charge for covered services is determined based on the lesser of:

- the provider's normal charge for a similar service or supply; or
- a policyholder-selected percentile of charges made by providers of such service or supply in the geographic area where it is received as compiled in a database selected by Cigna.

The percentile used to determine the Maximum Reimbursable Charge can be obtained by contacting Member Services/Customer Service.

The Maximum Reimbursable Charge is subject to all other benefit limitations and applicable coding and payment methodologies determined by Cigna. Additional information about how Cigna determines the Maximum Reimbursable Charge is available upon request.

HC-DFS13

04-10
V8

Medicaid

The term Medicaid means a state program of medical aid for needy persons established under Title XIX of the Social Security Act of 1965 as amended.

HC-DFS16

04-10
V1

Medically Necessary/Medical Necessity

Medically Necessary Covered Services and Supplies are those determined by the Medical Director to be:

- required to diagnose or treat an illness, injury, disease or its symptoms;
- in accordance with generally accepted standards of medical practice;
- clinically appropriate in terms of type, frequency, extent, site and duration;
- not primarily for the convenience of the patient, Physician or other health care provider; and
- rendered in the least intensive setting that is appropriate for the delivery of the services and supplies. Where applicable, the Medical Director may compare the cost-effectiveness of alternative services, settings or supplies when determining least intensive setting.

HC-DFS19

04-10
V1

Medicare

The term Medicare means the program of medical care benefits provided under Title XVIII of the Social Security Act of 1965 as amended.

HC-DFS17

04-10
V1



Necessary Services and Supplies

The term Necessary Services and Supplies includes any charges, except charges for Bed and Board, made by a Hospital on its own behalf for medical services and supplies actually used during Hospital Confinement, any charges, by whomever made, for licensed ambulance service to or from the nearest Hospital where the needed medical care and treatment can be provided; and any charges, by whomever made, for the administration of anesthetics during Hospital Confinement.

The term Necessary Services and Supplies will not include any charges for special nursing fees, dental fees or medical fees.

HC-DFS21

04-10
V1

Nurse

The term Nurse means a Registered Graduate Nurse, a Licensed Practical Nurse or a Licensed Vocational Nurse who has the right to use the abbreviation "R.N.," "L.P.N." or "L.V.N."

HC-DFS22

04-10
V1

Other Health Care Facility/Other Health Professional

The term Other Health Care Facility means a facility other than a Hospital or hospice facility. Examples of Other Health Care Facilities include, but are not limited to, licensed skilled nursing facilities, rehabilitation Hospitals and subacute facilities. The term Other Health Professional means an individual other than a Physician who is licensed or otherwise authorized under the applicable state law to deliver medical services and supplies. Other Health Professionals include, but are not limited to physical therapists, registered nurses and licensed practical nurses. Other Health Professionals do not include providers such as Certified First Assistants, Certified Operating Room Technicians, Certified Surgical Assistants/Technicians, Licensed Certified Surgical Assistants/Technicians, Licensed Surgical Assistants, Orthopedic Physician Assistants and Surgical First Assistants.

HC-DFS23

04-10
V1

Participating Pharmacy

The term Participating Pharmacy means a retail Pharmacy with which Cigna has contracted to provide prescription services to insureds, or a designated home delivery Pharmacy with which Cigna has contracted to provide home delivery prescription services to insureds. A home delivery Pharmacy is a Pharmacy that provides Prescription Drugs through mail order.

HC-DFS60

04-10
V1

Participating Provider

The term Participating Provider means a hospital, a Physician or any other health care practitioner or entity that has a direct or indirect contractual arrangement with Cigna to provide covered services with regard to a particular plan under which the participant is covered.

HC-DFS45

04-10
V1

Patient Protection and Affordable Care Act of 2010 ("PPACA")

Patient Protection and Affordable Care Act of 2010 means the Patient Protection and Affordable Care Act of 2010 (Public Law 111-148) as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law 111-152).

HC-DFS412

01-11

Pharmacy

The term Pharmacy means a retail Pharmacy, or a home delivery Pharmacy.

HC-DFS61

04-10
V1



Pharmacy & Therapeutics (P & T) Committee

A committee of Cigna Participating Providers, Medical Directors and Pharmacy Directors which regularly reviews Prescription Drugs and Related Supplies for safety and efficacy. The P&T Committee evaluates Prescription Drugs and Related Supplies for potential addition to or deletion from the Prescription Drug List and may also set dosage and/or dispensing limits on Prescription Drugs and Related Supplies.

HC-DFS62

04-10
V1

Physician

The term Physician means a licensed medical practitioner who is practicing within the scope of his license and who is licensed to prescribe and administer drugs or to perform surgery. It will also include any other licensed medical practitioner whose services are required to be covered by law in the locality where the policy is issued if he is:

- operating within the scope of his license; and
- performing a service for which benefits are provided under this plan when performed by a Physician.

HC-DFS25

04-10
V1

Prescription Drug

Prescription Drug means; a drug which has been approved by the Food and Drug Administration for safety and efficacy; certain drugs approved under the Drug Efficacy Study Implementation review; or drugs marketed prior to 1938 and not subject to review, and which can, under federal or state law, be dispensed only pursuant to a Prescription Order.

HC-DFS63

04-10
V1

Prescription Drug List

Prescription Drug List means a listing of approved Prescription Drugs and Related Supplies. The Prescription Drugs and Related Supplies included in the Prescription Drug List have been approved in accordance with parameters established by the P&T Committee. The Prescription Drug List is regularly reviewed and updated.

HC-DFS64

04-10
V1

Prescription Order

Prescription Order means the lawful authorization for a Prescription Drug or Related Supply by a Physician who is duly licensed to make such authorization within the course of such Physician's professional practice or each authorized refill thereof.

HC-DFS65

04-10
V1

Preventive Treatment

The term Preventive Treatment means treatment rendered to prevent disease or its recurrence.

HC-DFS57

04-10
V1

Primary Care Physician

The term Primary Care Physician means a Physician who qualifies as a Participating Provider in general practice, internal medicine, family practice or pediatrics; and who has been selected by you, as authorized by Cigna, to provide or arrange for medical care for you or any of your insured Dependents.

HC-DFS40

04-10
V1

Psychologist

The term Psychologist means a person who is licensed or certified as a clinical psychologist. Where no licensure or certification exists, the term Psychologist means a person who is considered qualified as a clinical psychologist by a recognized psychological association. It will also include any other licensed counseling practitioner whose services are required to be covered by law in the locality where the policy is issued if he is operating within the scope of his license and performing a service for which benefits are provided under this plan when performed by a Psychologist.

HC-DFS26

04-10
V1

Related Supplies

Related Supplies means diabetic supplies (insulin needles and syringes, lancets and glucose test strips), needles and syringes



for injectables covered under the pharmacy plan, and spacers for use with oral inhalers.

HC-DFS68

04-10
V1

Review Organization

The term Review Organization refers to an affiliate of Cigna or another entity to which Cigna has delegated responsibility for performing utilization review services. The Review Organization is an organization with a staff of clinicians which may include Physicians, Registered Graduate Nurses, licensed mental health and substance abuse professionals, and other trained staff members who perform utilization review services.

HC-DFS30

04-10
V1

Sickness – For Medical Insurance

The term Sickness means a physical or mental illness. It also includes pregnancy. Expenses incurred for routine Hospital and pediatric care of a newborn child prior to discharge from the Hospital nursery will be considered to be incurred as a result of Sickness.

HC-DFS50

04-10
V1

Skilled Nursing Facility

The term Skilled Nursing Facility means a licensed institution (other than a Hospital, as defined) which specializes in:

- physical rehabilitation on an inpatient basis; or
- skilled nursing and medical care on an inpatient basis;

but only if that institution: maintains on the premises all facilities necessary for medical treatment; provides such treatment, for compensation, under the supervision of Physicians; and provides Nurses' services.

HC-DFS31

04-10
V1

Specialist

The term Specialist means a Physician who provides specialized services, and is not engaged in general practice, family practice, internal medicine, obstetrics/gynecology or pediatrics.

HC-DFS33

04-10
V1

Specialty Medication

The term Specialty Medication means high cost medications which are used to treat rare and chronic conditions which include, but are not limited to, multiple sclerosis, hepatitis C or rheumatoid arthritis.

HC-DFS69

04-10
V6

Stabilize

Stabilize means, with respect to an emergency medical condition, to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility.

HC-DFS413

01-11

Terminal Illness

A Terminal Illness will be considered to exist if a person becomes terminally ill with a prognosis of six months or less to live, as diagnosed by a Physician.

HC-DFS54

04-10
V1

Urgent Care

Urgent Care is medical, surgical, Hospital or related health care services and testing which are not Emergency Services, but which are determined by Cigna, in accordance with generally accepted medical standards, to have been necessary to treat a condition requiring prompt medical attention. This does not include care that could have been foreseen before leaving the immediate area where you ordinarily receive and/or were scheduled to receive services. Such care includes, but is not limited to, dialysis, scheduled medical treatments or therapy, or care received after a Physician's recommendation



that the insured should not travel due to any medical condition.

HC-DFS34

04-10

V1

City of Fort Lauderdale

OPEN ACCESS PLUS IN-NETWORK
MEDICAL BENEFITS
Plan 2

EFFECTIVE DATE: January 1, 2016

ASO11
3335139

This document printed in March, 2016 takes the place of any documents previously issued to you which described your benefits.

Printed in U.S.A.

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Important Information

THIS IS NOT AN INSURED BENEFIT PLAN. THE BENEFITS DESCRIBED IN THIS BOOKLET OR ANY RIDER ATTACHED HERETO ARE SELF-INSURED BY CITY OF FORT LAUDERDALE WHICH IS RESPONSIBLE FOR THEIR PAYMENT. CIGNA HEALTH AND LIFE INSURANCE COMPANY (CIGNA) PROVIDES CLAIM ADMINISTRATION SERVICES TO THE PLAN, BUT CIGNA DOES NOT INSURE THE BENEFITS DESCRIBED.

THIS DOCUMENT MAY USE WORDS THAT DESCRIBE A PLAN INSURED BY CIGNA. BECAUSE THE PLAN IS NOT INSURED BY CIGNA, ALL REFERENCES TO INSURANCE SHALL BE READ TO INDICATE THAT THE PLAN IS SELF-INSURED. FOR EXAMPLE, REFERENCES TO "CIGNA," "INSURANCE COMPANY," AND "POLICYHOLDER" SHALL BE DEEMED TO MEAN YOUR "EMPLOYER" AND "POLICY" TO MEAN "PLAN" AND "INSURED" TO MEAN "COVERED" AND "INSURANCE" SHALL BE DEEMED TO MEAN "COVERAGE."

HC-NOT1

Explanation of Terms

You will find terms starting with capital letters throughout your certificate. To help you understand your benefits, most of these terms are defined in the Definitions section of your certificate.

The Schedule

The Schedule is a brief outline of your maximum benefits which may be payable under your insurance. For a full description of each benefit, refer to the appropriate section listed in the Table of Contents.



Special Plan Provisions

Participating Providers include Physicians, Hospitals and Other Health Care Professionals and Other Health Care Facilities. Consult your Physician Guide for a list of Participating Providers in your area. Participating Providers are committed to providing you and your Dependents appropriate care while lowering medical costs.

Services Available in Conjunction With Your Medical Plan

The following pages describe helpful services available in conjunction with your medical plan. You can access these services by calling the toll-free number shown on the back of your ID card.

HC-SPP1

04-10

V1

Case Management

Case Management is a service provided through a Review Organization, which assists individuals with treatment needs that extend beyond the acute care setting. The goal of Case Management is to ensure that patients receive appropriate care in the most effective setting possible whether at home, as an outpatient, or an inpatient in a Hospital or specialized facility. Should the need for Case Management arise, a Case Management professional will work closely with the patient, his or her family and the attending Physician to determine appropriate treatment options which will best meet the patient's needs and keep costs manageable. The Case Manager will help coordinate the treatment program and arrange for necessary resources. Case Managers are also available to answer questions and provide ongoing support for the family in times of medical crisis.

Case Managers are Registered Nurses (RNs) and other credentialed health care professionals, each trained in a clinical specialty area such as trauma, high risk pregnancy and neonates, oncology, mental health, rehabilitation or general medicine and surgery. A Case Manager trained in the appropriate clinical specialty area will be assigned to you or your dependent. In addition, Case Managers are supported by a panel of Physician advisors who offer guidance on up-to-date treatment programs and medical technology. While the Case Manager recommends alternate treatment programs and helps coordinate needed resources, the patient's attending Physician remains responsible for the actual medical care.

- You, your dependent or an attending Physician can request Case Management services by calling the **toll-free number**

shown on your ID card during normal business hours, Monday through Friday. In addition, a claim office or a utilization review program (see the PAC/CSR section of your certificate) may refer an individual for Case Management.

- The Review Organization assesses each case to determine whether Case Management is appropriate.
- You or your Dependent is contacted by an assigned Case Manager who explains in detail how the program works. Participation in the program is voluntary - no penalty or benefit reduction is imposed if you do not wish to participate in Case Management.
- Following an initial assessment, the Case Manager works with you, your family and Physician to determine the needs of the patient and to identify what alternate treatment programs are available (for example, in-home medical care in lieu of an extended Hospital convalescence). You are not penalized if the alternate treatment program is not followed.
- The Case Manager arranges for alternate treatment services and supplies, as needed (for example, nursing services or a Hospital bed and other Durable Medical Equipment for the home).
- The Case Manager also acts as a liaison between the insurer, the patient, his or her family and Physician as needed (for example, by helping you to understand a complex medical diagnosis or treatment plan).
- Once the alternate treatment program is in place, the Case Manager continues to manage the case to ensure the treatment program remains appropriate to the patient's needs.

While participation in Case Management is strictly voluntary, Case Management professionals can offer quality, cost-effective treatment alternatives, as well as provide assistance in obtaining needed medical resources and ongoing family support in a time of need.

HC-SPP2

04-10

V1 M



Additional Programs

We may, from time to time, offer or arrange for various entities to offer discounts, benefits, or other consideration to our members for the purpose of promoting the general health and well being of our members. We may also arrange for the reimbursement of all or a portion of the cost of services provided by other parties to the Policyholder. Contact us for details regarding any such arrangements.

HC-SPP3

04-10

V1

Care Management and Care Coordination Services

Your plan may enter into specific collaborative arrangements with health care professionals committed to improving quality care, patient satisfaction and affordability. Through these collaborative arrangements, health care professionals commit to proactively providing participants with certain care management and care coordination services to facilitate achievement of these goals. Reimbursement is provided at 100% for these services when rendered by designated health care professionals in these collaborative arrangements.

HC-SPP27

06-15

V1

Important Notices

Direct Access to Obstetricians and Gynecologists

You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, visit www.mycigna.com or contact customer service at the phone number listed on the back of your ID card.

Selection of a Primary Care Provider

This plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit www.mycigna.com

or contact customer service at the phone number listed on the back of your ID card.

For children, you may designate a pediatrician as the primary care provider.

HC-NOT5

01-11

Important Information

Mental Health Parity and Addiction Equity Act

The Certificate is amended as stated below:

In the event of a conflict between the provisions of your plan documents and the provisions of this notice, the provisions that provide the better benefit shall apply.

The Schedule and Mental Health and Substance Abuse Covered Expenses:

Partial Hospitalization charges for Mental Health and Substance Abuse will be paid at the Outpatient level. Covered Expenses are changed as follows:

Mental Health and Substance Abuse Services

Mental Health Services are services that are required to treat a disorder that impairs the behavior, emotional reaction or thought processes. In determining benefits payable, charges made for the treatment of any physiological conditions related to Mental Health will not be considered to be charges made for treatment of Mental Health.

Substance Abuse is defined as the psychological or physical dependence on alcohol or other mind-altering drugs that requires diagnosis, care, and treatment. In determining benefits payable, charges made for the treatment of any physiological conditions related to rehabilitation services for alcohol or drug abuse or addiction will not be considered to be charges made for treatment of Substance Abuse.

Inpatient Mental Health Services

Services that are provided by a Hospital while you or your Dependent is Confined in a Hospital for the treatment and evaluation of Mental Health. Inpatient Mental Health Services include Mental Health Residential Treatment Services.

Mental Health Residential Treatment Services are services provided by a Hospital for the evaluation and treatment of the psychological and social functional disturbances that are a result of subacute Mental Health conditions.

Mental Health Residential Treatment Center means an institution which specializes in the treatment of psychological and social disturbances that are the result of Mental Health conditions; provides a subacute, structured, psychotherapeutic treatment program, under the supervision of Physicians; provides 24-hour care, in which a person lives in an open setting; and is licensed in accordance with the laws of the



appropriate legally authorized agency as a residential treatment center.

A person is considered confined in a Mental Health Residential Treatment Center when she/he is a registered bed patient in a Mental Health Residential Treatment Center upon the recommendation of a Physician.

Outpatient Mental Health Services are Services of Providers who are qualified to treat Mental Health when treatment is provided on an outpatient basis, while you or your Dependent is not Confined in a Hospital, or for Partial Hospitalization sessions, and is provided in an individual, group or Mental Health Intensive Outpatient Therapy Program. Covered services include, but are not limited to, outpatient treatment of conditions such as: anxiety or depression which interfere with daily functioning; emotional adjustment or concerns related to chronic conditions, such as psychosis or depression; emotional reactions associated with marital problems or divorce; child/adolescent problems of conduct or poor impulse control; affective disorders; suicidal or homicidal threats or acts; eating disorders; or acute exacerbation of chronic Mental Health conditions (crisis intervention and relapse prevention) and outpatient testing and assessment.

Partial Hospitalization sessions are services that are provided for not less than 4 hours and not more than 12 hours in any 24-hour period.

Inpatient Substance Abuse Rehabilitation Services

Services provided for rehabilitation, while you or your Dependent is Confined in a Hospital, when required for the diagnosis and treatment of abuse or addiction to alcohol and/or drugs. Inpatient Substance Abuse Services include Residential Treatment services.

Substance Abuse Residential Treatment Services are services provided by a Hospital for the evaluation and treatment of the psychological and social functional disturbances that are a result of subacute Substance Abuse conditions.

Substance Abuse Residential Treatment Center means an institution which specializes in the treatment of psychological and social disturbances that are the result of Substance Abuse; provides a subacute, structured, psychotherapeutic treatment program, under the supervision of Physicians; provides 24-hour care, in which a person lives in an open setting; and is licensed in accordance with the laws of the appropriate legally authorized agency as a residential treatment center.

A person is considered confined in a Substance Abuse Residential Treatment Center when she/he is a registered bed patient in a Substance Abuse Residential Treatment Center upon the recommendation of a Physician.

Outpatient Substance Abuse Rehabilitation Services

Services provided for the diagnosis and treatment of abuse or addiction to alcohol and/or drugs, while you or your Dependent is not Confined in a Hospital, including outpatient rehabilitation in an individual, or a Substance Abuse Intensive Outpatient Therapy Program and for Partial Hospitalization sessions.

Partial Hospitalization sessions are services that are provided for not less than 4 hours and not more than 12 hours in any 24-hour period.

A Substance Abuse Intensive Outpatient Therapy Program consists of distinct levels or phases of treatment that are provided by a certified/licensed Substance Abuse program. Intensive Outpatient Therapy Programs provide a combination of individual, family and/or group therapy in a day, totaling nine, or more hours in a week.

Substance Abuse Detoxification Services

Detoxification and related medical ancillary services are provided when required for the diagnosis and treatment of addiction to alcohol and/or drugs. Cigna will decide, based on the Medical Necessity of each situation, whether such services will be provided in an inpatient or outpatient setting.

Mental Health and Substance Abuse Exclusions:

The following exclusion is hereby deleted and no longer applies:

- any court ordered treatment or therapy, or any treatment or therapy ordered as a condition of parole, probation or custody or visitation evaluations unless Medically Necessary and otherwise covered under this policy or agreement.

Terms within the agreement:

The term "mental retardation" within your Certificate is hereby changed to "intellectual disabilities".

Visit Limits:

Any health care service billed with a Mental Health or Substance Abuse diagnosis, will not incur a visit limit, including but not limited to genetic counseling and nutritional evaluation/counseling.

HC-NOT69

12-14

How To File Your Claim

If your plan provides coverage when care is received only from In-Network providers, you may still have Out-of-Network claims (for example, when Emergency Services are received from an Out-of-Network provider) and should follow the claim submission instructions for those claims. Claims can



be submitted by the provider if the provider is able and willing to file on your behalf. If the provider is not submitting on your behalf, you must send your completed claim form and itemized bills to the claims address listed on the claim form.

You may get the required claim forms from the website listed on your identification card or by using the toll-free number on your identification card.

CLAIM REMINDERS

- BE SURE TO USE YOUR MEMBER ID AND ACCOUNT/GROUP NUMBER WHEN YOU FILE CIGNA'S CLAIM FORMS, OR WHEN YOU CALL YOUR CIGNA CLAIM OFFICE.

YOUR MEMBER ID IS THE ID SHOWN ON YOUR BENEFIT IDENTIFICATION CARD.

YOUR ACCOUNT/GROUP NUMBER IS SHOWN ON YOUR BENEFIT IDENTIFICATION CARD.

- BE SURE TO FOLLOW THE INSTRUCTIONS LISTED ON THE BACK OF THE CLAIM FORM CAREFULLY WHEN SUBMITTING A CLAIM TO CIGNA.

Timely Filing of Out-of-Network Claims

Cigna will consider claims for coverage under our plans when proof of loss (a claim) is submitted within 180 days for Out-of-Network benefits after services are rendered. If services are rendered on consecutive days, such as for a Hospital Confinement, the limit will be counted from the last date of service. If claims are not submitted within 180 days for Out-of-Network benefits, the claim will not be considered valid and will be denied.

WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information; or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act.

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Eligibility - Effective Date

Employee Insurance

This plan is offered to you as an Employee.

Eligibility for Employee Insurance

You will become eligible for insurance on the day you complete the waiting period if:

- you are in a Class of Eligible Employees; and

- you are an eligible, full-time Employee who normally work at least 30 hours a week; or
- you are an eligible, variable hour Employee who work an average of 30 hours per week during the City's Measurement period as required by the Affordable Care Act; and
- you pay any required contribution.

If you were previously insured and your insurance ceased, you must satisfy the Waiting Period to become insured again. If your insurance ceased because you were no longer employed in a Class of Eligible Employees, you are not required to satisfy any waiting period if you again become a member of a Class of Eligible Employees within one year after your insurance ceased.

Eligibility for Dependent Insurance

You will become eligible for Dependent insurance on the later of:

- the day you become eligible for yourself; or
- the day you acquire your first Dependent.

Waiting Period

The first day of the month following date of hire.

Classes of Eligible Employees

Each Employee as reported to the insurance company by your Employer.

Effective Date of Employee Insurance

You will become insured on the date you elect the insurance by signing an approved payroll deduction or enrollment form, as applicable, but no earlier than the date you become eligible.

You will become insured on your first day of eligibility, following your election, if you are in Active Service on that date, or if you are not in Active Service on that date due to your health status.

Late Entrant - Employee

You are a Late Entrant if:

- you elect the insurance more than 30 days after you become eligible; or
- you again elect it after you cancel your payroll deduction (if required).

Dependent Insurance

For your Dependents to be insured, you will have to pay the required contribution, if any, toward the cost of Dependent Insurance.

Effective Date of Dependent Insurance

Insurance for your Dependents will become effective on the date you elect it by signing an approved payroll deduction



form (if required), but no earlier than the day you become eligible for Dependent Insurance. All of your Dependents as defined will be included. A newborn child will be covered for the first 31 days of life even if you fail to enroll the child. If you enroll the child after the first 31 days and by the 60th day after his birth, coverage will be offered at an additional premium. Coverage for an adopted child will become effective from the date of placement in your home or from birth for the first 31 days even if you fail to enroll the child. However, if you enroll the adopted child between the 31st and 60th days after his birth or placement in your home, coverage will be offered at an additional premium.

Your Dependents will be insured only if you are insured.

Late Entrant – Dependent

You are a Late Entrant for Dependent Insurance if:

- you elect that insurance more than 30 days after you become eligible for it; or
- you again elect it after you cancel your payroll deduction (if required).

Exception for Newborns

Any Dependent child born while you are insured will become insured on the date of his birth if you elect Dependent Insurance no later than 31 days after his birth. If you do not elect to insure your newborn child within such 31 days, coverage for that child will end on the 31st day. No benefits for expenses incurred beyond the 31st day will be payable.

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you select for yourself may be different from the Primary Care Physician you select for each of your Dependents.

Changing Primary Care Physicians:

You may request a transfer from one Primary Care Physician to another by contacting us at the member services number on your ID card. Any such transfer will be effective on the first day of the month following the month in which the processing of the change request is completed.

In addition, if at any time a Primary Care Physician ceases to be a Participating Provider, you or your Dependent will be notified for the purpose of selecting a new Primary Care Physician, if you choose.

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Important Information About Your Medical Plan

Details of your medical benefits are described on the following pages.

Opportunity to Select a Primary Care Physician

Choice of Primary Care Physician:

This medical plan does not require that you select a Primary Care Physician or obtain a referral from a Primary Care Physician in order to receive all benefits available to you under this medical plan. Notwithstanding, a Primary Care Physician may serve an important role in meeting your health care needs by providing or arranging for medical care for you and your Dependents. For this reason, we encourage the use of Primary Care Physicians and provide you with the opportunity to select a Primary Care Physician from a list provided by Cigna for yourself and your Dependents. If you choose to select a Primary Care Physician, the Primary Care Physician



Open Access Plus In-Network Medical Benefits The Schedule	
For You and Your Dependents	
Open Access Plus In-Network Medical Benefits provide coverage for care In-Network. To receive Open Access Plus In-Network Medical Benefits, you and your Dependents may be required to pay a portion of the Covered Expenses for services and supplies. That portion is the Copayment, Deductible or Coinsurance.	
When you receive services from an In-Network Provider, remind your provider to utilize In-Network Providers for x-rays, lab tests and other services to ensure the cost may be considered at the In-Network level.	
If you are unable to locate an In-Network Provider in your area who can provide you with a service or supply that is covered under this plan, you must call the number on the back of your I.D. card to obtain authorization for Out-of-Network Provider coverage. If you obtain authorization for services provided by an Out-of-Network Provider, benefits for those services will be covered at the In-Network benefit level.	
Coinsurance The term Coinsurance means the percentage of charges for Covered Expenses that an insured person is required to pay under the plan.	
Copayments/Deductibles Copayments are expenses to be paid by you or your Dependent for covered services. Deductibles are also expenses to be paid by you or your Dependent. Deductible amounts are separate from and not reduced by Copayments. Copayments and Deductibles are in addition to any Coinsurance. Once the Deductible maximum in The Schedule has been reached, you and your family need not satisfy any further medical deductible for the rest of that year.	
Out-of-Pocket Expenses Out-of-Pocket Expenses are Covered Expenses incurred for charges that are not paid by the benefit plan because of any Deductibles, Copayments or Coinsurance. Such Covered Expenses accumulate to the Out-of-Pocket Maximum shown in the Schedule. When the Out-of-Pocket Maximum is reached, all Covered Expenses, except charges for non-compliance penalties, are payable by the benefit plan at 100%.	
Multiple Surgical Reduction Multiple surgeries performed during one operating session result in payment reduction of 50% to the surgery of lesser charge. The most expensive procedure is paid as any other surgery.	
Assistant Surgeon and Co-Surgeon Charges Assistant Surgeon The maximum amount payable will be limited to charges made by an assistant surgeon that do not exceed a percentage of the surgeon's allowable charge as specified in Cigna Reimbursement Policies. (For purposes of this limitation, allowable charge means the amount payable to the surgeon prior to any reductions due to coinsurance or deductible amounts.) Co-Surgeon The maximum amount payable for charges made by co-surgeons will be limited to the amount specified in Cigna Reimbursement Policies.	



BENEFIT HIGHLIGHTS	IN-NETWORK
Lifetime Maximum	Unlimited
The Percentage of Covered Expenses the Plan Pays Note: "No charge" means an insured person is not required to pay Coinsurance.	80%
Calendar Year Deductible Employee Employee Plus One Family Maximum Family Maximum Calculation Individual Calculation: Family members meet only their individual deductible and then their claims will be covered under the plan coinsurance; if the family deductible has been met prior to their individual deductible being met, their claims will be paid at the plan coinsurance.	\$1,000 per employee \$2,000 per employee plus one \$3,000 per family
Combined Out-of-Pocket Maximum for Medical and Pharmacy expenses Employee Employee Plus One Family Maximum Family Maximum Calculation Individual Calculation: Family members meet only their individual Out-of-Pocket and then their claims will be covered at 100%; if the family Out-of-Pocket has been met prior to their individual Out-of-Pocket being met, their claims will be paid at 100%.	\$6,350 per employee \$10,000 per employee plus one \$12,700 per family



BENEFIT HIGHLIGHTS	IN-NETWORK
Combined Medical/Pharmacy Out-of-Pocket Maximum Combined Medical/Pharmacy Out-of-Pocket: includes retail and home delivery prescription drugs Home Delivery Pharmacy Costs Contribute to the Combined Medical/Pharmacy Out-of-Pocket Maximum	Yes Yes
Physician's Services Primary Care Physician's Office Visit Specialty Care Physician's Office Visits Consultant and Referral Physician's Services Note: OB/GYN providers will be considered either as a PCP or Specialist, depending on how the provider contracts with the Insurance Company. Surgery Performed in the Physician's Office Second Opinion Consultations (provided on a voluntary basis) Allergy Treatment/Injections (includes Allergy Skin Testing) Allergy Serum (dispensed by the Physician in the office)	No charge after \$40 per office visit copay No charge after \$60 per office visit copay No charge after the \$40 PCP or \$60 Specialist per office visit copay No charge after the \$40 PCP or \$60 Specialist per office visit copay No charge after \$10 per office visit copay No charge
Preventive Care Note: Includes coverage of additional services, such as urinalysis, EKG, and other laboratory tests, supplementing the standard Preventive Care benefit. Routine Preventive Care - all ages Immunizations - all ages	No charge No charge
Mammograms, PSA, PAP Smear, Early Cancer Detection Colon/Rectal Preventive Care Related Services (i.e. "routine" services) Diagnostic Related Services (i.e. "non-routine" services) Note: Including Colonoscopies and all associated charges covered at 100% preventive/diagnostic	No charge No charge



BENEFIT HIGHLIGHTS	IN-NETWORK
Inpatient Hospital - Facility Services Semi-Private Room and Board Private Room Special Care Units (ICU/CCU)	80% after plan deductible Limited to the semi-private negotiated rate Limited to the semi-private negotiated rate Limited to the negotiated rate
Outpatient Facility Services Operating Room, Recovery Room, Procedures Room, Treatment Room and Observation Room	80% after plan deductible
Inpatient Hospital Physician's Visits/Consultations	80% after plan deductible
Outpatient Hospital Physician's Visits/Consultations	100% after plan deductible
Inpatient Hospital Professional Services Surgeon Radiologist Pathologist Anesthesiologist	80% after plan deductible
Outpatient Professional Services Surgeon Radiologist Pathologist Anesthesiologist	100%
Emergency and Urgent Care Services Physician's Office Visit Hospital Emergency Room Outpatient Professional services (radiology, pathology and ER Physician) Urgent Care Facility or Outpatient Facility X-ray and/or Lab performed at the Emergency Room/Urgent Care Facility (billed by the facility as part of the ER/UC visit) Independent x-ray and/or Lab Facility in conjunction with an ER visit Advanced Radiological Imaging (i.e. MRIs, MRAs, CAT Scans, PET Scans etc.) Ambulance	No charge after the \$40 PCP or \$60 Specialist per office visit copay No charge after \$200 per visit copay* *waived if admitted No charge No charge after \$60 per visit copay* *waived if admitted No charge No charge No charge No charge after \$100 per trip copay



BENEFIT HIGHLIGHTS	IN-NETWORK
Inpatient Services at Other Health Care Facilities Includes Skilled Nursing Facility, Rehabilitation Hospital and Sub-Acute Facilities Calendar Year Maximum: 90 days combined	80% after plan deductible
Laboratory and Radiology Services (includes pre-admission testing) Physician's Office Visit Outpatient Hospital Facility Independent X-ray and/or Lab Facility	No charge after the \$40 PCP or \$60 Specialist per office visit copay 90% 90%
Advanced Radiological Imaging (i.e. MRIs, MRAs, CAT Scans and PET Scans) The scan copay applies per type of scan per day Physician's Office Visit Inpatient Facility Outpatient Facility	No charge after the \$40 PCP or \$60 Specialist per office visit copay 80% after plan deductible \$200 scan copay, then 100%
Outpatient Short-Term Rehabilitative Therapy Calendar Year Maximum: 60 days for each therapy Includes: Physical Therapy Speech Therapy Occupational Therapy Pulmonary Rehab Note: The Short-Term Rehabilitative Therapy maximum does not apply to the treatment of autism. Cognitive therapy can be related to any therapy and will be combined with the respective therapy.	No charge after \$20 per office visit copay Note: Outpatient Short Term Rehab copay applies, regardless of place of service, including the home.
Outpatient Cardiac Rehabilitation Calendar Year Maximum: 18 days	No charge after the \$20 per office visit copay
Chiropractic Care Calendar Year Maximum: 20 days Physician's Office Visit	No charge after \$60 per office visit copay



BENEFIT HIGHLIGHTS	IN-NETWORK
Home Health Care Calendar Year Maximum: Unlimited (includes outpatient private nursing when approved as Medically Necessary)	80% after plan deductible
Hospice Inpatient Services Outpatient Services (same coinsurance level as Home Health Care)	80% after plan deductible 80% after plan deductible
Bereavement Counseling Services Provided as part of Hospice Care Inpatient Outpatient Services Provided by Mental Health Professional	80% after plan deductible 80% after plan deductible Covered under Mental Health benefit
Maternity Care Services Initial Visit to Confirm Pregnancy Note: OB/GYN providers will be considered either as a PCP or Specialist, depending on how the provider contracts with the Insurance Company. All subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges (i.e. global maternity fee) Physician's Office Visits in addition to the global maternity fee when performed by an OB/GYN or Specialist Delivery - Facility (Inpatient Hospital, Birthing Center)	No charge after the \$40 PCP or \$60 Specialist per office visit copay 80% after plan deductible No charge after the \$40 PCP or \$60 Specialist per office visit copay 80% after plan deductible
Abortion Includes elective and non-elective procedures Physician's Office Visit Inpatient Facility Outpatient Facility Inpatient Professional Services Outpatient Professional Services	No charge after the \$40 PCP or \$60 Specialist per office visit copay 80% after plan deductible 80% after plan deductible 80% after plan deductible 100%



BENEFIT HIGHLIGHTS	IN-NETWORK
Women's Family Planning Services Office Visits, Lab and Radiology Tests and Counseling Note: Includes coverage for contraceptive devices (e.g., Depo-Provera and Intrauterine Devices (IUDs)) as ordered or prescribed by a physician. Diaphragms also are covered when services are provided in the physician's office. Surgical Sterilization Procedures for Tubal Ligation (excludes reversals) Physician's Office Visit Inpatient Facility Outpatient Facility Physician's Services	No charge No charge No charge No charge No charge
Men's Family Planning Services Office Visits, Lab and Radiology Tests and Counseling Surgical Sterilization Procedures for Vasectomy (excludes reversals) Physician's Office Visit Inpatient Facility Outpatient Facility Inpatient Professional Services Outpatient Professional Services	No charge after the \$40 PCP or \$60 Specialist per office visit copay No charge after the \$40 PCP or \$60 Specialist per office visit copay 80% after plan deductible 80% after plan deductible 80% after plan deductible 100%
Infertility Treatment Services Not Covered include: <ul style="list-style-type: none"> • Testing performed specifically to determine the cause of infertility. • Treatment and/or procedures performed specifically to restore fertility (e.g. procedures to correct an infertility condition). • Artificial means of becoming pregnant (e.g. Artificial Insemination, In-vitro, GIFT, ZIFT, etc). Note: Coverage will be provided for the treatment of an underlying medical condition up to the point an infertility condition is diagnosed. Services will be covered as any other illness.	Not Covered



BENEFIT HIGHLIGHTS	IN-NETWORK
Organ Transplants Includes all medically appropriate, non-experimental transplants Physician's Office Visit Inpatient Facility Physician's Services Lifetime Travel Maximum: \$10,000 per transplant	No charge after the \$40 PCP or \$60 Specialist per office visit copay 100% at Lifesource center after plan deductible , otherwise 80% after plan deductible 100% at Lifesource center after plan deductible , otherwise 80% after plan deductible No charge (only available when using Lifesource facility)
Durable Medical Equipment Calendar Year Maximum: Unlimited	80%
Breast Feeding Equipment and Supplies Note: Includes the rental of one breast pump per birth as ordered or prescribed by a physician. Includes related supplies.	No charge
External Prosthetic Appliances Calendar Year Maximum: Unlimited	80%
Acupuncture Calendar Year Maximum: Unlimited	No charge after \$60 per office visit copay
Penile Pump Note: For use as a result of Prostate Cancer treatment based on Cigna's coverage position.	80% after plan deductible
Diabetic Equipment Calendar Year Maximum: Unlimited	80% after plan deductible
Nutritional Evaluation Calendar Year Maximum: 3 visits per person Physician's Office Visit Inpatient Facility Outpatient Facility Inpatient Professional Services Outpatient Professional Services	No charge after the \$40 PCP or \$60 Specialist per office visit copay 80% after plan deductible 80% after plan deductible 80% after plan deductible 100%



BENEFIT HIGHLIGHTS		IN-NETWORK	
Dental Care Limited to charges made for a continuous course of dental treatment started within six months of an injury to sound, natural teeth. <div>Physician’s Office Visit</div> <div>Inpatient Facility</div> <div>Outpatient Facility</div> <div>Inpatient Professional Services</div> <div>Outpatient Professional Services</div>			
		No charge after the \$40 PCP or \$60 Specialist per office visit copay 80% after plan deductible 80% after plan deductible 80% after plan deductible 100%	
Bariatric Surgery Note: Subject to any limitations shown in the “Exclusions, Expenses Not Covered and General Limitations” section of this certificate. <div>Physician’s Office Visit</div> <div>Inpatient Facility</div> <div>Outpatient Facility</div> <div>Inpatient Professional Services</div> <div>Outpatient Professional Services</div>			
		No charge after the \$40 PCP or \$60 Specialist per office visit copay 80% after plan deductible 80% after plan deductible 80% after plan deductible 100%	
Routine Foot Disorders		Not covered except for services associated with foot care for diabetes and peripheral vascular disease when Medically Necessary.	
Treatment Resulting From Life Threatening Emergencies Medical treatment required as a result of an emergency, such as a suicide attempt, will be considered a medical expense until the medical condition is stabilized. Once the medical condition is stabilized, whether the treatment will be characterized as either a medical expense or a mental health/substance abuse expense will be determined by the utilization review Physician in accordance with the applicable mixed services claim guidelines.			
Mental Health <div>Inpatient</div> <div>Outpatient (Includes Individual, Group and Intensive Outpatient)</div> <div>Physician’s Office Visit</div> <div>Outpatient Facility</div>			
		80% after plan deductible \$40 per visit copay 80% after plan deductible	



BENEFIT HIGHLIGHTS		IN-NETWORK	
Substance Abuse			
Inpatient		80% after plan deductible	
Outpatient (Includes Individual and Intensive Outpatient)			
Physician's Office Visit		\$40 per visit copay	
Outpatient Facility		80% after plan deductible	



Open Access Plus In-Network Medical Benefits

Prior Authorization/Pre-Authorized

The term Prior Authorization means the approval that a Participating Provider must receive from the Review Organization, prior to services being rendered, in order for certain services and benefits to be covered under this policy.

Services that require Prior Authorization include, but are not limited to:

- inpatient Hospital services, except for 48/96 hour maternity stays;
- inpatient services at any participating Other Health Care Facility;
- residential treatment;
- outpatient facility services;
- intensive outpatient programs;
- advanced radiological imaging;
- non-emergency ambulance; or
- transplant services.

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Covered Expenses

The term Covered Expenses means the expenses incurred by or on behalf of a person for the charges listed below if they are incurred after he becomes insured for these benefits. Expenses incurred for such charges are considered Covered Expenses to the extent that the services or supplies provided are recommended by a Physician, and are Medically Necessary for the care and treatment of an Injury or a Sickness, as determined by Cigna. **Any applicable Copayments, Deductibles or limits are shown in The Schedule.**

Covered Expenses

- charges made by a Hospital, on its own behalf, for Bed and Board and other Necessary Services and Supplies; except that for any day of Hospital Confinement, Covered Expenses will not include that portion of charges for Bed and Board which is more than the Bed and Board Limit shown in The Schedule.
- charges for licensed ambulance service to or from the nearest Hospital where the needed medical care and treatment can be provided.

- charges made by a Hospital, on its own behalf, for medical care and treatment received as an outpatient.
- charges made by a Free-Standing Surgical Facility, on its own behalf for medical care and treatment.
- charges made on its own behalf, by an Other Health Care Facility, including a Skilled Nursing Facility, a Rehabilitation Hospital or a subacute facility for medical care and treatment; except that for any day of Other Health Care Facility confinement, Covered Expenses will not include that portion of charges which are in excess of the Other Health Care Facility Daily Limit shown in The Schedule.
- charges made for Emergency Services and Urgent Care.
- charges made by a Physician or a Psychologist for professional services.
- charges made by a Nurse, other than a member of your family or your Dependent's family, for professional nursing service.
- charges made for anesthetics and their administration; diagnostic x-ray and laboratory examinations; x-ray, radium, and radioactive isotope treatment; chemotherapy; blood transfusions; oxygen and other gases and their administration.
- charges made for an annual prostate-specific antigen test (PSA).
- charges made for laboratory services, radiation therapy and other diagnostic and therapeutic radiological procedures.
- charges made for Family Planning, including medical history, physical exam, related laboratory tests, medical supervision in accordance with generally accepted medical practices, other medical services, information and counseling on contraception, implanted/injected contraceptives, after appropriate counseling, medical services connected with surgical therapies (tubal ligations, vasectomies).
- charges made for the following preventive care services (detailed information is available at www.healthcare.gov):
 - (1) evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force;
 - (2) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the Covered Person involved;
 - (3) for infants, children, and adolescents, evidence-informed preventive care and screenings provided for in



- the comprehensive guidelines supported by the Health Resources and Services Administration;
- (4) for women, such additional preventive care and screenings not described in paragraph (1) as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.
 - charges made for diagnosis and Medically Necessary surgical procedures to treat dysfunction of the temporomandibular joint.
 - charges made for acupuncture.
 - coverage for diagnosis and treatment of autism spectrum disorder to include autistic disorder, Asperger's Syndrome and pervasive developmental disorder not otherwise specified, when prescribed by a treating Physician in accordance with a treatment plan for individuals diagnosed at age 8 or younger. Coverage is provided for Dependents to age 18, or older if attending High School. Treatment includes well-baby and well-child screening for diagnosis and treatment through speech therapy, occupational therapy, physical therapy and applied behavior analysis. Day or visit maximums applied to such treatment for other causes will not apply to treatment of autism spectrum disorder.
 - charges made by a Physician, certified diabetes educator or licensed dietitian for a program which provides instruction on an outpatient basis for a person who has been diagnosed as having diabetes, for the purpose of instructing such person about the condition and its control.
 - charges for general anesthesia and hospitalization services for dental procedures for an individual who is under age 8 and for whom it is determined by a licensed Dentist and the child's Physician that treatment in a Hospital or ambulatory surgical center is necessary due to a significantly complex dental condition or developmental disability in which patient management in the dental office has proven to be ineffective; or has one or more medical conditions that would create significant or undue medical risk if the procedure were not rendered in a Hospital or ambulatory surgical center.
 - charges for the services of certified nurse-midwives, licensed midwives, and licensed birth centers regardless of whether or not such services are received in a home birth setting.
 - charges for the treatment of cleft lip and cleft palate including medical, dental, speech therapy, audiology and nutrition services, when prescribed by a Physician.
 - charges for newborn and infant hearing screening and Medically Necessary follow-up evaluations. When ordered by the treating Physician, a newborn's hearing screening must include auditory brainstem responses or evoked otoacoustic emissions or other appropriate technology approved by the FDA. All screenings shall be conducted by

a licensed audiologist, Physician, or supervised individual who has training specific to newborn hearing screening. Newborn means an age range from birth through 29 days. Infant means an age range from 30 days through 12 months.

- charges for or in connection with Medically Necessary diagnosis and treatment of osteoporosis for high risk individuals. This includes, but is not limited to individuals who: have vertebral abnormalities; are receiving long-term glucocorticoid (steroid) therapy; have primary hyperparathyroidism; have a family history of osteoporosis; and/or are estrogen-deficient individuals who are at clinical risk for osteoporosis.
- charges made for or in connection with mammograms for breast cancer screening or diagnostic purposes, including, but not limited to: a baseline mammogram for women ages 35 through 39; a mammogram for women ages 40 through 49, every two years or more frequently based on the attending Physician's recommendations; a mammogram every year for women age 50 and over; and one or more mammograms upon the recommendation of a Physician for any woman who is at risk for breast cancer due to her family history; has biopsy proven benign breast disease; or has not given birth before age 30. A mammogram will be covered with or without a Physician's recommendation, provided the mammogram is performed at an approved facility for breast cancer screening.
- charges for an inpatient Hospital stay following a mastectomy will be covered for a period determined to be Medically Necessary by the Physician and in consultation with the patient. Postsurgical follow-up care may be provided at the Hospital, Physician's office, outpatient center, or at the home of the patient.

In addition, Covered Expenses will include expenses incurred at any of the Approximate Age Intervals shown below, for a Dependent child who is age 15 or less, for charges made for Child Preventive Care Services consisting of the following services delivered or supervised by a Physician, in keeping with prevailing medical standards:

- a history;
- physical examination;
- development assessment;
- anticipatory guidance; and
- appropriate immunizations and laboratory tests;
- excluding any charges for:
- more than one visit to one provider for Child Preventive Care Services at each of the Approximate Age Intervals, up to a total of 18 visits for each Dependent child;
- services for which benefits are otherwise provided under this Covered Expenses section;



- services for which benefits are not payable, according to the Expenses Not Covered section.

It is provided that any Deductible that would otherwise apply will be waived for those Covered Expenses incurred for Child Preventive Care Services. Approximate Age Intervals are: Birth, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4 years, 5 years, 6 years, 8 years, 10 years, 12 years, 14 years and 15 years.

Clinical Trials

This benefit plan covers routine patient care costs related to a qualified clinical trial for an individual who meets the following requirements:

- (a) is eligible to participate in an approved clinical trial according to the trial protocol with respect to treatment of cancer or other life-threatening disease or condition; and
- (b) either
 - the referring health care professional is a participating health care provider and has concluded that the individual's participation in such trial would be appropriate based upon the individual meeting the conditions described in paragraph (a); or
 - the individual provides medical and scientific information establishing that the individual's participation in such trial would be appropriate based upon the individual meeting the conditions described in paragraph (a).

For purposes of clinical trials, the term "life-threatening disease or condition" means any disease or condition from which the likelihood of death is probable unless the course of the disease or condition is interrupted.

The clinical trial must meet the following requirements:

The study or investigation must:

- be approved or funded by any of the agencies or entities authorized by federal law to conduct clinical trials;
- be conducted under an investigational new drug application reviewed by the Food and Drug Administration; or
- involve a drug trial that is exempt from having such an investigational new drug application.

Routine patient care costs are costs associated with the provision of health care items and services including drugs, items, devices and services otherwise covered by this benefit plan for an individual who is not enrolled in a clinical trial and, in addition:

- services required solely for the provision of the investigational drug, item, device or service;
- services required for the clinically appropriate monitoring of the investigational drug, device, item or service;

- services provided for the prevention of complications arising from the provision of the investigational drug, device, item or service; and
- reasonable and necessary care arising from the provision of the investigational drug, device, item or service, including the diagnosis or treatment of complications.

Routine patient care costs do not include:

- the investigational drug, item, device, or service, itself; or
- items and services that are provided solely to satisfy data collection and analysis needs and that are not used in the direct clinical management of the patient.

If your plan includes In-Network providers, Clinical trials conducted by non-participating providers will be covered at the In-Network benefit level if:

- there are not In-Network providers participating in the clinical trial that are willing to accept the individual as a patient, or
- the clinical trial is conducted outside the individual's state of residence.

Genetic Testing

Charges made for genetic testing that uses a proven testing method for the identification of genetically-linked inheritable disease. Genetic testing is covered only if:

- a person has symptoms or signs of a genetically-linked inheritable disease;
- it has been determined that a person is at risk for carrier status as supported by existing peer-reviewed, evidence-based, scientific literature for the development of a genetically-linked inheritable disease when the results will impact clinical outcome; or
- the therapeutic purpose is to identify specific genetic mutation that has been demonstrated in the existing peer-reviewed, evidence-based, scientific literature to directly impact treatment options.

Pre-implantation genetic testing, genetic diagnosis prior to embryo transfer, is covered when either parent has an inherited disease or is a documented carrier of a genetically-linked inheritable disease.

Genetic counseling is covered if a person is undergoing approved genetic testing, or if a person has an inherited disease and is a potential candidate for genetic testing. Genetic counseling is limited to 3 visits per calendar year for both pre- and post-genetic testing.

Nutritional Evaluation

Charges made for nutritional evaluation and counseling when diet is a part of the medical management of a documented organic disease.



Internal Prosthetic/Medical Appliances

Charges made for internal prosthetic/medical appliances that provide permanent or temporary internal functional supports for nonfunctional body parts are covered. Medically Necessary repair, maintenance or replacement of a covered appliance is also covered.

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Orthognathic Surgery

- orthognathic surgery to repair or correct a severe facial deformity or disfigurement that orthodontics alone can not correct, provided:
 - the deformity or disfigurement is accompanied by a documented clinically significant functional impairment, and there is a reasonable expectation that the procedure will result in meaningful functional improvement; or
 - the orthognathic surgery is Medically Necessary as a result of tumor, trauma, disease; or
 - the orthognathic surgery is performed prior to age 19 and is required as a result of severe congenital facial deformity or congenital condition.

Repeat or subsequent orthognathic surgeries for the same condition are covered only when the previous orthognathic surgery met the above requirements, and there is a high probability of significant additional improvement as determined by the utilization review Physician.

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Cardiac Rehabilitation

- Phase II cardiac rehabilitation provided on an outpatient basis following diagnosis of a qualifying cardiac condition when Medically Necessary. Phase II is a Hospital-based outpatient program following an inpatient Hospital discharge. The Phase II program must be Physician directed with active treatment and EKG monitoring.

Phase III and Phase IV cardiac rehabilitation is not covered. Phase III follows Phase II and is generally conducted at a recreational facility primarily to maintain the patient's status achieved through Phases I and II. Phase IV is an advancement of Phase III which includes more active participation and weight training.

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V1

Home Health Services

- charges made for Home Health Services when you: require skilled care; are unable to obtain the required care as an ambulatory outpatient; and do not require confinement in a Hospital or Other Health Care Facility.

Home Health Services are provided only if Cigna has determined that the home is a medically appropriate setting. If you are a minor or an adult who is dependent upon others for nonskilled care and/or custodial services (e.g., bathing, eating, toileting), Home Health Services will be provided for you only during times when there is a family member or care giver present in the home to meet your nonskilled care and/or custodial services needs.

Home Health Services are those skilled health care services that can be provided during visits by Other Health Care Professionals. The services of a home health aide are covered when rendered in direct support of skilled health care services provided by Other Health Care Professionals. A visit is defined as a period of 2 hours or less. Home Health Services are subject to a maximum of 16 hours in total per day. Necessary consumable medical supplies and home infusion therapy administered or used by Other Health Care Professionals in providing Home Health Services are covered. Home Health Services do not include services by a person who is a member of your family or your Dependent's family or who normally resides in your house or your Dependent's house even if that person is an Other Health Care Professional. Skilled nursing services or private duty nursing services provided in the home are subject to the Home Health Services benefit terms, conditions and benefit limitations. Physical, occupational, and other Short-Term Rehabilitative Therapy services provided in the home are not subject to the Home Health Services benefit limitations in the Schedule, but are subject to the benefit limitations described under Short-term Rehabilitative Therapy Maximum shown in The Schedule.

HC-COV5

04-10

V1

Hospice Care Services

- charges made for a person who has been diagnosed as having six months or fewer to live, due to Terminal Illness, for the following Hospice Care Services provided under a Hospice Care Program:
 - by a Hospice Facility for Bed and Board and Services and Supplies;
 - by a Hospice Facility for services provided on an outpatient basis;



- by a Physician for professional services;
- by a Psychologist, social worker, family counselor or ordained minister for individual and family counseling;
- for pain relief treatment, including drugs, medicines and medical supplies;
- by an Other Health Care Facility for:
 - part-time or intermittent nursing care by or under the supervision of a Nurse;
 - part-time or intermittent services of an Other Health Care Professional;
- physical, occupational and speech therapy;
- medical supplies; drugs and medicines lawfully dispensed only on the written prescription of a Physician; and laboratory services; but only to the extent such charges would have been payable under the policy if the person had remained or been Confined in a Hospital or Hospice Facility.

The following charges for Hospice Care Services are not included as Covered Expenses:

- for the services of a person who is a member of your family or your Dependent's family or who normally resides in your house or your Dependent's house;
- for any period when you or your Dependent is not under the care of a Physician;
- for services or supplies not listed in the Hospice Care Program;
- for any curative or life-prolonging procedures;
- to the extent that any other benefits are payable for those expenses under the policy;
- for services or supplies that are primarily to aid you or your Dependent in daily living.

HC-COV6

04-10
VI

Mental Health and Substance Abuse Services

Mental Health Services are services that are required to treat a disorder that impairs the behavior, emotional reaction or thought processes. In determining benefits payable, charges made for the treatment of any physiological conditions related to Mental Health will not be considered to be charges made for treatment of Mental Health.

Substance Abuse is defined as the psychological or physical dependence on alcohol or other mind-altering drugs that requires diagnosis, care, and treatment. In determining benefits payable, charges made for the treatment of any physiological conditions related to rehabilitation services for

alcohol or drug abuse or addiction will not be considered to be charges made for treatment of Substance Abuse.

Inpatient Mental Health Services

Services that are provided by a Hospital while you or your Dependent is Confined in a Hospital for the treatment and evaluation of Mental Health. Inpatient Mental Health Services include Partial Hospitalization and Mental Health Residential Treatment Services.

Partial Hospitalization sessions are services that are provided for not less than 4 hours and not more than 12 hours in any 24-hour period.

Mental Health Residential Treatment Services are services provided by a Hospital for the evaluation and treatment of the psychological and social functional disturbances that are a result of subacute Mental Health conditions.

Mental Health Residential Treatment Center means an institution which specializes in the treatment of psychological and social disturbances that are the result of Mental Health conditions; provides a subacute, structured, psychotherapeutic treatment program, under the supervision of Physicians; provides 24-hour care, in which a person lives in an open setting; and is licensed in accordance with the laws of the appropriate legally authorized agency as a residential treatment center.

A person is considered confined in a Mental Health Residential Treatment Center when she/he is a registered bed patient in a Mental Health Residential Treatment Center upon the recommendation of a Physician.

Outpatient Mental Health Services

Services of Providers who are qualified to treat Mental Health when treatment is provided on an outpatient basis, while you or your Dependent is not Confined in a Hospital, and is provided in an individual, group or Mental Health Intensive Outpatient Therapy Program. Covered services include, but are not limited to, outpatient treatment of conditions such as: anxiety or depression which interfere with daily functioning; emotional adjustment or concerns related to chronic conditions, such as psychosis or depression; emotional reactions associated with marital problems or divorce; child/adolescent problems of conduct or poor impulse control; affective disorders; suicidal or homicidal threats or acts; eating disorders; or acute exacerbation of chronic Mental Health conditions (crisis intervention and relapse prevention) and outpatient testing and assessment.

A Mental Health Intensive Outpatient Therapy Program consists of distinct levels or phases of treatment that are provided by a certified/licensed Mental Health program. Intensive Outpatient Therapy Programs provide a combination of individual, family and/or group therapy in a day, totaling nine or more hours in a week.



Inpatient Substance Abuse Rehabilitation Services

Services provided for rehabilitation, while you or your Dependent is Confined in a Hospital, when required for the diagnosis and treatment of abuse or addiction to alcohol and/or drugs. Inpatient Substance Abuse Services include Partial Hospitalization sessions and Residential Treatment services.

Partial Hospitalization sessions are services that are provided for not less than 4 hours and not more than 12 hours in any 24-hour period.

Substance Abuse Residential Treatment Services are services provided by a Hospital for the evaluation and treatment of the psychological and social functional disturbances that are a result of subacute Substance Abuse conditions.

Substance Abuse Residential Treatment Center means an institution which specializes in the treatment of psychological and social disturbances that are the result of Substance Abuse; provides a subacute, structured, psychotherapeutic treatment program, under the supervision of Physicians; provides 24-hour care, in which a person lives in an open setting; and is licensed in accordance with the laws of the appropriate legally authorized agency as a residential treatment center.

A person is considered confined in a Substance Abuse Residential Treatment Center when she/he is a registered bed patient in a Substance Abuse Residential Treatment Center upon the recommendation of a Physician.

Outpatient Substance Abuse Rehabilitation Services

Services provided for the diagnosis and treatment of abuse or addiction to alcohol and/or drugs, while you or your Dependent is not Confined in a Hospital, including outpatient rehabilitation in an individual, or a Substance Abuse Intensive Outpatient Therapy Program.

A Substance Abuse Intensive Outpatient Therapy Program consists of distinct levels or phases of treatment that are provided by a certified/licensed Substance Abuse program. Intensive Outpatient Therapy Programs provide a combination of individual, family and/or group therapy in a day, totaling nine, or more hours in a week.

Substance Abuse Detoxification Services

Detoxification and related medical ancillary services are provided when required for the diagnosis and treatment of addiction to alcohol and/or drugs. Cigna will decide, based on the Medical Necessity of each situation, whether such services will be provided in an inpatient or outpatient setting.

Exclusions

The following are specifically excluded from Mental Health and Substance Abuse Services:

- any court ordered treatment or therapy, or any treatment or therapy ordered as a condition of parole, probation or

custody or visitation evaluations unless Medically Necessary and otherwise covered under this policy or agreement.

- treatment of disorders which have been diagnosed as organic mental disorders associated with permanent dysfunction of the brain.
- developmental disorders, including but not limited to, developmental reading disorders, developmental arithmetic disorders, developmental language disorders or developmental articulation disorders.
- counseling for activities of an educational nature.
- counseling for borderline intellectual functioning.
- counseling for occupational problems.
- counseling related to consciousness raising.
- vocational or religious counseling.
- I.Q. testing.
- custodial care, including but not limited to geriatric day care.
- psychological testing on children requested by or for a school system.
- occupational/recreational therapy programs even if combined with supportive therapy for age-related cognitive decline.

HC-COV7

04-10

V4

Durable Medical Equipment

- charges made for purchase or rental of Durable Medical Equipment that is ordered or prescribed by a Physician and provided by a vendor approved by Cigna for use outside a Hospital or Other Health Care Facility. Coverage for repair, replacement or duplicate equipment is provided only when required due to anatomical change and/or reasonable wear and tear. All maintenance and repairs that result from a person's misuse are the person's responsibility. Coverage for Durable Medical Equipment is limited to the lowest-cost alternative as determined by the utilization review Physician.

Durable Medical Equipment is defined as items which are designed for and able to withstand repeated use by more than one person; customarily serve a medical purpose; generally are not useful in the absence of Injury or Sickness; are appropriate for use in the home; and are not disposable. Such equipment includes, but is not limited to, crutches, hospital beds, respirators, wheel chairs, and dialysis machines.



Durable Medical Equipment items that are not covered include but are not limited to those that are listed below:

- **Bed Related Items:** bed trays, over the bed tables, bed wedges, pillows, custom bedroom equipment, mattresses, including nonpower mattresses, custom mattresses and posturepedic mattresses.
- **Bath Related Items:** bath lifts, nonportable whirlpools, bathtub rails, toilet rails, raised toilet seats, bath benches, bath stools, hand held showers, paraffin baths, bath mats, and spas.
- **Chairs, Lifts and Standing Devices:** computerized or gyroscopic mobility systems, roll about chairs, geriatric chairs, hip chairs, seat lifts (mechanical or motorized), patient lifts (mechanical or motorized – manual hydraulic lifts are covered if patient is two-person transfer), and auto tilt chairs.
- **Fixtures to Real Property:** ceiling lifts and wheelchair ramps.
- **Car/Van Modifications.**
- **Air Quality Items:** room humidifiers, vaporizers, air purifiers and electrostatic machines.
- **Blood/Injection Related Items:** blood pressure cuffs, centrifuges, nova pens and needleless injectors.
- **Other Equipment:** heat lamps, heating pads, cryounits, cryotherapy machines, electronic-controlled therapy units, ultraviolet cabinets, sheepskin pads and boots, postural drainage board, AC/DC adaptors, enuresis alarms, magnetic equipment, scales (baby and adult), stair gliders, elevators, saunas, any exercise equipment and diathermy machines.

HC-COV8

04-10
V2

External Prosthetic Appliances and Devices

- charges made or ordered by a Physician for: the initial purchase and fitting of external prosthetic appliances and devices available only by prescription which are necessary for the alleviation or correction of Injury, Sickness or congenital defect. Coverage for External Prosthetic Appliances is limited to the most appropriate and cost effective alternative as determined by the utilization review Physician.

External prosthetic appliances and devices shall include prostheses/prosthetic appliances and devices, orthoses and orthotic devices; braces; and splints.

Prostheses/Prosthetic Appliances and Devices

Prostheses/prosthetic appliances and devices are defined as fabricated replacements for missing body parts.

Prostheses/prosthetic appliances and devices include, but are not limited to:

- basic limb prostheses;
- terminal devices such as hands or hooks; and
- speech prostheses.

Orthoses and Orthotic Devices

Orthoses and orthotic devices are defined as orthopedic appliances or apparatuses used to support, align, prevent or correct deformities. Coverage is provided for custom foot orthoses and other orthoses as follows:

- Nonfoot orthoses – only the following nonfoot orthoses are covered:
 - rigid and semirigid custom fabricated orthoses;
 - semirigid prefabricated and flexible orthoses; and
 - rigid prefabricated orthoses including preparation, fitting and basic additions, such as bars and joints.
- Custom foot orthoses – custom foot orthoses are only covered as follows:
 - for persons with impaired peripheral sensation and/or altered peripheral circulation (e.g. diabetic neuropathy and peripheral vascular disease);
 - when the foot orthosis is an integral part of a leg brace and is necessary for the proper functioning of the brace;
 - when the foot orthosis is for use as a replacement or substitute for missing parts of the foot (e.g. amputated toes) and is necessary for the alleviation or correction of Injury, Sickness or congenital defect; and
 - for persons with neurologic or neuromuscular condition (e.g. cerebral palsy, hemiplegia, spina bifida) producing spasticity, malalignment, or pathological positioning of the foot and there is reasonable expectation of improvement.

The following are specifically excluded orthoses and orthotic devices:

- prefabricated foot orthoses;
- cranial banding and/or cranial orthoses. Other similar devices are excluded except when used postoperatively for synostotic plagiocephaly. When used for this indication, the cranial orthosis will be subject to the limitations and maximums of the External Prosthetic Appliances and Devices benefit;
- orthosis shoes, shoe additions, procedures for foot orthopedic shoes, shoe modifications and transfers;
- orthoses primarily used for cosmetic rather than functional reasons; and
- orthoses primarily for improved athletic performance or sports participation.



Braces

A Brace is defined as an orthosis or orthopedic appliance that supports or holds in correct position any movable part of the body and that allows for motion of that part.

The following braces are specifically excluded: Copes scoliosis braces.

Splints

A Splint is defined as an appliance for preventing movement of a joint or for the fixation of displaced or movable parts.

Coverage for replacement of external prosthetic appliances and devices is limited to the following:

- replacement due to regular wear. Replacement for damage due to abuse or misuse by the person will not be covered.
- replacement will be provided when anatomic change has rendered the external prosthetic appliance or device ineffective. Anatomic change includes significant weight gain or loss, atrophy and/or growth.
- Coverage for replacement is limited as follows:
 - no more than once every 24 months for persons 19 years of age and older;
 - no more than once every 12 months for persons 18 years of age and under; and
 - replacement due to a surgical alteration or revision of the site.

The following are specifically excluded external prosthetic appliances and devices:

- external and internal power enhancements or power controls for prosthetic limbs and terminal devices; and
- myoelectric prostheses peripheral nerve stimulators.

HC-COV9

04-10

v2

Short-Term Rehabilitative Therapy

Short-term Rehabilitative Therapy that is part of a rehabilitation program, including physical, speech, occupational, cognitive, osteopathic manipulative, and pulmonary rehabilitation therapy, when provided in the most medically appropriate setting.

The following limitation applies to Short-term Rehabilitative Therapy:

- occupational therapy is provided only for purposes of enabling persons to perform the activities of daily living after an Illness or Injury or Sickness.

Short-term Rehabilitative Therapy services that are not covered include but are not limited to:

- sensory integration therapy, group therapy; treatment of dyslexia; behavior modification or myofunctional therapy for dysfluency, such as stuttering or other involuntarily acted conditions without evidence of an underlying medical condition or neurological disorder;
- treatment for functional articulation disorder such as correction of tongue thrust, lisp, verbal apraxia or swallowing dysfunction that is not based on an underlying diagnosed medical condition or Injury; and
- maintenance or preventive treatment consisting of routine, long term or non-Medically Necessary care provided to prevent recurrence or to maintain the patient's current status.

Multiple outpatient services provided on the same day constitute one day.

A separate Copayment will apply to the services provided by each provider.

Services that are provided by a chiropractic Physician are not covered. These services include the conservative management of acute neuromusculoskeletal conditions through manipulation and ancillary physiological treatment rendered to restore motion, reduce pain and improve function.

Chiropractic Care Services

Charges made for diagnostic and treatment services utilized in an office setting by chiropractic Physicians. Chiropractic treatment includes the conservative management of acute neuromusculoskeletal conditions through manipulation and ancillary physiological treatment rendered to specific joints to restore motion, reduce pain, and improve function. For these services you have direct access to qualified chiropractic Physicians.

The following limitation applies to Chiropractic Care Services:

- occupational therapy is provided only for purposes of enabling persons to perform the activities of daily living after an Injury or Sickness.

Chiropractic Care services that are not covered include but are not limited to:

- services of a chiropractor which are not within his scope of practice, as defined by state law;
- charges for care not provided in an office setting;
- maintenance or preventive treatment consisting of routine, long term or non-Medically Necessary care provided to prevent recurrence or to maintain the patient's current status;



- vitamin therapy.

HC-COV13

04-10
V2

Breast Reconstruction and Breast Prostheses

- charges made for reconstructive surgery following a mastectomy; benefits include: surgical services for reconstruction of the breast on which surgery was performed; surgical services for reconstruction of the nondiseased breast to produce symmetrical appearance; postoperative breast prostheses; and mastectomy bras and external prosthetics, limited to the lowest cost alternative available that meets external prosthetic placement needs. During all stages of mastectomy, treatment of physical complications, including lymphedema therapy, are covered.

Reconstructive Surgery

- charges made for reconstructive surgery or therapy to repair or correct a severe physical deformity or disfigurement which is accompanied by functional deficit; (other than abnormalities of the jaw or conditions related to TMJ disorder) provided that: the surgery or therapy restores or improves function; reconstruction is required as a result of Medically Necessary, noncosmetic surgery; or the surgery or therapy is performed prior to age 19 and is required as a result of the congenital absence or agenesis (lack of formation or development) of a body part. Repeat or subsequent surgeries for the same condition are covered only when there is the probability of significant additional improvement as determined by the utilization review Physician.

HC-COV14

04-10
V1

Transplant Services

- charges made for human organ and tissue Transplant services which include solid organ and bone marrow/stem cell procedures at designated facilities throughout the United States or its territories. This coverage is subject to the following conditions and limitations.

Transplant services include the recipient's medical, surgical and Hospital services; inpatient immunosuppressive medications; and costs for organ or bone marrow/stem cell procurement. Transplant services are covered only if they are required to perform any of the following human to human organ or tissue transplants: allogeneic bone marrow/stem cell, autologous bone marrow/stem cell, cornea, heart, heart/lung, kidney, kidney/pancreas, liver, lung, pancreas or intestine which includes small bowel-liver or multi-visceral.

All Transplant services, other than cornea, are covered at 100% when received at Cigna LIFESOURCE Transplant Network® facilities. Cornea transplants are not covered at Cigna LIFESOURCE Transplant Network® facilities. Transplant services, including cornea, received at participating facilities specifically contracted with Cigna for those Transplant services, other than Cigna LIFESOURCE Transplant Network® facilities, are payable at the In-Network level. Transplant services received at any other facilities, including Non-Participating Providers and Participating Providers not specifically contracted with Cigna for Transplant services, are not covered.

Coverage for organ procurement costs are limited to costs directly related to the procurement of an organ, from a cadaver or a live donor. Organ procurement costs shall consist of surgery necessary for organ removal, organ transportation and the transportation, hospitalization and surgery of a live donor. Compatibility testing undertaken prior to procurement is covered if Medically Necessary. Costs related to the search for, and identification of a bone marrow or stem cell donor for an allogeneic transplant are also covered.

Transplant Travel Services

Charges made for reasonable travel expenses incurred by you in connection with a preapproved organ/tissue transplant are covered subject to the following conditions and limitations. Transplant travel benefits are not available for cornea transplants. Benefits for transportation, lodging and food are available to you only if you are the recipient of a preapproved organ/tissue transplant from a designated Cigna LIFESOURCE Transplant Network® facility. The term recipient is defined to include a person receiving authorized transplant related services during any of the following: evaluation, candidacy, transplant event, or post-transplant care. Travel expenses for the person receiving the transplant will include charges for: transportation to and from the transplant site (including charges for a rental car used during a period of care at the transplant facility); lodging while at, or traveling to and from the transplant site; and food while at, or traveling to and from the transplant site.

In addition to your coverage for the charges associated with the items above, such charges will also be considered covered travel expenses for one companion to accompany you. The term companion includes your spouse, your domestic partner, a member of your family, your legal guardian, or any person not related to you, but actively involved as your caregiver. The following are specifically excluded travel expenses: travel costs incurred due to travel within 60 miles of your home; laundry bills; telephone bills; alcohol or tobacco products; and charges for transportation that exceed coach class rates.



These benefits are only available when the covered person is the recipient of an organ transplant. No benefits are available when the covered person is a donor.

HC-COV15

04-10

V2



Prescription Drug Benefits		
The Schedule		
For You and Your Dependents		
This plan provides Prescription Drug benefits for Prescription Drugs and Related Supplies provided by Pharmacies as shown in this Schedule. To receive Prescription Drug Benefits, you and your Dependents may be required to pay a portion of the Covered Expenses for Prescription Drugs and Related Supplies. That portion includes any applicable Copayment, Deductible and/or Coinsurance.		
Copayments		
Copayments are expenses to be paid by you or your Dependent for Covered Prescription Drugs and Related Supplies.		
BENEFIT HIGHLIGHTS	PARTICIPATING PHARMACY	Non-PARTICIPATING PHARMACY
Lifetime Maximum	Refer to the Medical Benefits Schedule	Refer to the Medical Benefits Schedule
Out-of-Pocket Maximum		
Individual	Refer to the Medical Benefits Schedule	Refer to the Medical Benefits Schedule
Family	Refer to the Medical Benefits Schedule	Refer to the Medical Benefits Schedule
Retail Prescription Drugs **	The amount you pay for each 30-day supply	The amount you pay for each 30-day supply
Medications required as part of preventive care services (detailed information is available at www.healthcare.gov) are covered at 100% with no copayment or deductible.		
Tier 1		
Generic* Preventive drugs on the Prescription Drug List	No charge	In-network coverage only
Generic* Non-Preventive drugs on the Prescription Drug List	No charge after \$20 copay	In-network coverage only
Tier 2		
Brand-Name* drugs designated as preferred on the Prescription Drug List with no Generic equivalent	No charge after \$40 copay	In-network coverage only
Tier 3		
Brand-Name* drugs with a Generic equivalent and drugs designated as non-preferred on the Prescription Drug List	No charge after \$60 copay	In-network coverage only
* Designated as per generally-accepted industry sources and adopted by the Insurance Company		



BENEFIT HIGHLIGHTS		PARTICIPATING PHARMACY	Non-PARTICIPATING PHARMACY
** You pay 100% of Cigna's discounted cost after the first fill of Specialty Medication.			
Home Delivery Prescription Drugs	The amount you pay for each 90-day supply	The amount you pay for each 90-day supply	
Medications required as part of preventive care services (detailed information is available at www.healthcare.gov) are covered at 100% with no copayment or deductible.			
Tier 1 Generic* Preventive drugs on the Prescription Drug List Generic* Non-Preventive drugs on the Prescription Drug List	No charge No charge after \$40 copay	In-network coverage only In-network coverage only	
Tier 2 Brand-Name* drugs designated as preferred on the Prescription Drug List with no Generic equivalent	No charge after \$80 copay	In-network coverage only	
Tier 3 Brand-Name* drugs with a Generic equivalent and drugs designated as non-preferred on the Prescription Drug List	No charge after \$120 copay	In-network coverage only	
* Designated as per generally-accepted industry sources and adopted by the Insurance Company			



Prescription Drug Benefits

For You and Your Dependents

Covered Expenses

If you or any one of your Dependents, while insured for Prescription Drug Benefits, incurs expenses for charges made by a Pharmacy, for Medically Necessary Prescription Drugs or Related Supplies ordered by a Physician, Cigna will provide coverage for those expenses as shown in The Schedule. Coverage also includes Medically Necessary Prescription Drugs and Related Supplies dispensed for a prescription issued to you or your Dependents by a licensed dentist for the prevention of infection or pain in conjunction with a dental procedure.

When you or a Dependent is issued a prescription for Medically Necessary Prescription Drugs or Related Supplies as part of the rendering of Emergency Services and that prescription cannot reasonably be filled by a Participating Pharmacy, the prescription will be covered by Cigna, as if filled by a Participating Pharmacy.

Limitations

Each Prescription Order or refill shall be limited as follows:

- up to a consecutive 30-day supply, excluding Specialty Medications, at a retail Participating Pharmacy, unless limited by the drug manufacturer's packaging; or
- up to a consecutive 90-day supply at a home delivery Participating Pharmacy, unless limited by the drug manufacturer's packaging; or
- to one fill of Specialty Medication at a retail Participating Pharmacy. If you exceed the one fill allowed at a retail Participating Pharmacy, you will be required to pay 100% of Cigna's discounted cost; or
- to a dosage and/or dispensing limit as determined by the P&T Committee.

HC-PHR1

08-15
V7

Coverage for certain Prescription Drugs and Related Supplies requires your Physician to obtain authorization prior to prescribing. Prior authorization may include, for example, a step therapy determination. Step therapy determines the specific usage progression of therapeutically equivalent drug products or supplies appropriate for treatment of a specific condition. If your Physician wishes to request coverage for

Prescription Drugs or Related Supplies for which prior authorization is required, your Physician may call or complete the appropriate prior authorization form and fax it to Cigna to request a prior authorization for coverage of the Prescription Drugs or Related Supplies. Your Physician should make this request before writing the prescription.

If the request is approved, your Physician will receive confirmation. The authorization will be processed in our claim system to allow you to have coverage for those Prescription Drugs or Related Supplies. The length of the authorization will depend on the diagnosis and Prescription Drugs or Related Supplies. When your Physician advises you that coverage for the Prescription Drugs or Related Supplies has been approved, you should contact the Pharmacy to fill the prescription(s).

If the request is denied, your Physician and you will be notified that coverage for the Prescription Drugs or Related Supplies is not authorized. If you disagree with a coverage decision, you may appeal that decision in accordance with the provisions of the policy, by submitting a written request stating why the Prescription Drugs or Related Supplies should be covered.

If you have questions about a specific prior authorization request, you should call Member Services at the toll-free number on the ID card.

All drugs newly approved by the Food and Drug Administration (FDA) are designated as either non-Preferred or non-Prescription Drug List drugs until the P&T Committee clinically evaluates the Prescription Drug for a different designation. Prescription Drugs that represent an advance over available therapy according to the FDA will be reviewed by the P&T Committee within six months after FDA approval. Prescription Drugs that appear to have therapeutic qualities similar to those of an already marketed drug according to the FDA, will not be reviewed by the P&T Committee for at least six months after FDA approval. In the case of compelling clinical data, an ad hoc group will be formed to make an interim decision on the merits of a Prescription Drug.

HC-PHR2

04-10
V6

Your Payments

Coverage for Prescription Drugs and Related Supplies purchased at a Pharmacy is subject to the Copayment or Coinsurance shown in the Schedule, after you have satisfied your Prescription Drug Deductible, if applicable. Please refer



to the Schedule for any required Copayments, Coinsurance, Deductibles or Maximums if applicable.

When a treatment regimen contains more than one type of Prescription Drugs which are packaged together for your, or your Dependent's convenience, a Copayment will apply to each Prescription Drug.

In no event will the Copayment or Coinsurance for the Prescription Drug or Related Supply exceed the amount paid by the plan to the Pharmacy, or the Pharmacy's Usual and Customary (U&C) charge. Usual & Customary (U&C) means the established Pharmacy retail cash price, less all applicable customer discounts that Pharmacy usually applies to its customers regardless of the customer's payment source.

HC-PHR3

04-10
V4

Exclusions

No payment will be made for the following expenses:

- drugs available over the counter that do not require a prescription by federal or state law unless state or federal law requires coverage of such drugs;
- any drug that is a pharmaceutical alternative to an over-the-counter drug other than insulin;
- a drug class in which at least one of the drugs is available over the counter and the drugs in the class are deemed to be therapeutically equivalent as determined by the P&T Committee;
- injectable infertility drugs and any injectable drugs that require Physician supervision and are not typically considered self-administered drugs. The following are examples of Physician supervised drugs: Injectables used to treat hemophilia and RSV (respiratory syncytial virus), chemotherapy injectables and endocrine and metabolic agents;
- Food and Drug Administration (FDA) approved drugs used for purposes other than those approved by the FDA unless the drug is recognized for the treatment of the particular indication in the standard reference compendia (AHFS or The American Hospital Formulary Service Drug Information) or in medical literature. Medical literature means scientific studies published in peer-reviewed English-language bio-medical journals;
- prescription and nonprescription supplies (such as ostomy supplies), devices, and appliances other than Related Supplies;
- implantable contraceptive products;
- any fertility drug;

- drugs used for cosmetic purposes such as drugs used to reduce wrinkles, drugs to promote hair growth as well as drugs used to control perspiration and fade cream products;
- immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis;
- replacement of Prescription Drugs and Related Supplies due to loss or theft;
- drugs used to enhance athletic performance;
- drugs which are to be taken by or administered to you while you are a patient in a licensed Hospital, Skilled Nursing Facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals;
- prescriptions more than one year from the original date of issue;
- any drugs that are experimental or investigational as described under the Medical "Exclusions" section of your certificate.

Other limitations are shown in the Medical "Exclusions" section of your certificate.

HC-PHR4

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V24

Reimbursement/Filing a Claim

When you or your Dependents purchase your Prescription Drugs or Related Supplies through a retail Participating Pharmacy, you pay any applicable Copayment, Coinsurance or Deductible shown in the Schedule at the time of purchase. You do not need to file a claim form unless you are unable to purchase Prescription Drugs at a Participating Pharmacy for Emergency Services.

To purchase Prescription Drugs or Related Supplies from a home delivery Participating Pharmacy, see your home delivery drug introductory kit for details, or contact member services for assistance.

See your Employer's Benefit Plan Administrator to obtain the appropriate claim form.

HC-PHR5

04-10
V2



Exclusions, Expenses Not Covered and General Limitations

Exclusions and Expenses Not Covered

Additional coverage limitations determined by plan or provider type are shown in the Schedule. Payment for the following is specifically excluded from this plan:

- care for health conditions that are required by state or local law to be treated in a public facility.
- care required by state or federal law to be supplied by a public school system or school district.
- care for military service disabilities treatable through governmental services if you are legally entitled to such treatment and facilities are reasonably available.
- treatment of an Injury or Sickness which is due to war, declared, or undeclared, riot or insurrection.
- charges which you are not obligated to pay or for which you are not billed or for which you would not have been billed except that they were covered under this plan. For example, if Cigna determines that a provider is or has waived, reduced, or forgiven any portion of its charges and/or any portion of copayment, deductible, and/or coinsurance amount(s) you are required to pay for a Covered Service (as shown on the Schedule) without Cigna's express consent, then Cigna in its sole discretion shall have the right to deny the payment of benefits in connection with the Covered Service, or reduce the benefits in proportion to the amount of the copayment, deductible, and/or coinsurance amounts waived, forgiven or reduced, regardless of whether the provider represents that you remain responsible for any amounts that your plan does not cover. In the exercise of that discretion, Cigna shall have the right to require you to provide proof sufficient to Cigna that you have made your required cost share payment(s) prior to the payment of any benefits by Cigna. This exclusion includes, but is not limited to, charges of a Non-Participating Provider who has agreed to charge you or charged you at an in-network benefits level or some other benefits level not otherwise applicable to the services received.
- charges arising out of or relating to any violation of a healthcare-related state or federal law or which themselves are a violation of a healthcare-related state or federal law.
- assistance in the activities of daily living, including but not limited to eating, bathing, dressing or other Custodial Services or self-care activities, homemaker services and services primarily for rest, domiciliary or convalescent care.
- for or in connection with experimental, investigational or unproven services.
Experimental, investigational and unproven services are medical, surgical, diagnostic, psychiatric, substance abuse or other health care technologies, supplies, treatments, procedures, drug therapies or devices that are determined by the utilization review Physician to be:
 - not demonstrated, through existing peer-reviewed, evidence-based, scientific literature to be safe and effective for treating or diagnosing the condition or sickness for which its use is proposed;
 - not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed for the proposed use;
 - the subject of review or approval by an Institutional Review Board for the proposed use except as provided in the "Clinical Trials" section(s) of this plan; or
 - the subject of an ongoing phase I, II or III clinical trial, except for routine patient care costs related to qualified clinical trials as provided in the "Clinical Trials" section(s) of this plan.
- cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.
- The following services are excluded from coverage regardless of clinical indications: Macromastia or Gynecomastia Surgeries; Abdominoplasty; Panniculectomy; Rhinoplasty; Blepharoplasty; Redundant skin surgery; Removal of skin tags; Acupressure; Craniosacral/cranial therapy; Dance therapy, Movement therapy; Applied kinesiology; Rolfing; Prolotherapy; and Extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
- dental treatment of the teeth, gums or structures directly supporting the teeth, including dental X-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition. Charges made for services or supplies provided for or in connection with an accidental injury to sound natural teeth are covered provided a continuous course of dental treatment is started within six months of an accident. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least 50% bony support and are functional in the arch.
- for medical and surgical services intended primarily for the treatment or control of obesity. However, treatment of clinically severe obesity, as defined by the body mass index (BMI) classifications of the National Heart, Lung, and Blood Institute (NHLBI) guideline is covered only at



approved centers if the services are demonstrated, through existing peer-reviewed, evidence-based, scientific literature and scientifically based guidelines, to be safe and effective for treatment of the condition. Clinically severe obesity is defined by the NHLBI as a BMI of 40 or greater without comorbidities, or 35-39 with comorbidities. The following are specifically excluded:

- medical and surgical services to alter appearances or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity; and
- weight loss programs or treatments, whether prescribed or recommended by a Physician or under medical supervision.
- unless otherwise covered in this plan, for reports, evaluations, physical examinations, or hospitalization not required for health reasons including, but not limited to, employment, insurance or government licenses, and court-ordered, forensic or custodial evaluations.
- court-ordered treatment or hospitalization, unless such treatment is prescribed by a Physician and listed as covered in this plan.
- infertility services including infertility drugs, surgical or medical treatment programs for infertility, including in vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), variations of these procedures, and any costs associated with the collection, washing, preparation or storage of sperm for artificial insemination (including donor fees). Cryopreservation of donor sperm and eggs are also excluded from coverage.
- reversal of male or female voluntary sterilization procedures.
- transsexual surgery including medical or psychological counseling and hormonal therapy in preparation for, or subsequent to, any such surgery.
- any services or supplies for the treatment of male or female sexual dysfunction such as, but not limited to, treatment of erectile dysfunction (including penile implants), anorgasm, and premature ejaculation.
- medical and Hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under this plan.
- nonmedical counseling or ancillary services, including but not limited to Custodial Services, education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, hypnosis, sleep therapy, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other nonmedical ancillary services for learning disabilities, developmental delays, or mental retardation.
- therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
- consumable medical supplies other than ostomy supplies and urinary catheters. Excluded supplies include, but are not limited to bandages and other disposable medical supplies, skin preparations and test strips, except as specified in the "Home Health Services" or "Breast Reconstruction and Breast Prostheses" sections of this plan.
- private Hospital rooms and/or private duty nursing except as provided under the Home Health Services provision.
- personal or comfort items such as personal care kits provided on admission to a Hospital, television, telephone, newborn infant photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of an Injury or Sickness.
- artificial aids including, but not limited to, corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets, dentures and wigs.
- hearing aids, including but not limited to semi-implantable hearing devices, audiant bone conductors and Bone Anchored Hearing Aids (BAHAs). A hearing aid is any device that amplifies sound.
- aids or devices that assist with nonverbal communications, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
- eyeglass lenses and frames and contact lenses (except for the first pair of contact lenses for treatment of keratoconus or post-cataract surgery).
- routine refractions, eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
- all noninjectable prescription drugs, injectable prescription drugs that do not require Physician supervision and are typically considered self-administered drugs, nonprescription drugs, and investigational and experimental drugs, except as provided in this plan.
- routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.



- membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs.
- genetic screening or pre-implantations genetic screening. General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
- dental implants for any condition.
- fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
- blood administration for the purpose of general improvement in physical condition.
- cost of biologicals that are immunizations or medications for the purpose of travel, or to protect against occupational hazards and risks.
- cosmetics, dietary supplements and health and beauty aids.
- all nutritional supplements and formulae except for infant formula needed for the treatment of inborn errors of metabolism.
- medical treatment for a person age 65 or older, who is covered under this plan as a retiree, or their Dependent, when payment is denied by the Medicare plan because treatment was received from a nonparticipating provider.
- medical treatment when payment is denied by a Primary Plan because treatment was received from a nonparticipating provider.
- for or in connection with an Injury or Sickness arising out of, or in the course of, any employment for wage or profit.
- telephone, e-mail, and Internet consultations, and telemedicine.
- massage therapy.

General Limitations

No payment will be made for expenses incurred for you or any one of your Dependents:

- for charges made by a Hospital owned or operated by or which provides care or performs services for, the United States Government, if such charges are directly related to a military-service-connected Injury or Sickness.
- to the extent that you or any one of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid.
- to the extent that payment is unlawful where the person resides when the expenses are incurred.

- for charges which would not have been made if the person had no insurance.
- to the extent of the exclusions imposed by any certification requirement shown in this plan.
- expenses for supplies, care, treatment, or surgery that are not Medically Necessary.
- charges made by any covered provider who is a member of your or your Dependent's family.
- expenses incurred outside the United States other than expenses for medically necessary urgent or emergent care while temporarily traveling abroad.

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Coordination of Benefits

This section applies if you or any one of your Dependents is covered under more than one Plan and determines how benefits payable from all such Plans will be coordinated. You should file all claims with each Plan.

Definitions

For the purposes of this section, the following terms have the meanings set forth below:

Plan

Any of the following that provides benefits or services for medical care or treatment:

- Group insurance and/or group-type coverage, whether insured or self-insured which neither can be purchased by the general public, nor is individually underwritten, including closed panel coverage.
- Coverage under Medicare and other governmental benefits as permitted by law, excepting Medicaid and Medicare supplement policies.
- Medical benefits coverage of group, group-type, and individual automobile contracts.

Each Plan or part of a Plan which has the right to coordinate benefits will be considered a separate Plan.

Closed Panel Plan

A Plan that provides medical or dental benefits primarily in the form of services through a panel of employed or contracted providers, and that limits or excludes benefits provided by providers outside of the panel, except in the case of emergency or if referred by a provider within the panel.



Primary Plan

The Plan that determines and provides or pays benefits without taking into consideration the existence of any other Plan.

Secondary Plan

A Plan that determines, and may reduce its benefits after taking into consideration, the benefits provided or paid by the Primary Plan. A Secondary Plan may also recover from the Primary Plan the Reasonable Cash Value of any services it provided to you.

Allowable Expense

A necessary, reasonable and customary service or expense, including deductibles, coinsurance or copayments, that is covered in full or in part by any Plan covering you. When a Plan provides benefits in the form of services, the Reasonable Cash Value of each service is the Allowable Expense and is a paid benefit.

Examples of expenses or services that are not Allowable Expenses include, but are not limited to the following:

- An expense or service or a portion of an expense or service that is not covered by any of the Plans is not an Allowable Expense.
- If you are confined to a private Hospital room and no Plan provides coverage for more than a semiprivate room, the difference in cost between a private and semiprivate room is not an Allowable Expense.
- If you are covered by two or more Plans that provide services or supplies on the basis of reasonable and customary fees, any amount in excess of the highest reasonable and customary fee is not an Allowable Expense.
- If you are covered by one Plan that provides services or supplies on the basis of reasonable and customary fees and one Plan that provides services and supplies on the basis of negotiated fees, the Primary Plan's fee arrangement shall be the Allowable Expense.
- If your benefits are reduced under the Primary Plan (through the imposition of a higher copayment amount, higher coinsurance percentage, a deductible and/or a penalty) because you did not comply with Plan provisions or because you did not use a preferred provider, the amount of the reduction is not an Allowable Expense. Such Plan provisions include second surgical opinions and precertification of admissions or services.

Claim Determination Period

A calendar year, but does not include any part of a year during which you are not covered under this policy or any date before this section or any similar provision takes effect.

Reasonable Cash Value

An amount which a duly licensed provider of health care services usually charges patients and which is within the range of fees usually charged for the same service by other health care providers located within the immediate geographic area where the health care service is rendered under similar or comparable circumstances.

Order of Benefit Determination Rules

A Plan that does not have a coordination of benefits rule consistent with this section shall always be the Primary Plan. If the Plan does have a coordination of benefits rule consistent with this section, the first of the following rules that applies to the situation is the one to use:

- The Plan that covers you as an enrollee or an employee shall be the Primary Plan and the Plan that covers you as a Dependent shall be the Secondary Plan;
- If you are a Dependent child whose parents are not divorced or legally separated, the Primary Plan shall be the Plan which covers the parent whose birthday falls first in the calendar year as an enrollee or employee;
- If you are the Dependent of divorced or separated parents, benefits for the Dependent shall be determined in the following order:
 - first, if a court decree states that one parent is responsible for the child's healthcare expenses or health coverage and the Plan for that parent has actual knowledge of the terms of the order, but only from the time of actual knowledge;
 - then, the Plan of the parent with custody of the child;
 - then, the Plan of the spouse of the parent with custody of the child;
 - then, the Plan of the parent not having custody of the child, and
 - finally, the Plan of the spouse of the parent not having custody of the child.
- The Plan that covers you as an active employee (or as that employee's Dependent) shall be the Primary Plan and the Plan that covers you as laid-off or retired employee (or as that employee's Dependent) shall be the secondary Plan. If the other Plan does not have a similar provision and, as a result, the Plans cannot agree on the order of benefit determination, this paragraph shall not apply.
- The Plan that covers you under a right of continuation which is provided by federal or state law shall be the Secondary Plan and the Plan that covers you as an active employee or retiree (or as that employee's Dependent) shall be the Primary Plan. If the other Plan does not have a similar provision and, as a result, the Plans cannot agree on the order of benefit determination, this paragraph shall not apply.



- If one of the Plans that covers you is issued out of the state whose laws govern this Policy, and determines the order of benefits based upon the gender of a parent, and as a result, the Plans do not agree on the order of benefit determination, the Plan with the gender rules shall determine the order of benefits.

If none of the above rules determines the order of benefits, the Plan that has covered you for the longer period of time shall be primary.

When coordinating benefits with Medicare, this Plan will be the Secondary Plan and determine benefits after Medicare, where permitted by the Social Security Act of 1965, as amended. However, when more than one Plan is secondary to Medicare, the benefit determination rules identified above, will be used to determine how benefits will be coordinated.

Effect on the Benefits of This Plan

If this Plan is the Secondary Plan, this Plan may reduce benefits so that the total benefits paid by all Plans during a Claim Determination Period are not more than 100% of the total of all Allowable Expenses.

The difference between the amount that this Plan would have paid if this Plan had been the Primary Plan, and the benefit payments that this Plan had actually paid as the Secondary Plan, will be recorded as a benefit reserve for you. Cigna will use this benefit reserve to pay any Allowable Expense not otherwise paid during the Claim Determination Period.

As each claim is submitted, Cigna will determine the following:

- Cigna's obligation to provide services and supplies under this policy;
- whether a benefit reserve has been recorded for you; and
- whether there are any unpaid Allowable Expenses during the Claims Determination Period.

If there is a benefit reserve, Cigna will use the benefit reserve recorded for you to pay up to 100% of the total of all Allowable Expenses. At the end of the Claim Determination Period, your benefit reserve will return to zero and a new benefit reserve will be calculated for each new Claim Determination Period.

Recovery of Excess Benefits

If Cigna pays charges for benefits that should have been paid by the Primary Plan, or if Cigna pays charges in excess of those for which we are obligated to provide under the Policy, Cigna will have the right to recover the actual payment made or the Reasonable Cash Value of any services.

Cigna will have sole discretion to seek such recovery from any person to, or for whom, or with respect to whom, such services were provided or such payments made by any insurance company, healthcare plan or other organization. If

we request, you must execute and deliver to us such instruments and documents as we determine are necessary to secure the right of recovery.

Right to Receive and Release Information

Cigna, without consent or notice to you, may obtain information from and release information to any other Plan with respect to you in order to coordinate your benefits pursuant to this section. You must provide us with any information we request in order to coordinate your benefits pursuant to this section. This request may occur in connection with a submitted claim; if so, you will be advised that the "other coverage" information, (including an Explanation of Benefits paid under the Primary Plan) is required before the claim will be processed for payment. If no response is received within 90 days of the request, the claim will be denied. If the requested information is subsequently received, the claim will be processed.

Medicare Eligibles

Cigna will pay as the Secondary Plan as permitted by the Social Security Act of 1965 as amended for the following:

- a former Employee who is eligible for Medicare and whose insurance is continued for any reason as provided in this plan;
- a former Employee's Dependent, or a former Dependent Spouse, who is eligible for Medicare and whose insurance is continued for any reason as provided in this plan;
- an Employee whose Employer and each other Employer participating in the Employer's plan have fewer than 100 Employees and that Employee is eligible for Medicare due to disability;
- the Dependent of an Employee whose Employer and each other Employer participating in the Employer's plan have fewer than 100 Employees and that Dependent is eligible for Medicare due to disability;
- an Employee or a Dependent of an Employee of an Employer who has fewer than 20 Employees, if that person is eligible for Medicare due to age;
- an Employee, retired Employee, Employee's Dependent or retired Employee's Dependent who is eligible for Medicare due to End Stage Renal Disease after that person has been eligible for Medicare for 30 months;

Cigna will assume the amount payable under:

- Part A of Medicare for a person who is eligible for that Part without premium payment, but has not applied, to be the amount he would receive if he had applied.



- Part B of Medicare for a person who is entitled to be enrolled in that Part, but is not, to be the amount he would receive if he were enrolled.
- Part B of Medicare for a person who has entered into a private contract with a provider, to be the amount he would receive in the absence of such private contract.

A person is considered eligible for Medicare on the earliest date any coverage under Medicare could become effective for him.

This reduction will not apply to any Employee and his Dependent or any former Employee and his Dependent unless he is listed under (a) through (f) above.

Domestic Partners

Under federal law, the Medicare Secondary Payer Rules do not apply to Domestic Partners covered under a group health plan when Medicare coverage is due to age. Therefore, when Medicare coverage is due to age, Medicare is always the Primary Plan for a person covered as a Domestic Partner, and Cigna is the Secondary Plan. However, when Medicare coverage is due to disability, the Medicare Secondary Payer rules explained above will apply.

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Expenses For Which A Third Party May Be Responsible

This plan does not cover:

- Expenses incurred by you or your Dependent (hereinafter individually and collectively referred to as a "Participant,") for which another party may be responsible as a result of having caused or contributed to an Injury or Sickness.
- Expenses incurred by a Participant to the extent any payment is received for them either directly or indirectly from a third party tortfeasor or as a result of a settlement, judgment or arbitration award in connection with any automobile medical, automobile no-fault, uninsured or underinsured motorist, homeowners, workers' compensation, government insurance (other than Medicaid), or similar type of insurance or coverage.

Subrogation/Right of Reimbursement

If a Participant incurs a Covered Expense for which, in the opinion of the plan or its claim administrator, another party may be responsible or for which the Participant may receive payment as described above:

- Subrogation: The plan shall, to the extent permitted by law, be subrogated to all rights, claims or interests that a

Participant may have against such party and shall automatically have a lien upon the proceeds of any recovery by a Participant from such party to the extent of any benefits paid under the plan. A Participant or his/her representative shall execute such documents as may be required to secure the plan's subrogation rights.

- Right of Reimbursement: The plan is also granted a right of reimbursement from the proceeds of any recovery whether by settlement, judgment, or otherwise. This right of reimbursement is cumulative with and not exclusive of the subrogation right granted in paragraph 1, but only to the extent of the benefits provided by the plan.

Lien of the Plan

By accepting benefits under this plan, a Participant:

- grants a lien and assigns to the plan an amount equal to the benefits paid under the plan against any recovery made by or on behalf of the Participant which is binding on any attorney or other party who represents the Participant whether or not an agent of the Participant or of any insurance company or other financially responsible party against whom a Participant may have a claim provided said attorney, insurance carrier or other party has been notified by the plan or its agents;
- agrees that this lien shall constitute a charge against the proceeds of any recovery and the plan shall be entitled to assert a security interest thereon;
- agrees to hold the proceeds of any recovery in trust for the benefit of the plan to the extent of any payment made by the plan.

Additional Terms

- No adult Participant hereunder may assign any rights that it may have to recover medical expenses from any third party or other person or entity to any minor Dependent of said adult Participant without the prior express written consent of the plan. The plan's right to recover shall apply to decedents', minors', and incompetent or disabled persons' settlements or recoveries.
- No Participant shall make any settlement, which specifically reduces or excludes, or attempts to reduce or exclude, the benefits provided by the plan.
- The plan's right of recovery shall be a prior lien against any proceeds recovered by the Participant. This right of recovery shall not be defeated nor reduced by the application of any so-called "Made-Whole Doctrine", "Rimes Doctrine", or any other such doctrine purporting to defeat the plan's recovery rights by allocating the proceeds exclusively to non-medical expense damages.
- No Participant hereunder shall incur any expenses on behalf of the plan in pursuit of the plan's rights hereunder, specifically; no court costs, attorneys' fees or other



representatives' fees may be deducted from the plan's recovery without the prior express written consent of the plan. This right shall not be defeated by any so-called "Fund Doctrine", "Common Fund Doctrine", or "Attorney's Fund Doctrine".

- The plan shall recover the full amount of benefits provided hereunder without regard to any claim of fault on the part of any Participant, whether under comparative negligence or otherwise.
- The plan hereby disavows all equitable defenses in pursuit of its right of recovery. The plan's subrogation or recovery rights are neither affected nor diminished by equitable defenses.
- In the event that a Participant shall fail or refuse to honor its obligations hereunder, then the plan shall be entitled to recover any costs incurred in enforcing the terms hereof including, but not limited to, attorney's fees, litigation, court costs, and other expenses. The plan shall also be entitled to offset the reimbursement obligation against any entitlement to future medical benefits hereunder until the Participant has fully complied with his reimbursement obligations hereunder, regardless of how those future medical benefits are incurred.
- Any reference to state law in any other provision of this plan shall not be applicable to this provision, if the plan is governed by ERISA. By acceptance of benefits under the plan, the Participant agrees that a breach hereof would cause irreparable and substantial harm and that no adequate remedy at law would exist. Further, the Plan shall be entitled to invoke such equitable remedies as may be necessary to enforce the terms of the plan, including, but not limited to, specific performance, restitution, the imposition of an equitable lien and/or constructive trust, as well as injunctive relief.
- Participants must assist the plan in pursuing any subrogation or recovery rights by providing requested information.

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Payment of Benefits

To Whom Payable

Medical Benefits are assignable to the provider. When you assign benefits to a provider, you have assigned the entire amount of the benefits due on that claim. If the provider is overpaid because of accepting a patient's payment on the charge, it is the provider's responsibility to reimburse the patient. Because of Cigna's contracts with providers, all claims from contracted providers should be assigned.

Cigna may, at its option, make payment to you for the cost of any Covered Expenses from a Non-Participating Provider even if benefits have been assigned. When benefits are paid to you or your Dependents, you or your Dependents are responsible for reimbursing the provider.

If any person to whom benefits are payable is a minor or, in the opinion of Cigna is not able to give a valid receipt for any payment due him, such payment will be made to his legal guardian. If no request for payment has been made by his legal guardian, Cigna may, at its option, make payment to the person or institution appearing to have assumed his custody and support.

When one of our participants passes away, Cigna may receive notice that an executor of the estate has been established. The executor has the same rights as our insured and benefit payments for unassigned claims should be made payable to the executor.

Payment as described above will release Cigna from all liability to the extent of any payment made.

Recovery of Overpayment

When an overpayment has been made by Cigna, Cigna will have the right at any time to: recover that overpayment from the person to whom or on whose behalf it was made; or offset the amount of that overpayment from a future claim payment. In addition, your acceptance of benefits under this plan and/or assignment of Medical Benefits separately creates an equitable lien by agreement pursuant to which Cigna may seek recovery of any overpayment. You agree that Cigna, in seeking recovery of any overpayment as a contractual right or as an equitable line by agreement, may pursue the general assets of the person or entity to whom or on whose behalf the overpayment was made.

Calculation of Covered Expenses

Cigna, in its discretion, will calculate Covered Expenses following evaluation and validation of all provider billings in accordance with:

- the methodologies in the most recent edition of the Current Procedural terminology,
- the methodologies as reported by generally recognized professionals or publications.

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Termination of Insurance

Employees

Your insurance will cease on the earliest date below:

- the date you cease to be in a Class of Eligible Employees or cease to qualify for the insurance.
- the last day for which you have made any required contribution for the insurance.
- the date the policy is canceled.
- the last day of the calendar month in which your Active Service ends except as described below.

Any continuation of insurance must be based on a plan which precludes individual selection.

Temporary Layoff or Leave of Absence

If your Active Service ends due to temporary layoff or leave of absence, your insurance will be continued until the date your Employer cancels your insurance. However, your insurance will not be continued for more than 60 days past the date your Active Service ends. The City continues health coverage and contributions during approved FMLA absences. Employees who are on approved personal leave pay the full premium.

Injury or Sickness

If your Active Service ends due to an Injury or Sickness, your insurance will be continued while you remain totally and continuously disabled as a result of the Injury or Sickness. However, your insurance will not continue past the date your Employer cancels your insurance.

Retirement

If your Active Service ends because you retire, your insurance will be continued until the date on which your Employer cancels the insurance.

Dependents

Your insurance for all of your Dependents will cease on the earliest date below:

- the date your insurance ceases.
- the date you cease to be eligible for Dependent Insurance.
- the last day for which you have made any required contribution for the insurance.
- the date Dependent Insurance is canceled.

The insurance for any one of your Dependents will cease on the date that Dependent no longer qualifies as a Dependent.

Rescissions

Your coverage may not be rescinded (retroactively terminated) by Cigna or the plan sponsor unless the plan sponsor or an individual (or a person seeking coverage on behalf of the individual) performs an act, practice or omission that constitutes fraud; or the plan sponsor or individual (or a person seeking coverage on behalf of the individual) makes an intentional misrepresentation of material fact.

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Medical Benefits Extension Upon Policy Cancellation

If the Medical Benefits under this plan cease for you or your Dependent due to cancellation of the policy, and you or your Dependent is Totally Disabled on that date due to an Injury, Sickness or pregnancy, Medical Benefits will be paid for Covered Expenses incurred in connection with that Injury, Sickness or pregnancy. However, no benefits will be paid after the earliest of:

- the date you exceed the Maximum Benefit, if any, shown in the Schedule;
- the date a succeeding carrier agrees to provide coverage without limitation for the disabling condition;
- the date you are no longer Totally Disabled;
- 12 months from the date the policy is canceled; or
- for pregnancy, until delivery.

Totally Disabled

You will be considered Totally Disabled if, because of an Injury or a Sickness:

- you are unable to perform the basic duties of your occupation; and
- you are not performing any other work or engaging in any other occupation for wage or profit.

Your Dependent will be considered Totally Disabled if, because of an Injury or a Sickness:

- he is unable to engage in the normal activities of a person of the same age, sex and ability; or
- in the case of a Dependent who normally works for wage or profit, he is not performing such work.

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Federal Requirements

The following pages explain your rights and responsibilities under federal laws and regulations. Some states may have similar requirements. If a similar provision appears elsewhere in this booklet, the provision which provides the better benefit will apply.

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Notice of Provider Directory/Networks

Notice Regarding Provider/Pharmacy Directories and Provider/Pharmacy Networks

If your Plan utilizes a network of Providers, a separate listing of Participating Providers who participate in the network is available to you without charge by visiting www.cigna.com; mycigna.com or by calling the toll-free telephone number on your ID card.

Your Participating Provider/Pharmacy networks consist of a group of local medical practitioners, and Hospitals, of varied specialties as well as general practice or a group of local Pharmacies who are employed by or contracted with Cigna HealthCare.

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Qualified Medical Child Support Order (QMCSO)

Eligibility for Coverage Under a QMCSO

If a Qualified Medical Child Support Order (QMCSO) is issued for your child, that child will be eligible for coverage as required by the order and you will not be considered a Late Entrant for Dependent Insurance.

You must notify your Employer and elect coverage for that child, and yourself if you are not already enrolled, within 31 days of the QMCSO being issued.

Qualified Medical Child Support Order Defined

A Qualified Medical Child Support Order is a judgment, decree or order (including approval of a settlement agreement) or administrative notice, which is issued pursuant to a state domestic relations law (including a community property law), or to an administrative process, which provides for child support or provides for health benefit coverage to such child and relates to benefits under the group health plan, and satisfies all of the following:

- the order recognizes or creates a child's right to receive group health benefits for which a participant or beneficiary is eligible;
- the order specifies your name and last known address, and the child's name and last known address, except that the name and address of an official of a state or political subdivision may be substituted for the child's mailing address;
- the order provides a description of the coverage to be provided, or the manner in which the type of coverage is to be determined;
- the order states the period to which it applies; and
- if the order is a National Medical Support Notice completed in accordance with the Child Support Performance and Incentive Act of 1998, such Notice meets the requirements above.

The QMCSO may not require the health insurance policy to provide coverage for any type or form of benefit or option not otherwise provided under the policy, except that an order may require a plan to comply with State laws regarding health care coverage.

Payment of Benefits

Any payment of benefits in reimbursement for Covered Expenses paid by the child, or the child's custodial parent or legal guardian, shall be made to the child, the child's custodial parent or legal guardian, or a state official whose name and address have been substituted for the name and address of the child.

HC-FED4

10-10

Special Enrollment Rights Under the Health Insurance Portability & Accountability Act (HIPAA)

If you or your eligible Dependent(s) experience a special enrollment event as described below, you or your eligible Dependent(s) may be entitled to enroll in the Plan outside of a designated enrollment period upon the occurrence of one of the special enrollment events listed below. If you are already



enrolled in the Plan, you may request enrollment for you and your eligible Dependent(s) under a different option offered by the Employer for which you are currently eligible. If you are not already enrolled in the Plan, you must request special enrollment for yourself in addition to your eligible Dependent(s). You and all of your eligible Dependent(s) must be covered under the same option. The special enrollment events include:

- **Acquiring a new Dependent.** If you acquire a new Dependent(s) through marriage, birth, adoption or placement for adoption, you may request special enrollment for any of the following combinations of individuals if not already enrolled in the Plan: Employee only; spouse only; Employee and spouse; Dependent child(ren) only; Employee and Dependent child(ren); Employee, spouse and Dependent child(ren). Enrollment of Dependent children is limited to the newborn or adopted children or children who became Dependent children of the Employee due to marriage.
- **Loss of eligibility for State Medicaid or Children's Health Insurance Program (CHIP).** If you and/or your Dependent(s) were covered under a state Medicaid or CHIP plan and the coverage is terminated due to a loss of eligibility, you may request special enrollment for yourself and any affected Dependent(s) who are not already enrolled in the Plan. You must request enrollment within 60 days after termination of Medicaid or CHIP coverage.
- **Loss of eligibility for other coverage (excluding continuation coverage).** If coverage was declined under this Plan due to coverage under another plan, and eligibility for the other coverage is lost, you and all of your eligible Dependent(s) may request special enrollment in this Plan. If required by the Plan, when enrollment in this Plan was previously declined, it must have been declined in writing with a statement that the reason for declining enrollment was due to other health coverage. This provision applies to loss of eligibility as a result of any of the following:
 - divorce or legal separation;
 - cessation of Dependent status (such as reaching the limiting age);
 - death of the Employee;
 - termination of employment;
 - reduction in work hours to below the minimum required for eligibility;
 - you or your Dependent(s) no longer reside, live or work in the other plan's network service area and no other coverage is available under the other plan;
 - you or your Dependent(s) incur a claim which meets or exceeds the lifetime maximum limit that is applicable to all benefits offered under the other plan; or
 - the other plan no longer offers any benefits to a class of similarly situated individuals.
- **Termination of employer contributions (excluding continuation coverage).** If a current or former employer ceases all contributions toward the Employee's or Dependent's other coverage, special enrollment may be requested in this Plan for you and all of your eligible Dependent(s).
- **Exhaustion of COBRA or other continuation coverage.** Special enrollment may be requested in this Plan for you and all of your eligible Dependent(s) upon exhaustion of COBRA or other continuation coverage. If you or your Dependent(s) elect COBRA or other continuation coverage following loss of coverage under another plan, the COBRA or other continuation coverage must be exhausted before any special enrollment rights exist under this Plan. An individual is considered to have exhausted COBRA or other continuation coverage only if such coverage ceases: due to failure of the employer or other responsible entity to remit premiums on a timely basis; when the person no longer resides or works in the other plan's service area and there is no other COBRA or continuation coverage available under the plan; or when the individual incurs a claim that would meet or exceed a lifetime maximum limit on all benefits and there is no other COBRA or other continuation coverage available to the individual. This does not include termination of an employer's limited period of contributions toward COBRA or other continuation coverage as provided under any severance or other agreement.
- **Eligibility for Premium Assistance under State Medicaid or Children's Health Insurance Program (CHIP).** If you and/or your Dependent(s) become eligible for assistance with group health plan premium payments under a state Medicaid or CHIP plan, you may request special enrollment for yourself and any affected Dependent(s) who are not already enrolled in the Plan. You must request enrollment within 60 days after the date you are determined to be eligible for assistance.

Except as stated above, special enrollment must be requested within 30 days after the occurrence of the special enrollment event. If the special enrollment event is the birth or adoption of a Dependent child, coverage will be effective immediately on the date of birth, adoption or placement for adoption. Coverage with regard to any other special enrollment event will be effective on the first day of the calendar month following receipt of the request for special enrollment.

Domestic Partners and their children are not eligible for special enrollment on a pre-tax basis.

HC-FED71 M

12-14



Effect of Section 125 Tax Regulations on This Plan

Your Employer has chosen to administer this Plan in accordance with Section 125 regulations of the Internal Revenue Code. Per this regulation, you may agree to a pretax salary reduction put toward the cost of your benefits. Otherwise, you will receive your taxable earnings as cash (salary).

A. Coverage Elections

Per Section 125 regulations, you are generally allowed to enroll for or change coverage only before each annual benefit period. However, exceptions are allowed if your Employer agrees and you enroll for or change coverage within 30 days of the following:

- the date you meet the Special Enrollment criteria described above; or
- the date you meet the criteria shown in the following Sections B through H.

B. Change of Status

A change in status is defined as:

- change in legal marital status due to marriage, death of a spouse, divorce, annulment or legal separation;
- change in number of Dependents due to birth, adoption, placement for adoption, or death of a Dependent;
- change in employment status of Employee, spouse or Dependent due to termination or start of employment, strike, lockout, beginning or end of unpaid leave of absence, including under the Family and Medical Leave Act (FMLA), or change in worksite;
- changes in employment status of Employee, spouse or Dependent resulting in eligibility or ineligibility for coverage;
- change in residence of Employee, spouse or Dependent to a location outside of the Employer's network service area; and
- changes which cause a Dependent to become eligible or ineligible for coverage.

C. Court Order

A change in coverage due to and consistent with a court order of the Employee or other person to cover a Dependent.

D. Medicare or Medicaid Eligibility/Entitlement

The Employee, spouse or Dependent cancels or reduces coverage due to entitlement to Medicare or Medicaid, or enrolls or increases coverage due to loss of Medicare or Medicaid eligibility.

E. Change in Cost of Coverage

If the cost of benefits increases or decreases during a benefit period, your Employer may, in accordance with plan terms, automatically change your elective contribution.

When the change in cost is significant, you may either increase your contribution or elect less-costly coverage. When a significant overall reduction is made to the benefit option you have elected, you may elect another available benefit option. When a new benefit option is added, you may change your election to the new benefit option.

F. Changes in Coverage of Spouse or Dependent Under Another Employer's Plan

You may make a coverage election change if the plan of your spouse or Dependent: incurs a change such as adding or deleting a benefit option; allows election changes due to Special Enrollment, Change in Status, Court Order or Medicare or Medicaid Eligibility/Entitlement; or this Plan and the other plan have different periods of coverage or open enrollment periods.

G. Reduction in work hours

If an Employee's work hours are reduced below 30 hours/week (even if it does not result in the Employee losing eligibility for the Employer's coverage); and the Employee (and family) intend to enroll in another plan that provides Minimum Essential Coverage (MEC). The new coverage must be effective no later than the 1st day of the 2nd month following the month that includes the date the original coverage is revoked.

H. Enrollment in Qualified Health Plan (QHP)

The Employee must be eligible for a Special Enrollment Period to enroll in a QHP through a Marketplace or the Employee wants to enroll in a QHP through a Marketplace during the Marketplace's annual open enrollment period; and the disenrollment from the group plan corresponds to the intended enrollment of the Employee (and family) in a QHP through a Marketplace for new coverage effective beginning no later than the day immediately following the last day of the original coverage.

HC-FED70

12-14

Eligibility for Coverage for Adopted Children

Any child who is adopted by you, including a child who is placed with you for adoption, will be eligible for Dependent Insurance, if otherwise eligible as a Dependent, upon the date of placement with you. A child will be considered placed for adoption when you become legally obligated to support that child, totally or partially, prior to that child's adoption.



If a child placed for adoption is not adopted, all health coverage ceases when the placement ends, and will not be continued.

The provisions in the "Exception for Newborns" section of this document that describe requirements for enrollment and effective date of insurance will also apply to an adopted child or a child placed with you for adoption.

HC-FED67

09-14

Coverage for Maternity Hospital Stay

Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification. For information on precertification, contact your plan administrator.

HC-FED10

10-10

Women's Health and Cancer Rights Act (WHCRA)

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call Member Services at the toll free number listed on your ID card for more information.

HC-FED12

10-10

Group Plan Coverage Instead of Medicaid

If your income and liquid resources do not exceed certain limits established by law, the state may decide to pay premiums for this coverage instead of for Medicaid, if it is cost effective. This includes premiums for continuation coverage required by federal law.

HC-FED13

10-10

Requirements of Medical Leave Act of 1993 (as amended) (FMLA)

Any provisions of the policy that provide for: continuation of insurance during a leave of absence; and reinstatement of insurance following a return to Active Service; are modified by the following provisions of the federal Family and Medical Leave Act of 1993, as amended, where applicable:

Continuation of Health Insurance During Leave

Your health insurance will be continued during a leave of absence if:

- that leave qualifies as a leave of absence under the Family and Medical Leave Act of 1993, as amended; and
- you are an eligible Employee under the terms of that Act.

The cost of your health insurance during such leave must be paid, whether entirely by your Employer or in part by you and your Employer.

Reinstatement of Canceled Insurance Following Leave

Upon your return to Active Service following a leave of absence that qualifies under the Family and Medical Leave Act of 1993, as amended, any canceled insurance (health, life or disability) will be reinstated as of the date of your return.



You will not be required to satisfy any eligibility or benefit waiting period to the extent that they had been satisfied prior to the start of such leave of absence.

Your Employer will give you detailed information about the Family and Medical Leave Act of 1993, as amended.

HC-FED17

10-10

Uniformed Services Employment and Re-Employment Rights Act of 1994 (USERRA)

The Uniformed Services Employment and Re-employment Rights Act of 1994 (USERRA) sets requirements for continuation of health coverage and re-employment in regard to an Employee's military leave of absence. These requirements apply to medical and dental coverage for you and your Dependents. They do not apply to any Life, Short-term or Long-term Disability or Accidental Death & Dismemberment coverage you may have.

Continuation of Coverage

For leaves of less than 31 days, coverage will continue as described in the Termination section regarding Leave of Absence.

For leaves of 31 days or more, you may continue coverage for yourself and your Dependents as follows:

You may continue benefits by paying the required premium to your Employer, until the earliest of the following:

- 24 months from the last day of employment with the Employer;
- the day after you fail to return to work; and
- the date the policy cancels.

Your Employer may charge you and your Dependents up to 102% of the total premium.

Following continuation of health coverage per USERRA requirements, you may convert to a plan of individual coverage according to any "Conversion Privilege" shown in your certificate.

Reinstatement of Benefits (applicable to all coverages)

If your coverage ends during the leave of absence because you do not elect USERRA or an available conversion plan at the expiration of USERRA and you are reemployed by your current Employer, coverage for you and your Dependents may be reinstated if you gave your Employer advance written or verbal notice of your military service leave, and the duration of all military leaves while you are employed with your current Employer does not exceed 5 years.

You and your Dependents will be subject to only the balance of a waiting period that was not yet satisfied before the leave

began. However, if an Injury or Sickness occurs or is aggravated during the military leave, full Plan limitations will apply.

If your coverage under this plan terminates as a result of your eligibility for military medical and dental coverage and your order to active duty is canceled before your active duty service commences, these reinstatement rights will continue to apply.

HC-FED18

10-10

Claim Determination Procedures

The following complies with federal law. Provisions of the laws of your state may supersede.

Procedures Regarding Medical Necessity Determinations

In general, health services and benefits must be Medically Necessary to be covered under the plan. The procedures for determining Medical Necessity vary, according to the type of service or benefit requested, and the type of health plan. Medical Necessity determinations are made on either a preservice, concurrent, or postservice basis, as described below:

Certain services require prior authorization in order to be covered. This prior authorization is called a "preservice Medical Necessity determination." The Certificate describes who is responsible for obtaining this review. You or your authorized representative (typically, your health care provider) must request Medical Necessity determinations according to the procedures described below, in the Certificate, and in your provider's network participation documents as applicable.

When services or benefits are determined to be not Medically Necessary, you or your representative will receive a written description of the adverse determination, and may appeal the determination. Appeal procedures are described in the Certificate, in your provider's network participation documents, and in the determination notices.

Preservice Medical Necessity Determinations

When you or your representative request a required Medical Necessity determination prior to care, Cigna will notify you or your representative of the determination within 15 days after receiving the request. However, if more time is needed due to matters beyond Cigna's control, Cigna will notify you or your representative within 15 days after receiving your request. This notice will include the date a determination can be expected, which will be no more than 30 days after receipt of the request. If more time is needed because necessary information is missing from the request, the notice will also specify what information is needed, and you or your representative must provide the specified information to Cigna within 45 days after receiving the notice. The determination



period will be suspended on the date Cigna sends such a notice of missing information, and the determination period will resume on the date you or your representative responds to the notice.

If the determination periods above would seriously jeopardize your life or health, your ability to regain maximum function, or in the opinion of a Physician with knowledge of your health condition, cause you severe pain which cannot be managed without the requested services, Cigna will make the preservice determination on an expedited basis. Cigna's Physician will defer to the determination of the treating Physician, regarding whether an expedited determination is necessary. Cigna will notify you or your representative of an expedited determination within 72 hours after receiving the request.

However, if necessary information is missing from the request, Cigna will notify you or your representative within 24 hours after receiving the request to specify what information is needed. You or your representative must provide the specified information to Cigna within 48 hours after receiving the notice. Cigna will notify you or your representative of the expedited benefit determination within 48 hours after you or your representative responds to the notice. Expedited determinations may be provided orally, followed within 3 days by written or electronic notification.

If you or your representative fails to follow Cigna's procedures for requesting a required preservice Medical Necessity determination, Cigna will notify you or your representative of the failure and describe the proper procedures for filing within 5 days (or 24 hours, if an expedited determination is required, as described above) after receiving the request. This notice may be provided orally, unless you or your representative requests written notification.

Concurrent Medical Necessity Determinations

When an ongoing course of treatment has been approved for you and you wish to extend the approval, you or your representative must request a required concurrent Medical Necessity determination at least 24 hours prior to the expiration of the approved period of time or number of treatments. When you or your representative requests such a determination, Cigna will notify you or your representative of the determination within 24 hours after receiving the request.

Postservice Medical Necessity Determinations

When you or your representative requests a Medical Necessity determination after services have been rendered, Cigna will notify you or your representative of the determination within 30 days after receiving the request. However, if more time is needed to make a determination due to matters beyond Cigna's control Cigna will notify you or your representative within 30 days after receiving the request. This notice will include the date a determination can be expected, which will be no more than 45 days after receipt of the request.

If more time is needed because necessary information is missing from the request, the notice will also specify what information is needed, and you or your representative must provide the specified information to Cigna within 45 days after receiving the notice. The determination period will be suspended on the date Cigna sends such a notice of missing information, and the determination period will resume on the date you or your representative responds to the notice.

Postservice Claim Determinations

When you or your representative requests payment for services which have been rendered, Cigna will notify you of the claim payment determination within 30 days after receiving the request. However, if more time is needed to make a determination due to matters beyond Cigna's control, Cigna will notify you or your representative within 30 days after receiving the request. This notice will include the date a determination can be expected, which will be no more than 45 days after receipt of the request. If more time is needed because necessary information is missing from the request, the notice will also specify what information is needed, and you or your representative must provide the specified information within 45 days after receiving the notice. The determination period will be suspended on the date Cigna sends such a notice of missing information, and resume on the date you or your representative responds to the notice.

Notice of Adverse Determination

Every notice of an adverse benefit determination will be provided in writing or electronically, and will include all of the following that pertain to the determination: information sufficient to identify the claim; the specific reason or reasons for the adverse determination; reference to the specific plan provisions on which the determination is based; a description of any additional material or information necessary to perfect the claim and an explanation of why such material or information is necessary; a description of the plan's review procedures and the time limits applicable, including a statement of a claimant's rights to bring a civil action under section 502(a) of ERISA following an adverse benefit determination on appeal; upon request and free of charge, a copy of any internal rule, guideline, protocol or other similar criterion that was relied upon in making the adverse determination regarding your claim; and an explanation of the scientific or clinical judgment for a determination that is based on a Medical Necessity, experimental treatment or other similar exclusion or limit; information about any office of health insurance consumer assistance or ombudsman available to assist you with the appeal process; and in the case of a claim involving urgent care, a description of the expedited review process applicable to such claim.

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04-12



Medical - When You Have a Complaint or an Appeal

For the purposes of this section, any reference to "you" or "your" also refers to a representative or provider designated by you to act on your behalf; unless otherwise noted.

We want you to be completely satisfied with the care you receive. That is why we have established a process for addressing your concerns and solving your problems.

Start With Customer Service

We are here to listen and help. If you have a concern regarding a person, a service, the quality of care, contractual benefits, or a rescission of coverage, you may call the toll-free number on your ID card, explanation of benefits, or claim form and explain your concern to one of our Customer Service representatives. You may also express that concern in writing.

We will do our best to resolve the matter on your initial contact. If we need more time to review or investigate your concern, we will get back to you as soon as possible, but in any case within 30 days. If you are not satisfied with the results of a coverage decision, you may start the appeals procedure.

Internal Appeals Procedure

To initiate an appeal, you must submit a request for an appeal in writing to Cigna within 180 days of receipt of a denial notice. You should state the reason why you feel your appeal should be approved and include any information supporting your appeal. If you are unable or choose not to write, you may ask Cigna to register your appeal by telephone. Call or write us at the toll-free number on your ID card, explanation of benefits, or claim form.

Your appeal will be reviewed and the decision made by someone not involved in the initial decision. Appeals involving Medical Necessity or clinical appropriateness will be considered by a health care professional.

We will respond in writing with a decision within 30 calendar days after we receive an appeal for a required preservice or concurrent care coverage determination or a postservice Medical Necessity determination. We will respond within 60 calendar days after we receive an appeal for any other postservice coverage determination. If more time or information is needed to make the determination, we will notify you in writing to request an extension of up to 15 calendar days and to specify any additional information needed to complete the review.

In the event any new or additional information (evidence) is considered, relied upon or generated by Cigna in connection with the appeal, Cigna will provide this information to you as

soon as possible and sufficiently in advance of the decision, so that you will have an opportunity to respond. Also, if any new or additional rationale is considered by Cigna, Cigna will provide the rationale to you as soon as possible and sufficiently in advance of the decision so that you will have an opportunity to respond.

You may request that the appeal process be expedited if, (a) the time frames under this process would seriously jeopardize your life, health or ability to regain maximum functionality or in the opinion of your Physician would cause you severe pain which cannot be managed without the requested services; or (b) your appeal involves nonauthorization of an admission or continuing inpatient Hospital stay.

If you request that your appeal be expedited based on (a) above, you may also ask for an expedited external review at the same time, if the time to complete an expedited review would be detrimental to your medical condition.

When an appeal is expedited, Cigna will respond orally with a decision within 72 hours, followed up in writing.

External Review Procedure

If you are not fully satisfied with the decision of Cigna's internal appeal review and the appeal involves medical judgment or a rescission of coverage, you may request that your appeal be referred to an Independent Review Organization (IRO). The IRO is composed of persons who are not employed by Cigna, or any of its affiliates. A decision to request an external review to an IRO will not affect the claimant's rights to any other benefits under the plan.

There is no charge for you to initiate an external review. Cigna and your benefit plan will abide by the decision of the IRO.

To request a review, you must notify the Appeals Coordinator within 4 months of your receipt of Cigna's appeal review denial. Cigna will then forward the file to a randomly selected IRO. The IRO will render an opinion within 45 days.

When requested, and if a delay would be detrimental to your medical condition, as determined by Cigna's Physician Reviewer, or if your appeal concerns an admission, availability of care, continued stay, or health care item or service for which you received emergency services, but you have not yet been discharged from a facility, the external review shall be completed within 72 hours.

Notice of Benefit Determination on Appeal

Every notice of a determination on appeal will be provided in writing or electronically and, if an adverse determination, will include: information sufficient to identify the claim; the specific reason or reasons for the adverse determination; reference to the specific plan provisions on which the determination is based; a statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to and copies of all documents, records, and other Relevant



Information as defined below; a statement describing any voluntary appeal procedures offered by the plan and the claimant's right to bring an action under ERISA section 502(a), if applicable; upon request and free of charge, a copy of any internal rule, guideline, protocol or other similar criterion that was relied upon in making the adverse determination regarding your appeal, and an explanation of the scientific or clinical judgment for a determination that is based on a Medical Necessity, experimental treatment or other similar exclusion or limit; and information about any office of health insurance consumer assistance or ombudsman available to assist you in the appeal process. A final notice of an adverse determination will include a discussion of the decision.

You also have the right to bring a civil action under section 502(a) of ERISA if you are not satisfied with the decision on review. You or 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. You may also contact the Plan Administrator.

Relevant Information

Relevant Information is any document, record or other information which: was relied upon in making the benefit determination; was submitted, considered or generated in the course of making the benefit determination, without regard to whether such document, record, or other information was relied upon in making the benefit determination; demonstrates compliance with the administrative processes and safeguards required by federal law in making the benefit determination; or constitutes a statement of policy or guidance with respect to the plan concerning the denied treatment option or benefit for the claimant's diagnosis, without regard to whether such advice or statement was relied upon in making the benefit determination.

Legal Action

If your plan is governed by ERISA, you have the right to bring a civil action under section 502(a) of ERISA if you are not satisfied with the outcome of the Appeals Procedure. In most instances, you may not initiate a legal action against Cigna until you have completed the appeal processes. However, no action will be brought at all unless brought within three years after proof of claim is required under the Plan. However, no action will be brought at all unless brought within 3 years after a claim is submitted for In-Network Services.

COBRA Continuation Rights Under Federal Law

For You and Your Dependents

What is COBRA Continuation Coverage?

Under federal law, you and/or your Dependents must be given the opportunity to continue health insurance when there is a "qualifying event" that would result in loss of coverage under the Plan. You and/or your Dependents will be permitted to continue the same coverage under which you or your Dependents were covered on the day before the qualifying event occurred, unless you move out of that plan's coverage area or the plan is no longer available. You and/or your Dependents cannot change coverage options until the next open enrollment period.

When is COBRA Continuation Available?

For you and your Dependents, COBRA continuation is available for up to 18 months from the date of the following qualifying events if the event would result in a loss of coverage under the Plan:

- your termination of employment for any reason, other than gross misconduct; or
- your reduction in work hours.

For your Dependents, COBRA continuation coverage is available for up to 36 months from the date of the following qualifying events if the event would result in a loss of coverage under the Plan:

- your death;
- your divorce or legal separation; or
- for a Dependent child, failure to continue to qualify as a Dependent under the Plan.

Who is Entitled to COBRA Continuation?

Only a "qualified beneficiary" (as defined by federal law) may elect to continue health insurance coverage. A qualified beneficiary may include the following individuals who were covered by the Plan on the day the qualifying event occurred: you, your spouse, and your Dependent children. Each qualified beneficiary has their own right to elect or decline COBRA continuation coverage even if you decline or are not eligible for COBRA continuation.

The following individuals are not qualified beneficiaries for purposes of COBRA continuation: domestic partners, grandchildren (unless adopted by you), stepchildren (unless adopted by you). Although these individuals do not have an independent right to elect COBRA continuation coverage, if you elect COBRA continuation coverage for yourself, you may also cover your Dependents even if they are not considered qualified beneficiaries under COBRA. However, such individuals' coverage will terminate when your COBRA continuation coverage terminates. The sections titled



“Secondary Qualifying Events” and “Medicare Extension For Your Dependents” are not applicable to these individuals.

Secondary Qualifying Events

If, as a result of your termination of employment or reduction in work hours, your Dependent(s) have elected COBRA continuation coverage and one or more Dependents experience another COBRA qualifying event, the affected Dependent(s) may elect to extend their COBRA continuation coverage for an additional 18 months (7 months if the secondary event occurs within the disability extension period) for a maximum of 36 months from the initial qualifying event. The second qualifying event must occur before the end of the initial 18 months of COBRA continuation coverage or within the disability extension period discussed below. Under no circumstances will COBRA continuation coverage be available for more than 36 months from the initial qualifying event. Secondary qualifying events are: your death; your divorce or legal separation; or, for a Dependent child, failure to continue to qualify as a Dependent under the Plan.

Disability Extension

If, after electing COBRA continuation coverage due to your termination of employment or reduction in work hours, you or one of your Dependents is determined by the Social Security Administration (SSA) to be totally disabled under Title II or XVI of the SSA, you and all of your Dependents who have elected COBRA continuation coverage may extend such continuation for an additional 11 months, for a maximum of 29 months from the initial qualifying event.

To qualify for the disability extension, all of the following requirements must be satisfied:

- SSA must determine that the disability occurred prior to or within 60 days after the disabled individual elected COBRA continuation coverage; and
- A copy of the written SSA determination must be provided to the Plan Administrator within 60 calendar days after the date the SSA determination is made AND before the end of the initial 18-month continuation period.

If the SSA later determines that the individual is no longer disabled, you must notify the Plan Administrator within 30 days after the date the final determination is made by SSA. The 11-month disability extension will terminate for all covered persons on the first day of the month that is more than 30 days after the date the SSA makes a final determination that the disabled individual is no longer disabled.

All causes for “Termination of COBRA Continuation” listed below will also apply to the period of disability extension.

Medicare Extension for Your Dependents

When the qualifying event is your termination of employment or reduction in work hours and you became enrolled in Medicare (Part A, Part B or both) within the 18 months before

the qualifying event, COBRA continuation coverage for your Dependents will last for up to 36 months after the date you became enrolled in Medicare. Your COBRA continuation coverage will last for up to 18 months from the date of your termination of employment or reduction in work hours.

Termination of COBRA Continuation

COBRA continuation coverage will be terminated upon the occurrence of any of the following:

- the end of the COBRA continuation period of 18, 29 or 36 months, as applicable;
- failure to pay the required premium within 30 calendar days after the due date;
- cancellation of the Employer’s policy with Cigna;
- after electing COBRA continuation coverage, a qualified beneficiary enrolls in Medicare (Part A, Part B, or both);
- after electing COBRA continuation coverage, a qualified beneficiary becomes covered under another group health plan, unless the qualified beneficiary has a condition for which the new plan limits or excludes coverage under a pre-existing condition provision. In such case coverage will continue until the earliest of: the end of the applicable maximum period; the date the pre-existing condition provision is no longer applicable; or the occurrence of an event described in one of the first three bullets above;
- any reason the Plan would terminate coverage of a participant or beneficiary who is not receiving continuation coverage (e.g., fraud).

Moving Out of Employer’s Service Area or Elimination of a Service Area

If you and/or your Dependents move out of the Employer’s service area or the Employer eliminates a service area in your location, your COBRA continuation coverage under the plan will be limited to emergency services only. Because the Plan does not provide out-of-network coverage, nonemergency services will not be covered under the plan outside of the Employer’s service area. If the Employer offers another benefit option through Cigna or another carrier which can provide coverage in your location, you may elect COBRA continuation coverage under that option.

Employer’s Notification Requirements

Your Employer or contracted COBRA third party administrator is required to provide you and/or your Dependents with the following notices:

- An initial notification of COBRA continuation rights must be provided within 90 days after your (or your spouse’s) coverage under the Plan begins (or the Plan first becomes subject to COBRA continuation requirements, if later). If you and/or your Dependents experience a qualifying event before the end of that 90-day period, the initial notice must



be provided within the time frame required for the COBRA continuation coverage election notice as explained below.

- A COBRA continuation coverage election notice must be provided to you and/or your Dependents within the following timeframes:
 - if the Plan provides that COBRA continuation coverage and the period within which an Employer must notify the Plan Administrator of a qualifying event starts upon the loss of coverage, 44 days after loss of coverage under the Plan;
 - if the Plan provides that COBRA continuation coverage and the period within which an Employer must notify the Plan Administrator of a qualifying event starts upon the occurrence of a qualifying event, 44 days after the qualifying event occurs; or
 - in the case of a multi-employer plan, no later than 14 days after the end of the period in which Employers must provide notice of a qualifying event to the Plan Administrator.

How to Elect COBRA Continuation Coverage

The COBRA coverage election notice will list the individuals who are eligible for COBRA continuation coverage and inform you of the applicable premium. The notice will also include instructions for electing COBRA continuation coverage. You must notify the Plan Administrator of your election no later than the due date stated on the COBRA election notice. If a written election notice is required, it must be post-marked no later than the due date stated on the COBRA election notice. If you do not make proper notification by the due date shown on the notice, you and your Dependents will lose the right to elect COBRA continuation coverage. If you reject COBRA continuation coverage before the due date, you may change your mind as long as you furnish a completed election form before the due date.

Each qualified beneficiary has an independent right to elect COBRA continuation coverage. Continuation coverage may be elected for only one, several, or for all Dependents who are qualified beneficiaries. Parents may elect to continue coverage on behalf of their Dependent children. You or your spouse may elect continuation coverage on behalf of all the qualified beneficiaries. You are not required to elect COBRA continuation coverage in order for your Dependents to elect COBRA continuation.

How Much Does COBRA Continuation Coverage Cost?

Each qualified beneficiary may be required to pay the entire cost of continuation coverage. The amount may not exceed 102% of the cost to the group health plan (including both Employer and Employee contributions) for coverage of a similarly situated active Employee or family member. The premium during the 11-month disability extension may not exceed 150% of the cost to the group health plan (including

both employer and employee contributions) for coverage of a similarly situated active Employee or family member.

For example: If the Employee alone elects COBRA continuation coverage, the Employee will be charged 102% (or 150%) of the active Employee premium. If the spouse or one Dependent child alone elects COBRA continuation coverage, they will be charged 102% (or 150%) of the active Employee premium. If more than one qualified beneficiary elects COBRA continuation coverage, they will be charged 102% (or 150%) of the applicable family premium.

When and How to Pay COBRA Premiums

First payment for COBRA continuation

If you elect COBRA continuation coverage, you do not have to send any payment with the election form. However, you must make your first payment no later than 45 calendar days after the date of your election. (This is the date the Election Notice is postmarked, if mailed.) If you do not make your first payment within that 45 days, you will lose all COBRA continuation rights under the Plan.

Subsequent payments

After you make your first payment for COBRA continuation coverage, you will be required to make subsequent payments of the required premium for each additional month of coverage. Payment is due on the first day of each month. If you make a payment on or before its due date, your coverage under the Plan will continue for that coverage period without any break.

Grace periods for subsequent payments

Although subsequent payments are due by the first day of the month, you will be given a grace period of 30 days after the first day of the coverage period to make each monthly payment. Your COBRA continuation coverage will be provided for each coverage period as long as payment for that coverage period is made before the end of the grace period for that payment. However, if your payment is received after the due date, your coverage under the Plan may be suspended during this time. Any providers who contact the Plan to confirm coverage during this time may be informed that coverage has been suspended. If payment is received before the end of the grace period, your coverage will be reinstated back to the beginning of the coverage period. This means that any claim you submit for benefits while your coverage is suspended may be denied and may have to be resubmitted once your coverage is reinstated. If you fail to make a payment before the end of the grace period for that coverage period, you will lose all rights to COBRA continuation coverage under the Plan.

You Must Give Notice of Certain Qualifying Events

If you or your Dependent(s) experience one of the following qualifying events, you must notify the Plan Administrator



within 60 calendar days after the later of the date the qualifying event occurs or the date coverage would cease as a result of the qualifying event:

- Your divorce or legal separation; or
- Your child ceases to qualify as a Dependent under the Plan.
- The occurrence of a secondary qualifying event as discussed under "Secondary Qualifying Events" above (this notice must be received prior to the end of the initial 18- or 29-month COBRA period).

(Also refer to the section titled "Disability Extension" for additional notice requirements.)

Notice must be made in writing and must include: the name of the Plan, name and address of the Employee covered under the Plan, name and address(es) of the qualified beneficiaries affected by the qualifying event; the qualifying event; the date the qualifying event occurred; and supporting documentation (e.g., divorce decree, birth certificate, disability determination, etc.).

Newly Acquired Dependents

If you acquire a new Dependent through marriage, birth, adoption or placement for adoption while your coverage is being continued, you may cover such Dependent under your COBRA continuation coverage. However, only your newborn or adopted Dependent child is a qualified beneficiary and may continue COBRA continuation coverage for the remainder of the coverage period following your early termination of COBRA coverage or due to a secondary qualifying event. COBRA coverage for your Dependent spouse and any Dependent children who are not your children (e.g., stepchildren or grandchildren) will cease on the date your COBRA coverage ceases and they are not eligible for a secondary qualifying event.

COBRA Continuation for Retirees Following Employer's Bankruptcy

If you are covered as a retiree, and a proceeding in bankruptcy is filed with respect to the Employer under Title 11 of the United States Code, you may be entitled to COBRA continuation coverage. If the bankruptcy results in a loss of coverage for you, your Dependents or your surviving spouse within one year before or after such proceeding, you and your covered Dependents will become COBRA qualified beneficiaries with respect to the bankruptcy. You will be entitled to COBRA continuation coverage until your death. Your surviving spouse and covered Dependent children will be entitled to COBRA continuation coverage for up to 36 months following your death. However, COBRA continuation coverage will cease upon the occurrence of any of the events listed under "Termination of COBRA Continuation" above.

Interaction With Other Continuation Benefits

You may be eligible for other continuation benefits under state law. Refer to the Termination section for any other continuation benefits.

HC-FED66

07-14

Definitions

Active Service

You will be considered in Active Service:

- on any of your Employer's scheduled work days if you are performing the regular duties of your work on a full-time basis on that day either at your Employer's place of business or at some location to which you are required to travel for your Employer's business.
- on a day which is not one of your Employer's scheduled work days if you were in Active Service on the preceding scheduled work day.

HC-DFS1

04-10

V1

Bed and Board

The term Bed and Board includes all charges made by a Hospital on its own behalf for room and meals and for all general services and activities needed for the care of registered bed patients.

HC-DFS2

04-10

V2

Charges

The term "charges" means the actual billed charges; except when the provider has contracted directly or indirectly with Cigna for a different amount.

HC-DFS3

04-10

V1



Chiropractic Care

The term Chiropractic Care means the conservative management of neuromusculoskeletal conditions through manipulation and ancillary physiological treatment rendered to specific joints to restore motion, reduce pain and improve function.

HC-DFS55

04-10
V1

Custodial Services

Any services that are of a sheltering, protective, or safeguarding nature. Such services may include a stay in an institutional setting, at-home care, or nursing services to care for someone because of age or mental or physical condition. This service primarily helps the person in daily living. Custodial care also can provide medical services, given mainly to maintain the person's current state of health. These services cannot be intended to greatly improve a medical condition; they are intended to provide care while the patient cannot care for himself or herself. Custodial Services include but are not limited to:

- Services related to watching or protecting a person;
- Services related to performing or assisting a person in performing any activities of daily living, such as: walking, grooming, bathing, dressing, getting in or out of bed, toileting, eating, preparing foods, or taking medications that can be self administered, and
- Services not required to be performed by trained or skilled medical or paramedical personnel.

HC-DFS4

04-10
V1

Dependent

Dependents are:

- your lawful spouse; or
- your Domestic Partner; and
- any child of yours who is:
 - less than 26 years old.
 - from the end of the calendar year in which the child reaches age 26 or until the end of the calendar year in which the child reaches the age of 30, provided the child is unmarried and does not have a dependent of their own, is a Florida state resident or a full-time or part-time student, and is not covered under a plan of their own or entitled to benefits under Title XVIII of the Social Security Act. CIGNA may require such proof at least

once each year until the end of the calendar year in which he attains age 30;

- 26 or more years old, unmarried, and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a Dependent under this Plan, or while covered as a dependent under a prior plan with no break in coverage.

Proof of the child's condition and dependence must be submitted to Cigna within 31 days after the date the child ceases to qualify above. From time to time, but not more frequently than once a year, Cigna may require proof of the continuation of such condition and dependence.

A child includes a legally adopted child, including that child from the date of placement in the home or from birth provided that a written agreement to adopt such child has been entered into prior to the birth of such child. Coverage for a legally adopted child will include the necessary care and treatment of an Injury or a Sickness existing prior to the date of placement or adoption. A child also includes a foster child or a child placed in your custody by a court order from the date of placement in the home. Coverage is not required if the adopted or foster child is ultimately not placed in your home. It also includes:

- a stepchild or a child for whom you are the legal guardian;
- a child born to an insured Dependent child of yours until such child is 18 months old.

If your Domestic Partner has a child, that child will also be included as a Dependent.

Benefits for a Dependent child or student will continue until the last day of the calendar year in which the limiting age is reached.

Anyone who is eligible as an Employee can be included as a dependent of another employee.

No one may be considered as a Dependent of more than one Employee.

HC-DFS673

07-14
V1 M

Domestic Partner

A Domestic Partner is defined as a person of the same or opposite sex who:

- shares your permanent residence;
- is no less than 18 years of age;
- is financially interdependent with you and has proven such interdependence by providing evidence of one of the following:



- The parties to the domestic partnership share a residence as evidenced by the same residential address on a valid driver license or state identification card; or joint ownership of Florida homestead property as joint tenants with right of survivorship with both owners having been granted a homestead exemption on the property; or joint ownership of Florida homestead property as tenants in common with both owners having been granted a homestead exemption on that property; or a lease showing the domestic partner as co-lessee residents of residential real property; and
- is not eligible for marriage to each other as provided in Section 741.21, Florida Statutes, as may be amended and revised; and
- has signed jointly with you, a notarized affidavit attesting to the above which can be made available to your employer upon request.

In addition, you and your Domestic Partner will be considered to have met the terms of this definition as long as neither you nor your Domestic Partner:

- has not previously during the calendar year included more than one other domestic partner as a domestic partner under the plan;
- is a party to a marriage recognized by Florida law; or
- has any other Domestic Partner, spouse or spouse equivalent of the same or opposite sex.

You and your Domestic Partner must have registered as Domestic Partners, if you reside in a state that provides for such registration.

The section of this certificate entitled "COBRA Continuation Rights Under Federal Law" will not apply to your Domestic Partner and his or her Dependents on a pre-tax basis.

HC-DFS47

04-10
V1 M

Emergency Medical Condition

Emergency medical condition means a medical condition which manifests itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; serious impairment to bodily functions; or serious dysfunction of any bodily organ or part.

HC-DFS394

11-10

Emergency Services

Emergency services means, with respect to an emergency medical condition, a medical screening examination that is within the capability of the emergency department of a hospital, including ancillary services routinely available to the emergency department to evaluate the emergency medical condition; and such further medical examination and treatment, to the extent they are within the capabilities of the staff and facilities available at the hospital, to stabilize the patient.

HC-DFS393

11-10

Employee

The term Employee means a full-time or variable hour employee of the Employer who is currently in Active Service. The term does not include employees who are part-time or temporary or who normally work less than 30 hours a week for the Employer.

HC-DFS7

04-10
V3 M

Employer

The term Employer means the plan sponsor self-insuring the benefits described in this booklet, on whose behalf Cigna is providing claim administration services.

HC-DFS8

04-10
V1



Essential Health Benefits

Essential health benefits means, to the extent covered under the plan, expenses incurred with respect to covered services, in at least the following categories: ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services, including behavioral health treatment, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services and chronic disease management and pediatric services, including oral and vision care.

HC-DFS411

01-11

Expense Incurred

An expense is incurred when the service or the supply for which it is incurred is provided.

HC-DFS10

04-10

V1

Free-Standing Surgical Facility

The term Free-standing Surgical Facility means an institution which meets all of the following requirements:

- it has a medical staff of Physicians, Nurses and licensed anesthesiologists;
- it maintains at least two operating rooms and one recovery room;
- it maintains diagnostic laboratory and x-ray facilities;
- it has equipment for emergency care;
- it has a blood supply;
- it maintains medical records;
- it has agreements with Hospitals for immediate acceptance of patients who need Hospital Confinement on an inpatient basis; and
- it is licensed in accordance with the laws of the appropriate legally authorized agency.

HC-DFS11

04-10

V1

Hospice Care Program

The term Hospice Care Program means:

- a coordinated, interdisciplinary program to meet the physical, psychological, spiritual and social needs of dying persons and their families;

- a program that provides palliative and supportive medical, nursing and other health services through home or inpatient care during the illness;
- a program for persons who have a Terminal Illness and for the families of those persons.

HC-DFS51

04-10

V1

Hospice Care Services

The term Hospice Care Services means any services provided by: a Hospital, a Skilled Nursing Facility or a similar institution, a Home Health Care Agency, a Hospice Facility, or any other licensed facility or agency under a Hospice Care Program.

HC-DFS52

04-10

V1

Hospice Facility

The term Hospice Facility means an institution or part of it which:

- primarily provides care for Terminally Ill patients;
- is accredited by the National Hospice Organization;
- meets standards established by Cigna; and
- fulfills any licensing requirements of the state or locality in which it operates.

HC-DFS53

04-10

V1

Hospital

The term Hospital means:

- an institution licensed as a hospital, which: maintains, on the premises, all facilities necessary for medical and surgical treatment; provides such treatment on an inpatient basis, for compensation, under the supervision of Physicians; and provides 24-hour service by Registered Graduate Nurses;
- an institution which qualifies as a hospital, a psychiatric hospital or a tuberculosis hospital, and a provider of services under Medicare, if such institution is accredited as a hospital by the Joint Commission on the Accreditation of Healthcare Organizations; or
- an institution which: specializes in treatment of Mental Health and Substance Abuse or other related illness; provides residential treatment programs; and is licensed in



accordance with the laws of the appropriate legally authorized agency.

The term Hospital will not include an institution which is primarily a place for rest, a place for the aged, or a nursing home.

HC-DFS48

04-10
V1

Hospital Confinement or Confined in a Hospital

A person will be considered Confined in a Hospital if he is:

- a registered bed patient in a Hospital upon the recommendation of a Physician;
- receiving treatment for Mental Health and Substance Abuse Services in a Partial Hospitalization program;
- receiving treatment for Mental Health and Substance Abuse Services in a Mental Health or Substance Abuse Residential Treatment Center.

HC-DFS49

04-10
V1

Injury

The term Injury means an accidental bodily injury.

HC-DFS12

04-10
V1

Maintenance Treatment

The term Maintenance Treatment means:

- treatment rendered to keep or maintain the patient's current status.

HC-DFS56

04-10
V1

Maximum Reimbursable Charge - Medical

The Maximum Reimbursable Charge for covered services is determined based on the lesser of:

- the provider's normal charge for a similar service or supply; or
- a policyholder-selected percentile of charges made by providers of such service or supply in the geographic area where it is received as compiled in a database selected by Cigna.

The percentile used to determine the Maximum Reimbursable Charge can be obtained by contacting Member Services/Customer Service.

The Maximum Reimbursable Charge is subject to all other benefit limitations and applicable coding and payment methodologies determined by Cigna. Additional information about how Cigna determines the Maximum Reimbursable Charge is available upon request.

HC-DFS13

04-10
V8

Medicaid

The term Medicaid means a state program of medical aid for needy persons established under Title XIX of the Social Security Act of 1965 as amended.

HC-DFS16

04-10
V1

Medically Necessary/Medical Necessity

Medically Necessary Covered Services and Supplies are those determined by the Medical Director to be:

- required to diagnose or treat an illness, injury, disease or its symptoms;
- in accordance with generally accepted standards of medical practice;
- clinically appropriate in terms of type, frequency, extent, site and duration;
- not primarily for the convenience of the patient, Physician or other health care provider; and
- rendered in the least intensive setting that is appropriate for the delivery of the services and supplies. Where applicable, the Medical Director may compare the cost-effectiveness of alternative services, settings or supplies when determining least intensive setting.

HC-DFS19

04-10
V1

Medicare

The term Medicare means the program of medical care benefits provided under Title XVIII of the Social Security Act of 1965 as amended.

HC-DFS17

04-10
V1



Necessary Services and Supplies

The term Necessary Services and Supplies includes any charges, except charges for Bed and Board, made by a Hospital on its own behalf for medical services and supplies actually used during Hospital Confinement, any charges, by whomever made, for licensed ambulance service to or from the nearest Hospital where the needed medical care and treatment can be provided; and any charges, by whomever made, for the administration of anesthetics during Hospital Confinement.

The term Necessary Services and Supplies will not include any charges for special nursing fees, dental fees or medical fees.

HC-DFS21

04-10
V1

Nurse

The term Nurse means a Registered Graduate Nurse, a Licensed Practical Nurse or a Licensed Vocational Nurse who has the right to use the abbreviation "R.N.," "L.P.N." or "L.V.N."

HC-DFS22

04-10
V1

Other Health Care Facility/Other Health Professional

The term Other Health Care Facility means a facility other than a Hospital or hospice facility. Examples of Other Health Care Facilities include, but are not limited to, licensed skilled nursing facilities, rehabilitation Hospitals and subacute facilities. The term Other Health Professional means an individual other than a Physician who is licensed or otherwise authorized under the applicable state law to deliver medical services and supplies. Other Health Professionals include, but are not limited to physical therapists, registered nurses and licensed practical nurses. Other Health Professionals do not include providers such as Certified First Assistants, Certified Operating Room Technicians, Certified Surgical Assistants/Technicians, Licensed Certified Surgical Assistants/Technicians, Licensed Surgical Assistants, Orthopedic Physician Assistants and Surgical First Assistants.

HC-DFS23

04-10
V1

Participating Pharmacy

The term Participating Pharmacy means a retail Pharmacy with which Cigna has contracted to provide prescription services to insureds, or a designated home delivery Pharmacy with which Cigna has contracted to provide home delivery prescription services to insureds. A home delivery Pharmacy is a Pharmacy that provides Prescription Drugs through mail order.

HC-DFS60

04-10
V1

Participating Provider

The term Participating Provider means a hospital, a Physician or any other health care practitioner or entity that has a direct or indirect contractual arrangement with Cigna to provide covered services with regard to a particular plan under which the participant is covered.

HC-DFS45

04-10
V1

Patient Protection and Affordable Care Act of 2010 ("PPACA")

Patient Protection and Affordable Care Act of 2010 means the Patient Protection and Affordable Care Act of 2010 (Public Law 111-148) as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law 111-152).

HC-DFS412

01-11

Pharmacy

The term Pharmacy means a retail Pharmacy, or a home delivery Pharmacy.

HC-DFS61

04-10
V1



Pharmacy & Therapeutics (P & T) Committee

A committee of Cigna Participating Providers, Medical Directors and Pharmacy Directors which regularly reviews Prescription Drugs and Related Supplies for safety and efficacy. The P&T Committee evaluates Prescription Drugs and Related Supplies for potential addition to or deletion from the Prescription Drug List and may also set dosage and/or dispensing limits on Prescription Drugs and Related Supplies.

HC-DFS62

04-10
V1

Physician

The term Physician means a licensed medical practitioner who is practicing within the scope of his license and who is licensed to prescribe and administer drugs or to perform surgery. It will also include any other licensed medical practitioner whose services are required to be covered by law in the locality where the policy is issued if he is:

- operating within the scope of his license; and
- performing a service for which benefits are provided under this plan when performed by a Physician.

HC-DFS25

04-10
V1

Prescription Drug

Prescription Drug means; a drug which has been approved by the Food and Drug Administration for safety and efficacy; certain drugs approved under the Drug Efficacy Study Implementation review; or drugs marketed prior to 1938 and not subject to review, and which can, under federal or state law, be dispensed only pursuant to a Prescription Order.

HC-DFS63

04-10
V1

Prescription Drug List

Prescription Drug List means a listing of approved Prescription Drugs and Related Supplies. The Prescription Drugs and Related Supplies included in the Prescription Drug List have been approved in accordance with parameters established by the P&T Committee. The Prescription Drug List is regularly reviewed and updated.

HC-DFS64

04-10
V1

Prescription Order

Prescription Order means the lawful authorization for a Prescription Drug or Related Supply by a Physician who is duly licensed to make such authorization within the course of such Physician's professional practice or each authorized refill thereof.

HC-DFS65

04-10
V1

Preventive Treatment

The term Preventive Treatment means treatment rendered to prevent disease or its recurrence.

HC-DFS57

04-10
V1

Primary Care Physician

The term Primary Care Physician means a Physician who qualifies as a Participating Provider in general practice, internal medicine, family practice or pediatrics; and who has been selected by you, as authorized by Cigna, to provide or arrange for medical care for you or any of your insured Dependents.

HC-DFS40

04-10
V1

Psychologist

The term Psychologist means a person who is licensed or certified as a clinical psychologist. Where no licensure or certification exists, the term Psychologist means a person who is considered qualified as a clinical psychologist by a recognized psychological association. It will also include any other licensed counseling practitioner whose services are required to be covered by law in the locality where the policy is issued if he is operating within the scope of his license and performing a service for which benefits are provided under this plan when performed by a Psychologist.

HC-DFS26

04-10
V1

Related Supplies

Related Supplies means diabetic supplies (insulin needles and syringes, lancets and glucose test strips), needles and syringes



for injectables covered under the pharmacy plan, and spacers for use with oral inhalers.

HC-DFS68

04-10
V1

Review Organization

The term Review Organization refers to an affiliate of Cigna or another entity to which Cigna has delegated responsibility for performing utilization review services. The Review Organization is an organization with a staff of clinicians which may include Physicians, Registered Graduate Nurses, licensed mental health and substance abuse professionals, and other trained staff members who perform utilization review services.

HC-DFS30

04-10
V1

Sickness – For Medical Insurance

The term Sickness means a physical or mental illness. It also includes pregnancy. Expenses incurred for routine Hospital and pediatric care of a newborn child prior to discharge from the Hospital nursery will be considered to be incurred as a result of Sickness.

HC-DFS50

04-10
V1

Skilled Nursing Facility

The term Skilled Nursing Facility means a licensed institution (other than a Hospital, as defined) which specializes in:

- physical rehabilitation on an inpatient basis; or
- skilled nursing and medical care on an inpatient basis;

but only if that institution: maintains on the premises all facilities necessary for medical treatment; provides such treatment, for compensation, under the supervision of Physicians; and provides Nurses' services.

HC-DFS31

04-10
V1

Specialist

The term Specialist means a Physician who provides specialized services, and is not engaged in general practice, family practice, internal medicine, obstetrics/gynecology or pediatrics.

HC-DFS33

04-10
V1

Specialty Medication

The term Specialty Medication means high cost medications which are used to treat rare and chronic conditions which include, but are not limited to, multiple sclerosis, hepatitis C or rheumatoid arthritis.

HC-DFS69

04-10
V6

Stabilize

Stabilize means, with respect to an emergency medical condition, to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility.

HC-DFS413

01-11

Terminal Illness

A Terminal Illness will be considered to exist if a person becomes terminally ill with a prognosis of six months or less to live, as diagnosed by a Physician.

HC-DFS54

04-10
V1

Urgent Care

Urgent Care is medical, surgical, Hospital or related health care services and testing which are not Emergency Services, but which are determined by Cigna, in accordance with generally accepted medical standards, to have been necessary to treat a condition requiring prompt medical attention. This does not include care that could have been foreseen before leaving the immediate area where you ordinarily receive and/or were scheduled to receive services. Such care includes, but is not limited to, dialysis, scheduled medical treatments or therapy, or care received after a Physician's recommendation



that the insured should not travel due to any medical condition.

HC-DFS34

04-10

V1

City of Fort Lauderdale: Open Access Plus

Coverage Period: 01/01/2016 - 12/31/2016

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual/Individual + Family | Plan Type: OAP



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.cigna.com/sp/ or by calling 1-800-Cigna24

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	For in-network providers \$2,000 person / \$3,000 person + spouse or child / \$4,000 family For out-of-network providers \$2,000 person / \$3,000 person + spouse or child / \$4,000 family Deductible per person applies when the employee is the only person covered under the plan. Does not apply to in-network preventive care	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <u>deductible</u> .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes. For in-network providers \$5,000 person / \$7,000 person + spouse or child / \$10,000 family (no more than \$5,000 per person in the family) / For out-of-network providers \$5,000 person / \$7,000 person + spouse or child / \$10,000 family (no more than \$5,000 per person in the family) Out-of-pocket limit for person applies when the employee is the only person covered under the plan.	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Premium, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a <u>network</u> of <u>providers</u> ?	Yes. For a list of participating providers, see www.myCigna.com or call 1-800-Cigna24	If you use an in-network doctor or other health care <u>provider</u> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <u>provider</u> for some services. Plans use the term in-network, <u>preferred</u> , or participating for <u>providers</u> in their <u>network</u> . See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u> .

Questions: Call 1-800-Cigna24 or visit us at www.myCigna.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.cciio.cms.gov or call 1-800-Cigna24 to request a copy.

1 of 8

Important Questions	Answers	Why this Matters:
Do I need a referral to see a <u>specialist</u> ?	No. You don't need a referral to see a specialist.	You can see the <u>specialist</u> you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about <u>excluded services</u> .



- Co-payments are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- Co-insurance is *your* share of the costs of a covered service, calculated as a percent of the allowed amount of the service. For example, if the health plan's allowed amount for an overnight hospital stay is \$1,000, your co-insurance payment of 20% would be \$200. This may change if you haven't met your deductible.
- The amount the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. For example, if an out-of-network hospital charge is \$1,500 for an overnight stay and the allowed amount is \$1,000, you may have to pay the \$500 difference. (This is called balance billing.)
- This plan may encourage you to use in-network providers by charging you lower deductibles, co-payments and co-insurance amounts.

Common Medical Event	Services You May Need	Your Cost if you use an		Limitations & Exceptions
		In-Network Provider	Out-of-Network Provider	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	10% co-insurance	30% co-insurance	-----none-----
	Specialist visit	10% co-insurance	30% co-insurance	-----none-----
	Other practitioner office visit	10% co-insurance for chiropractor	30% co-insurance	Coverage for Chiropractic care is limited to 20 days annual max.
	Preventive care/screening/immunization	No charge	30% co-insurance	Preventive care and immunizations for children through age 15 are covered out-of-network with no deductible
If you have a test	Diagnostic test (x-ray, blood work)	10% co-insurance	30% co-insurance	-----none-----
	Imaging (CT/PET scans, MRIs)	10% co-insurance	30% co-insurance	50% penalty for no precertification.

Questions: Call 1-800-Cigna24 or visit us at www.myCigna.com.

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Common Medical Event	Services You May Need	Your Cost if you use an		Limitations & Exceptions
		In-Network Provider	Out-of-Network Provider	
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.myCigna.com	Generic drugs	30% co-insurance/prescription (retail), 30% co-insurance/prescription (home delivery)	Not Covered	Coverage is limited up to a 30-day supply (retail) and a 90-day supply (home delivery)
	Preferred brand drugs	40% co-insurance/prescription (retail), 40% co-insurance/prescription (home delivery)	Not Covered	Coverage is limited up to a 30-day supply (retail) and a 90-day supply (home delivery)
	Non-preferred brand drugs	60% co-insurance/prescription (retail), 60% co-insurance/prescription (home delivery)	Not Covered	Coverage is limited up to a 30-day supply (retail) and a 90-day supply (home delivery)
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% co-insurance	30% co-insurance	50% penalty for no precertification.
	Physician/surgeon fees	10% co-insurance	30% co-insurance	50% penalty for no precertification.
If you need immediate medical attention	Emergency room services	10% co-insurance	10% co-insurance	-----none-----
	Emergency medical transportation	10% co-insurance	10% co-insurance	-----none-----
	Urgent care	10% co-insurance	10% co-insurance	-----none-----
If you have a hospital stay	Facility fee (e.g., hospital room)	10% co-insurance	30% co-insurance	50% penalty for no precertification.
	Physician/surgeon fees	10% co-insurance	30% co-insurance	50% penalty for no precertification.
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	10% co-insurance	30% co-insurance	50% penalty for no precertification.
	Mental/Behavioral health inpatient services	10% co-insurance	30% co-insurance	50% penalty for no precertification.
	Substance use disorder outpatient services	10% co-insurance	30% co-insurance	50% penalty for no precertification.
	Substance use disorder inpatient services	10% co-insurance	30% co-insurance	50% penalty for no precertification.
If you are pregnant	Prenatal and postnatal care	10% co-insurance	30% co-insurance	-----none-----
	Delivery and all inpatient services	10% co-insurance	30% co-insurance	50% penalty for no precertification.

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Common Medical Event	Services You May Need	Your Cost if you use an		Limitations & Exceptions
		In-Network Provider	Out-of-Network Provider	
If you need help recovering or have other special health needs	Home health care	10% co-insurance	30% co-insurance	50% penalty for no precertification. Coverage is limited to 60 days annual max. Maximums cross-accumulate.
	Rehabilitation services	10% co-insurance	30% co-insurance	50% penalty for failure to precertify speech therapy services. Coverage is limited to annual max of: 60 days per therapy for Rehabilitation services; 18 days for Cardiac rehab services
	Habilitation services	Not Covered	Not Covered	-----none-----
	Skilled nursing care	10% co-insurance	30% co-insurance	50% penalty for no precertification. Coverage is limited to 90 days annual max
	Durable medical equipment	10% co-insurance	30% co-insurance	50% penalty for no precertification.
	Hospice services	10% co-insurance	30% co-insurance	50% penalty for no precertification.
If your child needs dental or eye care	Eye Exam	Not Covered	Not Covered	-----none-----
	Glasses	Not Covered	Not Covered	-----none-----
	Dental check-up	Not Covered	Not Covered	-----none-----

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Excluded Services & Other Covered Services

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other <u>excluded services</u> .)		
<ul style="list-style-type: none"> • Cosmetic surgery • Dental care (Adult) • Dental care (Children) • Eye care (Children) • Habilitation services • Hearing aids 	<ul style="list-style-type: none"> • Infertility treatment • Long-term care • Non-emergency care when traveling outside the U.S. • Private-duty nursing • Routine eye care (Adult) • Routine foot care 	<ul style="list-style-type: none"> • Weight loss programs
Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)		
<ul style="list-style-type: none"> • Acupuncture • Bariatric surgery • Chiropractic care 		

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Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a premium, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-800-Cigna24. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact Cigna Customer service at 1-800-Cigna24. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." This plan or policy does provide minimum essential coverage.

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). This health coverage does meet the minimum value standard for the benefits it provides.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-244-6224.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-244-6224.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-244-6224.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-244-6224.

-----To see examples of how this plan might cover costs for a sample medical situation, see the next page.-----

Questions: Call 1-800-Cigna24 or visit us at www.myCigna.com.

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Coverage Examples

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Note: These numbers assume enrollment in individual-only coverage.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays: \$4,970
- Patient pays: \$2,570

Sample care costs:

Hospital charges (mother)	\$2,700
Routine Obstetric Care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductible	\$2,000
Co-pays	\$0
Co-insurance	\$540
Limits or exclusions	\$30
Total	\$2,570

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays: \$2,270
- Patient pays: \$3,130

Sample care costs:

Prescriptions	\$2,900
Medical equipment and supplies	\$1,300
Office visits & procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductible	\$2,000
Co-pays	\$0
Co-insurance	\$850
Limits or exclusions	\$280
Total	\$3,130

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Questions and answers about the Coverage Examples:


What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or pre existing condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.


What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, co-payments, and co-insurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.


Does the Coverage Example predict my own care needs?

 No. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.


Does the Coverage Example predict my future expenses?

 No. Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

 Yes. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

 Yes. An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as co-payments, deductibles, and co-insurance. You also should consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Plan ID: 5006766 BenefitVersion: 5
Plan Name: High Deductible Health Plan
Kit Track: SBM17795

Questions: Call 1-800-Cigna24 or visit us at www.myCigna.com.

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City of Fort Lauderdale: Choice Fund Open Access Plus HRA

Coverage Period: 01/01/2016 - 12/31/2016

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual/Individual + Family | Plan Type: OAP



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.cigna.com/sp/ or by calling 1-800-Cigna24

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	For in-network providers \$2,000 person / \$3,000 person + spouse or child / \$4,000 family For out-of-network providers \$2,000 person / \$3,000 person + spouse or child / \$4,000 family Deductible per person applies when the employee is the only person covered under the plan. Does not apply to in-network preventive care Amount your employer contributes to your account: Up to \$750 person / \$1,000 person + spouse or child / \$1,500 family.	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <u>deductible</u> .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes. For in-network providers \$5,000 person / \$7,000 person + spouse or child / \$10,000 family (no more than \$5,000 per person in the family)/ For out-of-network providers \$5,000 person / \$7,000 person + spouse or child / \$10,000 family. (no more than \$5,000 per person in the family) Out-of-pocket limit for person applies when the employee is the only person covered under the plan.	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Premium, balance-billed charges, penalties for no pre-authorization, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.

Questions: Call 1-800-Cigna24 or visit us at www.myCigna.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.cciio.cms.gov or call 1-800-Cigna24 to request a copy.

1 of 8

Important Questions	Answers	Why this Matters:
Does this plan use a <u>network of providers</u> ?	Yes. For a list of participating providers, see www.myCigna.com or call 1-800-Cigna24	If you use an in-network doctor or other health care <u>provider</u> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <u>provider</u> for some services. Plans use the term in-network, <u>preferred</u> , or participating for <u>providers</u> in their <u>network</u> . See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u> .
Do I need a referral to see a <u>specialist</u> ?	No. You don't need a referral to see a specialist.	You can see the <u>specialist</u> you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about <u>excluded services</u> .



- Co-payments are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- Co-insurance is *your* share of the costs of a covered service, calculated as a percent of the allowed amount of the service. For example, if the health plan's allowed amount for an overnight hospital stay is \$1,000, your co-insurance payment of 20% would be \$200. This may change if you haven't met your deductible.
- The amount the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. For example, if an out-of-network hospital charge is \$1,500 for an overnight stay and the allowed amount is \$1,000, you may have to pay the \$500 difference. (This is called balance billing.)
- This plan may encourage you to use in-network providers by charging you lower deductibles, co-payments and co-insurance amounts.

Common Medical Event	Services You May Need	Your Cost if you use an		Limitations & Exceptions
		In-Network Provider	Out-of-Network Provider	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	10% co-insurance	30% co-insurance	-----none-----
	Specialist visit	10% co-insurance	30% co-insurance	-----none-----
	Other practitioner office visit	10% co-insurance for chiropractor	30% co-insurance	Coverage for Chiropractic care is limited to 20 days annual max.
	Preventive care/screening/immunization	No charge	30% co-insurance	Preventive care and immunizations for children through age 15 are covered out-of-network with no deductible

Questions: Call 1-800-Cigna24 or visit us at www.myCigna.com.

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Common Medical Event	Services You May Need	Your Cost if you use an		Limitations & Exceptions
		In-Network Provider	Out-of-Network Provider	
If you have a test	Diagnostic test (x-ray, blood work)	10% co-insurance	30% co-insurance	-----none-----
	Imaging (CT/PET scans, MRIs)	10% co-insurance	30% co-insurance	50% penalty for no precertification.
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.myCigna.com	Generic drugs	30% co-insurance/prescription (retail), 30% co-insurance/prescription (home delivery)	Not Covered	Coverage is limited up to a 30-day supply (retail) and a 90-day supply (home delivery)
	Preferred brand drugs	40% co-insurance/prescription (retail), 40% co-insurance/prescription (home delivery)	Not Covered	Coverage is limited up to a 30-day supply (retail) and a 90-day supply (home delivery)
	Non-preferred brand drugs	60% co-insurance/prescription (retail), 60% co-insurance/prescription (home delivery)	Not Covered	Coverage is limited up to a 30-day supply (retail) and a 90-day supply (home delivery)
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% co-insurance	30% co-insurance	50% penalty for no precertification.
	Physician/surgeon fees	10% co-insurance	30% co-insurance	50% penalty for no precertification.
If you need immediate medical attention	Emergency room services	10% co-insurance	10% co-insurance	-----none-----
	Emergency medical transportation	10% co-insurance	10% co-insurance	-----none-----
	Urgent care	10% co-insurance	10% co-insurance	-----none-----
If you have a hospital stay	Facility fee (e.g., hospital room)	10% co-insurance	30% co-insurance	50% penalty for no precertification.
	Physician/surgeon fees	10% co-insurance	30% co-insurance	50% penalty for no precertification.
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	10% co-insurance	30% co-insurance	50% penalty for no precertification.
	Mental/Behavioral health inpatient services	10% co-insurance	30% co-insurance	50% penalty for no precertification.
	Substance use disorder outpatient services	10% co-insurance	30% co-insurance	50% penalty for no precertification.
	Substance use disorder inpatient services	10% co-insurance	30% co-insurance	50% penalty for no precertification.

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Common Medical Event	Services You May Need	Your Cost if you use an		Limitations & Exceptions
		In-Network Provider	Out-of-Network Provider	
If you are pregnant	Prenatal and postnatal care	10% co-insurance	30% co-insurance	-----none-----
	Delivery and all inpatient services	10% co-insurance	30% co-insurance	50% penalty for no precertification.
If you need help recovering or have other special health needs	Home health care	10% co-insurance	30% co-insurance	50% penalty for no precertification. Coverage is limited to 60 days annual max. Maximums cross-accumulate.
	Rehabilitation services	10% co-insurance	30% co-insurance	50% penalty for failure to precertify speech therapy services. Coverage is limited to annual max of: 60 days per therapy for Rehabilitation services; 18 days for Cardiac rehab services
	Habilitation services	Not Covered	Not Covered	-----none-----
	Skilled nursing care	10% co-insurance	30% co-insurance	50% penalty for no precertification. Coverage is limited to 90 days annual max
	Durable medical equipment	10% co-insurance	30% co-insurance	50% penalty for no precertification.
	Hospice services	10% co-insurance	30% co-insurance	50% penalty for no precertification.
If your child needs dental or eye care	Eye Exam	Not Covered	Not Covered	-----none-----
	Glasses	Not Covered	Not Covered	-----none-----
	Dental check-up	Not Covered	Not Covered	-----none-----

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Excluded Services & Other Covered Services

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other <u>excluded services</u> .)		
<ul style="list-style-type: none"> • Cosmetic surgery • Dental care (Adult) • Dental care (Children) • Eye care (Children) • Habilitation services • Hearing aids 	<ul style="list-style-type: none"> • Infertility treatment • Long-term care • Non-emergency care when traveling outside the U.S. • Private-duty nursing • Routine eye care (Adult) • Routine foot care 	<ul style="list-style-type: none"> • Weight loss programs
Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)		
<ul style="list-style-type: none"> • Acupuncture • Bariatric surgery • Chiropractic care 		

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For more information on your rights to continue coverage, contact the plan at 1-800-Cigna24. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

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The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." This plan or policy does provide minimum essential coverage.

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Spanish (Español): Para obtener asistencia en Español, llame al 1-800-244-6224.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-244-6224.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-244-6224.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-244-6224.

-----To see examples of how this plan might cover costs for a sample medical situation, see the next page.-----

Questions: Call 1-800-Cigna24 or visit us at www.myCigna.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.cciio.cms.gov or call 1-800-Cigna24 to request a copy.

Coverage Examples

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples. Please consider any contributions you may receive in an HRA, HSA or FSA.

Note: These numbers assume enrollment in individual-only coverage.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays: \$4,970
- Patient pays: \$2,570

Sample care costs:

Hospital charges (mother)	\$2,700
Routine Obstetric Care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductible	\$2,000
Co-pays	\$0
Co-insurance	\$540
Limits or exclusions	\$30
Total	\$2,570

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays: \$2,270
- Patient pays: \$3,130

Sample care costs:

Prescriptions	\$2,900
Medical equipment and supplies	\$1,300
Office visits & procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductible	\$2,000
Co-pays	\$0
Co-insurance	\$850
Limits or exclusions	\$280
Total	\$3,130

Questions: Call 1-800-Cigna24 or visit us at www.myCigna.com.

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Questions and answers about the Coverage Examples:


What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or pre existing condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.


What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, co-payments, and co-insurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.


Does the Coverage Example predict my own care needs?

 No. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.


Does the Coverage Example predict my future expenses?

 No. Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

 Yes. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

 Yes. An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as co-payments, deductibles, and co-insurance. You also should consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Plan ID: 4406443 BenefitVersion: 5
Plan Name: Choice Fund (CDHP)
Kit Track: SBM17794

Questions: Call 1-800-Cigna24 or visit us at www.myCigna.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.cciio.cms.gov or call 1-800-Cigna24 to request a copy.

City of Fort Lauderdale: Open Access Plus IN

Coverage Period: 01/01/2016 - 12/31/2016

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual/Individual + Family | Plan Type: OAP



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.cigna.com/sp/ or by calling 1-800-Cigna24

Important Questions	Answers	Why this Matters:
What is the overall deductible?	\$0	See the chart starting on page 2 for your costs for services this plan covers.
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes. For in-network providers \$5,000 person / \$7,000 person + spouse or child / \$10,000 family	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Premium, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a <u>network</u> of <u>providers</u> ?	Yes. For a list of participating providers, see www.myCigna.com or call 1-800-Cigna24	If you use an in-network doctor or other health care <u>provider</u> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <u>provider</u> for some services. Plans use the term in-network, <u>preferred</u> , or participating for <u>providers</u> in their <u>network</u> . See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u> .
Do I need a referral to see a <u>specialist</u> ?	No. You don't need a referral to see a specialist.	You can see the <u>specialist</u> you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about <u>excluded services</u> .

Questions: Call 1-800-Cigna24 or visit us at www.myCigna.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.cciio.cms.gov or call 1-800-Cigna24 to request a copy.

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- Co-payments are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- Co-insurance is *your* share of the costs of a covered service, calculated as a percent of the allowed amount of the service. For example, if the health plan's allowed amount for an overnight hospital stay is \$1,000, your co-insurance payment of 20% would be \$200. This may change if you haven't met your deductible.
- The amount the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. For example, if an out-of-network hospital charge is \$1,500 for an overnight stay and the allowed amount is \$1,000, you may have to pay the \$500 difference. (This is called balance billing.)
- This plan may encourage you to use in-network providers by charging you lower deductibles, co-payments and co-insurance amounts.

Common Medical Event	Services You May Need	Your Cost if you use an		Limitations & Exceptions
		In-Network Provider	Out-of-Network Provider	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$40 co-pay/visit	Not Covered	-----none-----
	Specialist visit	\$60 co-pay/visit	Not Covered	-----none-----
	Other practitioner office visit	\$60 co-pay/visit for chiropractor	Not Covered	Coverage for Chiropractic care is limited to 20 days annual max.
	Preventive care/screening/immunization	No charge	Not Covered	-----none-----
If you have a test	Diagnostic test (x-ray, blood work)	10% co-insurance	Not Covered	-----none-----
	Imaging (CT/PET scans, MRIs)	\$200 co-pay per type of scan/day	Not Covered	-----none-----
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.myCigna.com	Generic drugs	\$20 co-pay/prescription (retail), \$40 co-pay/ prescription (home delivery)	Not Covered	Coverage is limited up to a 30-day supply (retail) and a 90-day supply (home delivery)
	Preferred brand drugs	\$40 co-pay/prescription (retail), \$80 co-pay/ prescription (home delivery)	Not Covered	Coverage is limited up to a 30-day supply (retail) and a 90-day supply (home delivery)
	Non-preferred brand drugs	\$60 co-pay/prescription (retail), \$120 co-pay/ prescription (home delivery)	Not Covered	Coverage is limited up to a 30-day supply (retail) and a 90-day supply (home delivery)

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Common Medical Event	Services You May Need	Your Cost if you use an		Limitations & Exceptions
		In-Network Provider	Out-of-Network Provider	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$500 co-pay/visit	Not Covered	In-network per visit co-pay is waived for non-surgical procedures. Upper GI \$200 co-pay/visit
	Physician/surgeon fees	No charge	Not Covered	-----none-----
If you need immediate medical attention	Emergency room services	\$200 co-pay/visit	\$200 co-pay/visit	Per visit co-pay is waived if admitted
	Emergency medical transportation	No charge	No charge	-----none-----
	Urgent care	\$60 co-pay/visit	\$60 co-pay/visit	Per visit co-pay is waived if admitted
If you have a hospital stay	Facility fee (e.g., hospital room)	\$500 co-pay/day	Not Covered	\$2500 maximum out of pocket per calendar year
	Physician/surgeon fees	No charge	Not Covered	-----none-----
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$40 co-pay/office visit and No charge/other outpatient services	Not Covered	-----none-----
	Mental/Behavioral health inpatient services	\$500 co-pay/day	Not Covered	\$2500 maximum out of pocket per calendar year
	Substance use disorder outpatient services	\$40 co-pay/office visit and No charge/other outpatient services	Not Covered	-----none-----
	Substance use disorder inpatient services	\$500 co-pay/day	Not Covered	\$2500 maximum out of pocket per calendar year
If you are pregnant	Prenatal and postnatal care	No charge	Not Covered	-----none-----
	Delivery and all inpatient services	\$500 co-pay/day	Not Covered	\$2500 maximum out of pocket per calendar year

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Common Medical Event	Services You May Need	Your Cost if you use an		Limitations & Exceptions
		In-Network Provider	Out-of-Network Provider	
If you need help recovering or have other special health needs	Home health care	10% co-insurance	Not Covered	-----none-----
	Rehabilitation services	\$20 co-pay/visit	Not Covered	Coverage is limited to annual max of: 60 days per therapy for Rehabilitation services; 18 days for Cardiac rehab services
	Habilitation services	Not Covered	Not Covered	-----none-----
	Skilled nursing care	10% co-insurance	Not Covered	Coverage is limited to 90 days annual max
	Durable medical equipment	10% co-insurance	Not Covered	-----none-----
	Hospice services	10% co-insurance	Not Covered	-----none-----
If your child needs dental or eye care	Eye Exam	Not Covered	Not Covered	-----none-----
	Glasses	Not Covered	Not Covered	-----none-----
	Dental check-up	Not Covered	Not Covered	-----none-----

Excluded Services & Other Covered Services

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other <u>excluded services</u> .)		
<ul style="list-style-type: none"> • Cosmetic surgery • Dental care (Adult) • Dental care (Children) • Eye care (Children) • Habilitation services • Hearing aids 	<ul style="list-style-type: none"> • Infertility treatment • Long-term care • Non-emergency care when traveling outside the U.S. • Private-duty nursing • Routine eye care (Adult) • Routine foot care 	<ul style="list-style-type: none"> • Weight loss programs

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)		
<ul style="list-style-type: none"> • Acupuncture • Bariatric surgery • Chiropractic care 		

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Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a premium, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-800-Cigna24. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact Cigna Customer service at 1-800-Cigna24. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." This plan or policy does provide minimum essential coverage.

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). This health coverage does meet the minimum value standard for the benefits it provides.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-244-6224.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-244-6224.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-244-6224.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-244-6224.

-----To see examples of how this plan might cover costs for a sample medical situation, see the next page.-----

Questions: Call 1-800-Cigna24 or visit us at www.myCigna.com.

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Coverage Examples

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Note: These numbers assume enrollment in individual-only coverage.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays: \$6,870
- Patient pays: \$670

Sample care costs:

Hospital charges (mother)	\$2,700
Routine Obstetric Care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductible	\$0
Co-pays	\$640
Co-insurance	\$0
Limits or exclusions	\$30
Total	\$670

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays: \$3,640
- Patient pays: \$1,760

Sample care costs:

Prescriptions	\$2,900
Medical equipment and supplies	\$1,300
Office visits & procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductible	\$0
Co-pays	\$1,480
Co-insurance	\$0
Limits or exclusions	\$280
Total	\$1,760

Questions: Call 1-800-Cigna24 or visit us at www.myCigna.com.

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Questions and answers about the Coverage Examples:


What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or pre existing condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.


What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, co-payments, and co-insurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.


Does the Coverage Example predict my own care needs?

 No. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.


Does the Coverage Example predict my future expenses?

 No. Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

 Yes. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

 Yes. An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as co-payments, deductibles, and co-insurance. You also should consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Plan ID: 4406436 BenefitVersion: 5
Plan Name: OAPIN 1 (HMO1)
Kit Track: SBM17792

Questions: Call 1-800-Cigna24 or visit us at www.myCigna.com.

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City of Fort Lauderdale: Open Access Plus IN

Coverage Period: 01/01/2016 - 12/31/2016

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual/Individual + Family | Plan Type: OAP



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.cigna.com/sp/ or by calling 1-800-Cigna24

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	For in-network providers \$1,000 person / \$2,000 person + spouse or child / \$3,000 family Does not apply to in-network preventive care, in-network office visits, emergency room visits, urgent care facility visits, prescription drugs Co-payments don't count toward the deductible.	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <u>deductible</u> .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes. For in-network providers \$6,350 person / \$10,000 person + spouse or child / \$12,700 family	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Premium, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a <u>network</u> of <u>providers</u> ?	Yes. For a list of participating providers, see www.myCigna.com or call 1-800-Cigna24	If you use an in-network doctor or other health care <u>provider</u> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <u>provider</u> for some services. Plans use the term in-network, <u>preferred</u> , or participating for <u>providers</u> in their <u>network</u> . See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u> .
Do I need a referral to see a <u>specialist</u> ?	No. You don't need a referral to see a specialist.	You can see the <u>specialist</u> you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about <u>excluded services</u> .

Questions: Call 1-800-Cigna24 or visit us at www.myCigna.com.

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1 of 7



- Co-payments are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- Co-insurance is *your* share of the costs of a covered service, calculated as a percent of the allowed amount of the service. For example, if the health plan's allowed amount for an overnight hospital stay is \$1,000, your co-insurance payment of 20% would be \$200. This may change if you haven't met your deductible.
- The amount the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. For example, if an out-of-network hospital charge is \$1,500 for an overnight stay and the allowed amount is \$1,000, you may have to pay the \$500 difference. (This is called balance billing.)
- This plan may encourage you to use in-network providers by charging you lower deductibles, co-payments and co-insurance amounts.

Common Medical Event	Services You May Need	Your Cost if you use an		Limitations & Exceptions
		In-Network Provider	Out-of-Network Provider	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$40 co-pay/visit	Not Covered	-----none-----
	Specialist visit	\$60 co-pay/visit	Not Covered	-----none-----
	Other practitioner office visit	\$60 co-pay/visit for chiropractor	Not Covered	Coverage for Chiropractic care is limited to 20 days annual max.
	Preventive care/screening/immunization	No charge	Not Covered	-----none-----
If you have a test	Diagnostic test (x-ray, blood work)	10% co-insurance	Not Covered	-----none-----
	Imaging (CT/PET scans, MRIs)	\$200 co-pay per type of scan/day	Not Covered	-----none-----
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.myCigna.com	Generic drugs	\$20 co-pay/prescription (retail), \$40 co-pay/ prescription (home delivery)	Not Covered	Coverage is limited up to a 30-day supply (retail) and a 90-day supply (home delivery)
	Preferred brand drugs	\$40 co-pay/prescription (retail), \$80 co-pay/ prescription (home delivery)	Not Covered	Coverage is limited up to a 30-day supply (retail) and a 90-day supply (home delivery)
	Non-preferred brand drugs	\$60 co-pay/prescription (retail), \$120 co-pay/ prescription (home delivery)	Not Covered	Coverage is limited up to a 30-day supply (retail) and a 90-day supply (home delivery)

Questions: Call 1-800-Cigna24 or visit us at www.myCigna.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.cciio.cms.gov or call 1-800-Cigna24 to request a copy.

Common Medical Event	Services You May Need	Your Cost if you use an		Limitations & Exceptions
		In-Network Provider	Out-of-Network Provider	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% co-insurance	Not Covered	-----none-----
	Physician/surgeon fees	No charge	Not Covered	-----none-----
If you need immediate medical attention	Emergency room services	\$200 co-pay/visit	\$200 co-pay/visit	Per visit co-pay is waived if admitted
	Emergency medical transportation	\$100 co-pay	\$100 co-pay	-----none-----
	Urgent care	\$60 co-pay/visit	\$60 co-pay/visit	Per visit co-pay is waived if admitted
If you have a hospital stay	Facility fee (e.g., hospital room)	20% co-insurance	Not Covered	-----none-----
	Physician/surgeon fees	20% co-insurance	Not Covered	-----none-----
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$40 co-pay/office visit and 20% co-insurance/other outpatient services	Not Covered	-----none-----
	Mental/Behavioral health inpatient services	20% co-insurance	Not Covered	-----none-----
	Substance use disorder outpatient services	\$40 co-pay/office visit and 20% co-insurance/other outpatient services	Not Covered	-----none-----
	Substance use disorder inpatient services	20% co-insurance	Not Covered	-----none-----
If you are pregnant	Prenatal and postnatal care	20% co-insurance	Not Covered	-----none-----
	Delivery and all inpatient services	20% co-insurance	Not Covered	-----none-----

Questions: Call 1-800-Cigna24 or visit us at www.myCigna.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.cciio.cms.gov or call 1-800-Cigna24 to request a copy.

Common Medical Event	Services You May Need	Your Cost if you use an		Limitations & Exceptions
		In-Network Provider	Out-of-Network Provider	
If you need help recovering or have other special health needs	Home health care	20% co-insurance	Not Covered	-----none-----
	Rehabilitation services	\$20 co-pay/visit	Not Covered	Coverage is limited to annual max of: 60 days per therapy for Rehabilitation services; 18 days for Cardiac rehab services
	Habilitation services	Not Covered	Not Covered	-----none-----
	Skilled nursing care	20% co-insurance	Not Covered	Coverage is limited to 90 days annual max
	Durable medical equipment	20% co-insurance	Not Covered	-----none-----
	Hospice services	20% co-insurance	Not Covered	-----none-----
If your child needs dental or eye care	Eye Exam	Not Covered	Not Covered	-----none-----
	Glasses	Not Covered	Not Covered	-----none-----
	Dental check-up	Not Covered	Not Covered	-----none-----

Excluded Services & Other Covered Services

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other <u>excluded services</u> .)		
<ul style="list-style-type: none"> • Cosmetic surgery • Dental care (Adult) • Dental care (Children) • Eye care (Children) • Habilitation services • Hearing aids 	<ul style="list-style-type: none"> • Infertility treatment • Long-term care • Non-emergency care when traveling outside the U.S. • Private-duty nursing • Routine eye care (Adult) • Routine foot care 	<ul style="list-style-type: none"> • Weight loss programs

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)		
<ul style="list-style-type: none"> • Acupuncture • Bariatric surgery • Chiropractic care 		

Questions: Call 1-800-Cigna24 or visit us at www.myCigna.com.

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Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a premium, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-800-Cigna24. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact Cigna Customer service at 1-800-Cigna24. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." This plan or policy does provide minimum essential coverage.

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). This health coverage does meet the minimum value standard for the benefits it provides.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-244-6224.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-244-6224.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-244-6224.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-244-6224.

-----To see examples of how this plan might cover costs for a sample medical situation, see the next page.-----

Questions: Call 1-800-Cigna24 or visit us at www.myCigna.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.cciio.cms.gov or call 1-800-Cigna24 to request a copy.

Coverage Examples

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Note: These numbers assume enrollment in individual-only coverage.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays: \$5,130
- Patient pays: \$2,410

Sample care costs:

Hospital charges (mother)	\$2,700
Routine Obstetric Care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductible	\$1,000
Co-pays	\$140
Co-insurance	\$1,240
Limits or exclusions	\$30
Total	\$2,410

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays: \$3,500
- Patient pays: \$1,900

Sample care costs:

Prescriptions	\$2,900
Medical equipment and supplies	\$1,300
Office visits & procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductible	\$140
Co-pays	\$1,480
Co-insurance	\$0
Limits or exclusions	\$280
Total	\$1,900

Questions: Call 1-800-Cigna24 or visit us at www.myCigna.com.

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Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or pre existing condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, co-payments, and co-insurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

✗ No. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

✗ No. Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ Yes. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ Yes. An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as co-payments, deductibles, and co-insurance. You also should consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Plan ID: 4406439 BenefitVersion: 5
Plan Name: OAPIN2 (HMO2)
Kit Track: SBM17793

Questions: Call 1-800-Cigna24 or visit us at www.myCigna.com.

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2016 CIGNA STANDARD PRESCRIPTION DRUG LIST

Three-Tier Plan

This document represents a list of the most commonly prescribed medications covered under your plan, in an easy-to-read format. If you do not see a specific medication on this list, please check myCigna.com to see all of the medications covered under your plan.

Choosing the medication that is right for you is between you and your doctor. Every medication available on Cigna's prescription drug list has been approved by the U.S. Food and Drug Administration (FDA). If there is more than one medication appropriate for your condition, we encourage you to talk to your doctor about low cost medications like generics and preferred brands, as they will help to manage your prescription costs.

Your three-tier prescription drug list

A three-tier prescription drug list splits medications into three categories (or tiers):

1st Tier – Generic Medications have the same strength and active ingredients as the brand name – but often cost much less. You will usually pay less for generic medications under a three-tier plan. If one's available, you should consider switching to a generic to treat your condition.

Together, all the way.®



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates.

CAM #16-0901

Exhibit 1

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2nd Tier – Preferred Brand Medications will usually cost more than a generic, but may cost less than a non-preferred brand on a three-tier plan.

3rd Tier – Non-Preferred Brand Medications generally have generic alternatives and/or one or more preferred brand options within the same drug class. You will usually pay more for non-preferred medications on a three-tier plan.

Understanding Cigna's prescription drug list

Every year Cigna updates this drug list to reflect any changes to the list of covered prescription drugs. Examples of changes that may impact you include brand name medications may change tiers or may no longer be covered. In addition, any new FDA approved drug product (including but not limited to medications, medical supplies or devices that are covered under standard pharmacy benefit plans) available in the marketplace will not be covered[^] for the first six months after the product receives FDA new drug approval. This document includes a summary of key changes made to common medications effective January 1, 2016.

Use the Prescription Drug Price Quote tool on **myCigna.com** to price a medication and see the lower cost options available to you at your selected retail pharmacy and Cigna Home Delivery Pharmacy. *Please note: this list is subject to change.*

[^]With limited exceptions, if your doctor feels currently covered medications aren't right for you, he or she can ask Cigna to consider authorizing coverage of your medication.

The symbols on the list mean

If a medication on the list has one of the following symbols, your doctor may have to get an authorization (approval) for coverage of that medication.

- PA:** **Prior Authorization** may be required for different reasons. To learn the requirements needed for coverage of a specific medication, feel free to give us a call.
- QL:** **Quantity Limit** means you may have coverage for a limited amount of a specific medication.
- AGE:** **Age Requirement** means that a person must be within a specific age group for a specific medication to be covered.
- ST:** **Step Therapy** is a prior authorization program that requires you to try other medications available to treat the same condition before the medication with the "ST" is covered.

myCigna.com

Our customer website that can help you manage your prescription coverage:

When you visit **myCigna.com**, you can:

- Look up the details of your specific pharmacy plan
- View your drug list to research thousands of available medications
- Compare medication prices using the Prescription Drug Price Quote tool
- Ask a pharmacist questions
- And much, much more!

Cigna Home Delivery Pharmacy

Cigna Home Delivery Pharmacy is designed for people who take prescription medications on a regular basis (including specialty medications). By choosing Cigna Home Delivery Pharmacy you can get:

- Licensed pharmacists available to help 24/7
- Up to a 90-day supply of your medications
- Free, convenient delivery right to your home
- **QuickFill**, our automatic refill reminder service
- To get started, give us a call at **1.800.835.3784**

Save time with the convenience of Cigna Home Delivery Pharmacy

For more information, visit the Cigna Home Delivery Pharmacy page on **myCigna.com**.

Health care reform and you

The Patient Protection and Affordable Care Act (PPACA), commonly referred to as “health care reform,” was signed into law on March 23, 2010. Certain Preventive Medications (including some over the counter medications) may be available to you at no cost sharing. To get the most current information, visit **www.informedonreform.com** or **Cigna.com** and look for the Preventive Services section within the “Informed on Reform” link.

If you have questions

Please call the toll-free number on the back of your Cigna ID card. We’re here to help.

2016 Cigna prescription drug list

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
ADD/ADHD AND STIMULANTS		
amphetamine/ dextroamphetamine clonidine HCl dexmethylphenidate HCl dexmethylphenidate HCl ER guanfacine methamphetamine methylphenidate HCl methylphenidate/ER/ 24 HR ER modafinil (PA)	Adderall XR Focalin XR Ritalin LA 10 mg Strattera Vyvanse	Adderall (PA,ST) amphetamine/ dextroamphetamine XR Aptensio XR (PA,ST) Concerta (PA,ST) Daytrana (PA,ST) Desoxyn (PA,ST) Dexedrine (PA,ST) Evekeo (PA,ST) Focalin (PA,ST) Intuniv Kapvay Metadate CD (PA,ST) Methylin (PA,ST) Nuvigil (PA) Provigil (PA) Quillivant XR (PA,ST) Ritalin (PA,ST) Ritalin ER Ritalin LA 20 mg, 30 mg, 40 mg, 60 mg (PA,ST) Ritalin SR (PA,ST) Xyrem (PA) Zenzedi (PA,ST)
AIDS/HIV		
abacavir abacavir/lamivudine/ zidovudine didanosine lamivudine lamivudine/zidovudine nevirapine nevirapine ER stavudine zidovudine	Aptivus Crixivan Emtriva Epivir solution Epzicom Fuzeon Invirase Isentress Kaletra Lexiva Norvir Prezista Rescriptor Reyataz Selzentry Sustiva Truvada Viracept Viramune XR Viread	Atripla Combivir Complera Edurant Epivir Evotaz Fulyzaq Intelence Prezcobix Retrovir Stribild Tivicay Triumeq Trizivir Tybost Videx Viramune Vitekta Zerit Ziagen CAM #16-0901

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
ALLERGY		
azelastine HCl azelastine nasal budesonide clemastine fumarate cyproheptadine desloratadine epinephrine (QL) flunisolide nasal fluticasone nasal hydroxyzine ipratropium nasal levocetirizine montelukast olopatadine nasal spray triamcinolone nasal	Astepro Epipen (QL) Nasonex Veramyst	Adrenaclick (QL) Atrovent (nasal) Auvi-Q (QL) Beconase AQ (PA,ST) Children's QNASL Dymista (PA,ST) Karbinal ER Omnaris (PA,ST) Patanase QNASL (PA,ST) Rhinocort AQ (PA,ST) Semprex-D Singulair Xyzal Zetonna (PA,ST)
ALZHEIMER'S DISEASE		
donepezil donepezil HCl galantamine hydrobromide memantine rivastigmine (caps)		Aricept Aricept ODT Exelon Namenda Namenda XR Namzaric Razadyne Razadyne ER
ANXIETY		
alprazolam buspirone diazepam lorazepam oxazepam		Ativan Tranxene Valium Xanax
ASTHMA AND RESPIRATORY		
albuterol solution (nebulizer solution) albuterol sulfate (syrup, tabs) budesonide caffeine citrate cromolyn sodium (nebulizer solution) dyphylline guaifenesin/theophylline	Advair Diskus/HFA Anoro Ellipta Asmanex TwistHaler Atrovent HFA Breo Ellipta Combivent Respimat Flovent Diskus/HFA ProAir HFA/RespiClick Pulmicort Pulmozyme (PA)	Accolate Adcirca (PA) Adempas (PA) Aerospan Alvesco Arcapta Arnuity Ellipta Asmanex HFA Brovana nebulizer Daliresp

2016 Cigna prescription drug list

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
ASTHMA AND RESPIRATORY (CONTINUED)		
ipratropium bromide (nebulizer solution)	QVAR	Dulera
levalbuterol (nebulizer solution)	Serevent	Esbriet (PA)
metaproterenol sulfate (syrup, tabs)	Spiriva	Incruse Ellipta (ST)
montelukast	Stiolto Respimat	Letairis (PA)
prednisolone sod phosphate	Symbicort	Ofev (PA)
sildenafil	Ventolin HFA	Opsumit (PA)
terbutaline sulfate	Xolair (PA)	Orapred ODT
theophylline anhydrous		Orenitram ER (PA)
zafirlukast		Perforomist
		Proventil HFA
		Revatio (PA)
		Singulair
		Striverdi Respimat
		Tracleer (PA)
		Tudorza Pressair (ST)
		Tyvaso (PA)
		Ventavis (PA)
		Xopenex HFA
		Xopenex nebulizer
BIRTH CONTROL		
Altavera	BeYaz	Angeliq
Alyacen	Depo-Provera	Brevicon
Amethia	Lo Loestrin FE	Cyclessa
Amethia Lo	LoSeasonique	Desogen
Amethyst	Minastrin 24 FE	Ella
Apri	NuvaRing	Eurostep FE
Aranelle	Ortho TriCyclen Lo	Generess FE
Aubra	Seasonique	Loestrin
Aviane		Loestrin FE
Azurette		Mircette
Balziva		Modicon
Briellyn		Natazia
Camila		Norinyl 1+35
Camrese		Norinyl 1+50
Camrese Lo		Ortho-Cept
Caziant		Ortho-Cyclen
Chateal		Ortho Evra
Cryselle		Ortho Micronor
Cyclafem		Ortho-Novum 7-7-7
Dasetta		Ortho-Tri-Cyclen
		CAM #16-0901

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
BIRTH CONTROL (CONTINUED)		
Daysee		Ovcon-35
desogestrel-ethinyl estradiol		Quartette
Elinest		Safyral
Emoquette		Tri-Norinyl
Enpress		Yasmin 28
Enskyce		Yaz
Errin		
Estarylla		
ethinyl estradiol/ drospirenone		
Falmina		
Gianvi		
Gildagia		
Gildess		
Heather		
Introvale		
Jencycla		
Jolessa		
Junel		
Junel FE		
Kariva		
Kelnor		
Kurvelo		
Larin		
Larin FE		
Leena		
Lessina		
Levonest		
levonorgestrel		
levonorgestrel-ethestra		
levonorgestrel-ethin estradiol		
Levora		
Loryna		
Low-Ogestrel		
Lutera		
Lyza		
Marlissa		
Microgestin		
Microgestin FE		
Mono-Linyah		
Mononessa		
Myzilra		
Necon		

2016 Cigna prescription drug list

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
BIRTH CONTROL (CONTINUED)		
Next Choice		
Nora-Be		
noreth a-et estra/ fe fumarate		
norethindrone		
norethindrone- ethinyl estrad		
norethindrone-ethinyl		
estradiol/iron		
norgestimate-ethinyl estradiol		
norgestrel-ethinyl estradiol		
Nortrel		
Ocella		
Ogestrel		
Orsythia		
Philith		
Pimtrea		
Pirmella		
Portia		
Previfem		
Quasense		
Reclipsen		
Sprintec		
Sronyx		
Syeda		
Tilia FE		
Tri-Estarylla		
Tri-Legest FE		
Tri-Linyah		
Trinessa		
Tri-Previfem		
Tri-Sprintec		
Trivora		
Velivet		
Vestura		
Viorele		
Wera		
Wymzya FE		
Xulane		
Zarah		
Zenchant		
Zenchant FE		
Zeosa		
Zovia		

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
BLADDER PROBLEMS		
oxybutynin/XL potassium citrate ER tolterodine tartrate trospium chloride	Elmiron Toviaz VESIcare	Detrol (PA,ST) Detrol LA (PA,ST) Ditropan XL (PA,ST) Enablex (PA,ST) Gelnique (PA,ST) Myrbetriq (PA,ST) Oxytrol (PA,ST--For Men Only) Urocit-K
CANCER		
anastrozole azacitadine bexarotene bicalutamide capecitabine cyclophosphamide doxorubicin HCl exemestane flutamide letrozole lomustine tamoxifen citrate temozolomide (PA)	Droxia Gleevec (PA) Granix Hexalen Leukeran Lupron Depot (PA) Lysodren Matulane Myleran Neulasta (PA) Neupogen Nexavar (PA) Revlimid (PA) Sprycel (PA) Sutent (PA) Tarceva (PA) Temodar (PA) Thalomid (PA) Xeloda Zolinza (PA)	Afinitor (PA) Arimidex Aromasin Bosulif (PA) Caprelsa (PA) Casodex Cometriq (PA) Eriedge (PA) Fareston Farydak (PA) Femara Gilotrif (PA) Ibrance (PA) Imbruvica (PA) Inlyta (PA) Iressa (PA) Jakafi (PA) Lenvima (PA) Lynparza (PA) Mekinist (PA) Pomalyst (PA) Purixan Stivarga (PA) Sylatron (PA) Tafinlar (PA) Targretin Tasigna (PA) Tykerb (PA) Valchlor Votrient (PA) Xalkori (PA) Xtandi (PA) Zelboraf (PA) Zydelig (PA) Zykadia (PA) Zytiga (PA)

2016 Cigna prescription drug list

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
CARDIOVASCULAR		
BLOOD THINNER/ANTI-CLOTTING		
anagrelide	Effient	Aggrenox
aspirin/dipyridamole ER	Fragmin (QL)	Agrylin (PA)
cilostazol	Xarelto	Arixtra (QL)
clopidogrel		Brilinta
dipyridamole		Coumadin
enoxaparin (QL)		Eliquis (ST)
fondaparinux (QL)		Lovenox (QL)
heparin (QL)		Plavix
Jantoven		Pletal
ticlopidine		Pradaxa (ST)
warfarin		Savaysa (ST)
		Zontivity
HIGH BLOOD PRESSURE/HEART MEDICATIONS		
acebutolol HCl	Azor	Accupril (PA,ST)
acetazolamide	Benicar	Accuretic (PA,ST)
amiloride HCl	Benicar HCT	Aceon (PA,ST)
amiloride/HCTZ	Bystolic	Altace (PA,ST)
amlodipine besylate	Coreg CR	Atacand (PA,ST)
amlodipine/atorvastatin	Tekturna	Atacand HCT (PA,ST)
amlodipine/valsartan	Tekturna HCT	Avalide (PA,ST)
amlodipine/valsartan/HCTZ	Tribenzor	Avapro (PA,ST)
atenolol		Betapace AF
benazepril HCl		Cardura
benazepril HCl/amlodipine		Cardura XL
benazepril HCl/HCTZ		Catapres, Catapres TTS
bendroflumethiazide/ nadolol		Coreg
betaxolol HCl		Corgard
bisoprolol fumarate		Corlanor (PA)
bisoprolol/HCTZ		Cozaar (PA,ST)
bumetanide		Diovan (PA,ST)
candesartan		Diovan HCT (PA,ST)
candesartan/HCTZ		Dutoprol
captopril		Edarbi (PA,ST)
captopril/HCTZ		Edarbyclor (PA,ST)
carvedilol		Entresto (PA)
chlorothiazide		Epaned
chlorthalidone		Exforge
chlorthalidone/atenolol		Exforge HCT
clonidine HCl		Hemangeol
clonidine patch		Hyzaar (PA,ST)
Clorpres		Inderal LA
diltiazem		Innopran XL
diltiazem 24 HR ER		Levatol
doxazosin mesylate		Lotensin (PA,ST)
enalapril maleate		Lotensin HCT (PA,ST)
		Lotrel

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GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
CARDIOVASCULAR (CONTINUED)		
HIGH BLOOD PRESSURE/HEART MEDICATIONS		
enalapril maleate/HCTZ		Mavik (PA,ST)
eplerenone		Maxzide
felodipine		Micardis (PA,ST)
fosinopril sodium		Micardis HCT (PA,ST)
furosemide		Norpace
guanfacine		Norpace CR
hydralazine HCl		Norvasc
hydralazine/reserpine/HCTZ		Nymalize
hydrochlorothiazide		Prestalia
indapamide		Prinivil (PA,ST)
irbesartan		Prinzide (PA,ST)
irbesartan/HCTZ		Sotylize
isradipine		Sular
labetalol HCl		Tarka
lisinopril		Tekamlo
lisinopril/HCTZ		Teveten (PA,ST)
losartan potassium		Teveten HCT (PA,ST)
losartan potassium/HCTZ		Toprol XL
methazolamide		Vaseretic (PA,ST)
methyl dopa		Vasotec (PA,ST)
methyl dopa/HCTZ		Verelan
metolazone		Zestoretic (PA,ST)
metoprolol succinate		Zestril (PA,ST)
metoprolol tartrate		
metoprolol/HCTZ		
minoxidil		
moexipril HCl		
moexipril HCl/HCTZ		
nadolol		
nicardipine HCl		
nifedipine		
nimodipine		
perindopril erbumine		
pindolol		
prazosin HCl		
propranolol HCl		
propranolol/HCTZ		
quinapril		
quinapril HCl/HCTZ		
ramipril (caps only)		
reserpine		
sotalol HCl		
spironolactone		

2016 Cigna prescription drug list

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
CARDIOVASCULAR (CONTINUED)		
HIGH BLOOD PRESSURE/HEART MEDICATIONS		
spironolactone/HCTZ		
telmisartan		
telmisartan/amlodipine		
telmisartan/HCTZ		
terazosin HCl		
timolol maleate		
torseamide		
trandolapril		
trandolapril/verapamil		
triarterene HCl		
valsartan		
valsartan HCTZ		
Vecamyl-mecamylamine HCl		
verapamil		
	OTHER	
amiodarone	Multaq	Lanoxin
amiodarone HCl	Nitrolingual spray	Nitromist
disopyramide	Tikosyn	Ranexa (ST)
flecainide		Rythmol SR
isosorbide dinitrate		Samsca
isosorbide mononitrate		
nitroglycerin		
propafenone SR		
CHOLESTEROL LOWERING		
atorvastatin	Crestor	Advicor
choline	Lescol XL	Altoprev (PA,ST)
colestipol	Simcor	Antara
fenofibrate	Welchol	Caduet
fenofibric acid	Zetia	Colestid
fluvastatin		Fenoglide
gemfibrozil		Juxtapid (PA)
lovastatin		Kynamro (PA)
niacin		Lescol
omega-3 acid ethyl esters		Liptruzet (PA,ST)
pravastatin		Livalo (PA,ST)
simvastatin		Lofibra
		Lovaza
		Niaspan
		Pravachol (PA,ST)
		TriCor
		Trilipix
		Vascepa (ST)
		Vytorin (PA,ST)
		Zocor (PA,ST)

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GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
DEPRESSION		
amitriptyline bupropion bupropion SR citalopram desipramine duloxetine HCl escitalopram fluoxetine fluvoxamine imipramine mirtazapine nortriptyline paroxetine paroxetine CR protriptyline sertraline trazodone venlafaxine venlafaxine XR	Pristiq ER	Aplenzin (PA,ST) Brintellix (PA,ST) Celexa (PA,ST) Desvenlafaxine ER (PA,ST) Desvenlafaxine Fumarate ER (PA,ST) Effexor XR (PA,ST) Emsam Fetzima (PA,ST) Forfivo XL (PA,ST) Irenka (PA,ST) Khedezla (PA,ST) Marplan Oleptro ER (ST) Paxil (PA,ST) Paxil CR (PA,ST) Prozac / Prozac Weekly (PA,ST) Remeron Sarafem (PA,ST) Tofranil Venlafaxine HCl ER (PA,ST) Viibryd (PA,ST) Wellbutrin (PA,ST) Wellbutrin SR (PA,ST) Zoloft (PA,ST)

DIABETES		
acarbose chlorpropamide glimepiride glipizide glipizide/metformin glyburide glyburide micronized glyburide/metformin metformin ER metformin HCl nateglinide pioglitazone pioglitazone HCl pioglitazone/glimepiride pioglitazone/metformin repaglinide	BD Insulin Syringes/ Pen Needles GlucaGen HypoKit (QL) Glucagon Emergency Kit (QL) Humalog Humulin Invokamet Invokana Janumet Janumet XR Januvia Kombiglyze XR Lantus Lantus SoloStar Levemir	Avandamet Avandia Bydureon (QL) Byetta Cycloset Duetact Farxiga (ST) Fortamet Glucophage XR Glyset Jardiance (ST) Prandin Precose Starlix Synjardy Tanzeum (QL,ST) VGo Xigduo XR (ST)

2016 Cigna prescription drug list

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
DIABETES (CONTINUED)		
tolazamide tolbutamide	NovoFine/NovoTwist needles Novolin Novolog OneTouch test strips Onglyza Prandimet SymlinPen Trulicity (QL) Victoza (QL)	
ENDOCRINE AND METABOLIC		
allopurinol cabergoline (QL) desmopressin megestrol acetate octreotide (PA)	Colcrys Increlex (PA) Lupron Depot (PA) Megace ES Nilandron Sandostatin LAR (PA) Somavert (PA) Synarel Uloric	colchicine Egrifta (PA) Megace Mitigare Sandostatin (PA) Signifor LAR (PA) Signifor (PA) Somatuline Depot (PA)
EYE CONDITIONS		
apraclonidine HCl atropine azelastine bimatoprost brimonidine bromfenac ciprofloxacin diclofenac dorzolamide dorzolamide/timolol epinastine flurbiprofen gatifloxacin ketorolac latanoprost levofloxacin pilocarpine timolol tobramycin/dexamethasone trifluridine	Alomide Alphagan P 0.10% AzaSite Azopt Betoptic S Ciloxan (ointment) Iopidine Lotemax (drops & gel) Maxidex Moxeza Pataday Patanol Restasis Tobradex (ointment) Travatan Z Vexol Vigamox	Acular LS Acuvail Alocril Alrex Bepreve Besivance Ciloxan (drops) Cosopt Cystaran Durezol Elestat Emadine Ilevro Lastacraft Lotemax (oint) Pazeo Rescula Simbrinza (ST) Timoptic Tobradex (drops) Tobradex ST

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GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
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EYE CONDITIONS (CONTINUED)

		Tobrex Trusopt Voltaren Xalatan Zioptan (ST)
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GASTROINTESTINAL (NOT HEARTBURN/ULCER)

alosetron balsalazide belladonna alkaloids/ phenobarbital budesonide cromolyn sodium (solution) dexamethasone metoclopramide HCl PEG 3350/potassium/ sodium bicarb/salt PEG 3350/potassium/ sodium bicarb/salt/ sodium sulf PEG-Prep prednisone prednisone sodium phosphate	Apriso Asacol HD Canasa Creon Delzicol GoLytely Humira (PA) Lialda Pentasa Urso Forte Zenpep	Amitiza Cholbam (PA) Cimzia (PA) Colazal Colyte Donnatal Entocort EC Giazo Movantik (PA) NuLytely Pancreaze Pertzye Prepopik Relistor (PA) Remicade (PA) sfRowasa Simponi (PA) Sucraid Suprep Uceris Ultresa Urso Viokace
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GROWTH HORMONES

	Humatrope (PA) Saizen (PA)	Serostim (PA)
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HEARTBURN/ULCER

cimetidine esomeprazole magnesium famotidine lansoprazole lansoprazole/amoxicillin/ clarithromycin metoclopramide misoprostol nizatidine omeprazole	Dexilant	Aciphex (PA,ST) Aciphex Sprinkle (PA,ST) Nexium (PA,ST) Omeclamox-Pak Prevacid (PA,ST) Prevpac Prilosec (PA,ST) Protonix (PA,ST) Zantac Zegerid (PA,ST)
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2016 Cigna prescription drug list

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
HEARTBURN/ULCER (CONTINUED)		
omeprazole/sodium bicarbonate pantoprazole rabeprazole HCl ranitidine sucralfate		
HORMONE REPLACEMENT		
Androxy-fluoxymesterone estradiol estropipate ethinyl estradiol levothyroxine levothyroxine sodium liothyronine medroxyprogesterone medroxyprogesterone acetate norethindrone-ethinyl estradiol progesterone, micronized testosterone cypionate (PA) testosterone enanthate (PA) testosterone gel (QL) thyroid	Alora Anadrol-50 (PA) Androderm (QL) AndroGel (QL) Armour Thyroid Divigel Enjuvia Premarin Premphase Prempro Synthroid Unithroid Vivelle-Dot	Activella Combipatch Cytomel Depo-Testosterone Estrace Femhrt Femring Menest Minivelle Prefest Prometrium Provera Striant (QL) Vagifem
INFECTIONS		
acyclovir adefovir dipivoxil amantadine amoxicillin/clavulanate amoxicillin/ER atovaquone azithromycin bacitracin/polymyxin besifloxacin HCl cefaclor ER cefadroxil cefdinir cefditoren cefixime cefprozil ceftibuten dihydrate ceftriaxone cefuroxime axetil	Baraclude Cipro HC Otic Ciprodex Epivir HBV Gris-Peg Intron A (PA) Pegasys (PA) PegIntron (PA) Primisol Tamiflu (QL) Valcyte	Ancobon Augmentin Augmentin XR Avelox Bethkis Biaxin Biaxin XL Cetraxal Ciclodan Cipro XR CNL 8 Coartem (QL) Copegus Cresemba capsule (PA) Difcid (PA) Ery-Tab Famvir Flagyl ER CAM #16-0901

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
INFECTIONS (CONTINUED)		
cephalexin		Grifulvin V
ciclopirox		Hepsera
ciprofloxacin		Keflex
clarithromycin		Kitabis Pak
clindamycin		Lamisil
clindamycin phosphate		Levaquin
cycloserine		Malarone (PA)
doxycycline		Monurol
doxycycline hyclate		Moxatag
doxycycline monohydrate		Noxafil
entacavir		Olysio (PA)
erythromycin		Onmel (QL,ST)
famciclovir		Penlac
fluconazole		Priftin
(QL for 150 mg only)		Qualaquin
flucytosine		Rebetol
ganciclovir		Relenza (QL)
gentamicin		Sirturo
gentamicin sulfate		Sitavig
griseofulvin		Sivextro (PA)
itraconazole (QL)		Spectracef
ketoconazole		Sporanox
lamivudine		Suprax
levofloxacin (susp)		Tobi/Tobi PodHaler
linezolid		Tyzeka
metronidazole		Urelle
minocycline		Uribel
minocycline HCl		Valtrex
Moderiba		Vancocin HCl
moxifloxacin HCl		Vfend (PA)
mupirocin		Zithromax
nitrofurantoin		Zovirax
nystatin		Zyclara (ST)
ofloxacin		Zyvox (PA)
penicillin v potassium		
polymixin b sulf		
quinine sulfate		
ribavirin		
rifabutin		
rimantadine		
sulfamethoxazole/ trimethoprim		
terbinafine (QL)		
terconazole		
tetracycline		
tobramycin		
valacyclovir		
valganciclovir		
vancomycin		
vancomycin HCl		
voriconazole (QL)		

2016 Cigna prescription drug list

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
MIGRAINE		
acetaminophen/caffeine/ butalbital almotriptan malate (QL) dihydroergotamine mesylate (QL) isomethepten/caf/ acetaminophen naratriptan (QL) rizatriptan (QL) rizatriptan benzoate (QL) sumatriptan (QL) sumatriptan succinate (QL) zolmitriptan (QL)	Cafergot Treximet (QL)	Amerge (QL) Axert (QL) DHE 45 (QL) Frova (QL) Imitrex (QL) Maxalt (QL) Maxalt MLT (QL) Migranal (QL) Relpax (QL) Sumavel DosePro (QL) Zomig (QL)
MULTIPLE SCLEROSIS		
Glatopa-glatiramer acetate	Ampyra (PA) Avonex (PA) Avonex Pen (PA) Copaxone (PA) Rebif (PA) Rebif Rebidose (PA) Tecfidera (PA)	Aubagio (PA) Extavia (PA) Gilenya (PA) Plegridy (PA)
NAUSEA AND VOMITING		
dronabinol granisetron ondansetron prochlorperazine promethazine trimethobenzamide	Emend (QL)	Akynzeo (QL) Anzemet (QL) Diclegis Marinol Sancuso (QL) Zofran (tabs, sol) Zuplenz (QL,ST)
OSTEOPOROSIS		
alendronate etidronate (Fortical) calcitonin-salmon ibandronate raloxifene HCl risedronate	Forteo	Actonel (PA,ST) Atelvia (PA,ST) Binosto (PA,ST) Boniva (PA,ST) Evista Fosamax (PA,ST) Fosamax Plus D (PA,ST) Miacalcin spray

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GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
PAIN RELIEF AND INFLAMMATORY DISEASE		
buprenorphine	Actimmune (PA)	Abstral (PA)
butalbit/acetamin/caff/ codeine	Dipentum	Actemra (PA)
butalbital/acetaminophen	Enbrel (PA)	Actiq (PA)
butorphanol nasal (QL)	Humira (PA)	Adazin
celecoxib (QL)	Indocin (suppository)	Anaprox (PA,ST)
codeine phos/ carisoprodol/asa	Lidorex	Arthrotec (PA,ST)
codeine phosphate	Lyrica	Avinza (ST,QL)
codeine phosphate/aspirin	Nucynta (QL)	Butrans (QL)
codeine sulfate	Nucynta ER (QL)	Cambia (PA,ST)
diclofenac	OxyContin (QL)	Celebrex (QL,ST)
dihy-cod tt/apap/caffeine	Rasuvo (PA)	Cimzia (PA)
dihydroergotamine	Rheumatrex	Conzip (QL)
mesylate (QL)	Savella	Daypro (PA,ST)
doxorubicin HCl	Subsys (PA)	Demerol
etodolac	Trexall	Dilaudid
fenoprofen		Duragesic (QL)
fentanyl citrate (lozenge on stick) (PA)		Embeda (ST,QL)
fentanyl transdermal (QL)		Exalgo (ST,QL)
flurbiprofen		Feldene (PA,ST)
hydrocodone bitartrate/apap		Fentora (PA)
hydromorphone HCl		Fioricet
ibuprofen		Flector (PA,ST,QL)
ibuprofen/hydrocodone bit		Horizant (ST)
indomethacin		Hycet
ketoprofen		Hysingla ER (ST,QL)
ketorolac (QL)		Kadian (ST,QL)
leflunomide		Kineret (PA)
levorphanol tartrate		Lazanda (PA)
lidocaine		Lidoderm
meclofenamate		Lidopin
mefenamic acid		Lidovex
meloxicam		Mobic (PA,ST)
meperidine HCl		MS Contin (ST,QL)
methotrexate		Nalfon (PA,ST)
migergot		Naprelan (PA,ST)
morphine sulfate (QL)		Naprosyn/ EC Naprosyn (PA,ST)
nabumetone		Norco
naproxen		Opana
opium		Opana ER (ST,QL)
opium/belladonna alkaloids		Otrexup (PA)
orphenadrine/aspirin/ caffeine		Pennsaid (PA,ST)
oxaprozin		Percocet
oxycodone ER (QL)		Ponstel (PA,ST)
oxycodone HCl		Prodrin
oxycodone HCl/ acetaminophen		Rayos (ST)
		Relyyks
		Relyyt
		Remicade (PA)

2016 Cigna prescription drug list

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
PAIN RELIEF AND INFLAMMATORY DISEASE (CONTINUED)		
oxycodone/aspirin		Roxicodone
oxymorphone		Scar
oxymorphone HCl		Silvera
pentazocine HCl/ naloxone HCl		Simponi (PA)
rizatriptan benzoate (QL)		Skelaxin
sulindac		Sprix (QL)
tolmetin		Synalgos-DC
tramadol ER (QL)		Synvexia TC
tramadol HCl (QL)		Tivorbex (PA,ST)
tramadol HCl/ acetaminophen (QL)		Trezix
zolmitriptan (QL)		Ultracet (QL)
		Ultram (QL)
		Ultram ER (QL)
		Velma
		Vicodin
		Vicoprofen
		Voltaren Gel (PA,ST)
		Voltaren XR (PA,ST)
		Xartemis XR (QL)
		Xodol
		Zipsor (PA,ST)
		Zohydro ER (ST,QL)
		Zorvolex (PA,ST)
PARKINSON'S DISEASE		
amantadine	Apokyn (PA)	Comtan
benztropine	Azilect	Eldepryl
bromocriptine		Lodosyn
carbidopa/levodopa/ entacapone		Mirapex
carbidopa		Mirapex ER
carbidopa/levodopa		Neupro
carbidopa/levodopa CR		Northera (PA)
entacapone		Requip
pramipexole		Requip XL
pramipexole ER		Rytary
ropinirole		Sinemet CR
ropinirole XL		Stalevo
selegiline		Tasmar
tolcapone		Zelapar

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
PROSTATE		
alfuzosin doxazosin finasteride leuprolide acetate (PA) prazosin tamsulosin terazosin	Avodart Cialis (PA,QL)* Jalyn Lupron Depot (PA)	Firmagon (PA) Flomax Proscar Rapaflo Uroxatral Xtandi (PA) Zoladex (PA) Zytiga (PA)
SCHIZOPHRENIA		
aripiprazole clozapine haloperidol loxapine olanzapine olanzapine/fluoxetine HCl quetiapine risperidone thiothixene ziprasidone	Seroquel XR	Abilify Abilify Discmelt Clozaril (PA,ST) Fanapt (PA,ST) Fazaclo (PA,ST) Geodon (PA,ST) Invega (PA,ST) Latuda (PA,ST) Orap Rexulti (PA,ST) Risperdal/ Risperdal M (PA,ST) Saphris (PA,ST) Seroquel (PA,ST) Symbyax Versacloz (PA,ST) Zyprexa (PA,ST) Zyprexa Zydis (PA,ST)
SEIZURE		
carbamazepine clonazepam diazepam divalproex ethosuximide felbamate gabapentin lamotrigine levetiracetam oxcarbazepine phenobarbital phenytoin tiagabine HCl topiramate valproate sodium zonisamide	Celontin Diastat Dilantin (30 mg only) Felbatol Gabitril Keppra Lamictal ODT Lyrica Peganone Vimpat	Aptiom Banzel Carbatrol Depakote (all forms) Dilantin Fycompa Keppra XR Lamictal Lamictal XR Neurontin Oxtellar XR Potiga Qudexy XR Tegretol XR Topamax topiramate XR caps

2016 Cigna prescription drug list

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
SEIZURE (CONTINUED)		
		Trileptal Trokendi XR Zarontin Zonegran
SEXUAL DYSFUNCTION		
	Cialis (PA,QL)* Muse (PA, QL)* Viagra (PA, QL)*	Caverject (PA, QL)* Edex (PA, QL)* Levitra (PA, QL)* Osphena Staxyn (PA, QL)* Stendra (PA,QL)*
SKIN CONDITIONS		
adapalene (AGE)	Ala-Scalp HP (PA,ST)	Absorica (QL)
alclometasone dipropionate	Benzaclin gel pump	Acanya
amcinonide	Benzamycin Pak	Aczone
Apexicon E (diflorasone diacetate) cream	Capex Shampoo (PA,ST)	Aldara
benzoyl peroxide	Carac	Atralin (AGE)
betamethasone	Cloderm (PA,ST)	Avar/Avar LS
betamethasone dipropionate	Cordran (PA,ST)	Avita
betamethasone dipropionate/propylene glycol	Differin (AGE)	Bactroban
betamethasone valerate	Enbrel (PA)	Carb-O-Philic
calcipotriene	Exelderm	Clindacin Pac
calcipotriene-betamethasone	Fluoroplex	Clobex (PA,ST)
Claravis (QL)	Humira (PA)	Clodan (PA,ST)
clnicamycinphosphate/ benzoyl peroxide gel	Kenalog spray (PA,ST)	Condylox
clobetasol propionate	Locoid lotion (PA,ST)	Cosentyx (PA)
clobetasol propionate/emoll	Metrogel 1%	Cutivate (PA,ST)
clocortolone pivalate	Naftin	Derma-Smoothe/F5 (PA,ST)
desonide	Noritate	Dermasorb AF/XM
desoximetasone	Tazorac	Dermasorb HC/TA (PA,ST)
diclofenac sodium	Texacort (PA,ST)	Desonate (PA,ST)
diflorasone diacetate dipropionate		Desowen (PA,ST)
doxycycline IR-DR		Diprolene (PA,ST)
fluocinolone acetonide		Diprolene AF (PA,ST)
fluocinonide		Dovonex
fluocinonide/emollient		Duac
fluorouracil topical		Ecoza
fluticasone propionate		Elidel (PA,ST)
halobetasol prop/ ammonium lac		Elocon (PA,ST)
		Epiduo
		Fabior
		Halog (PA,ST)
		Iodosorb
		Jublia (ST)
		Keralac
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GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
SKIN CONDITIONS (CONTINUED)		
halobetasol propionate		Kerydin (ST)
hydrocortisone		Klaron
hydrocortisone acetate/ aloe vera		Locoid cream, ointment, solution (PA,ST)
hydrocortisone acetate/urea		Locoid Lipocream (PA,ST)
hydrocortisone butyrate		Loprox shampoo
hydrocortisone butyrate/ emollient		Luxiq (PA,ST)
hydrocortisone valerate		Luzu
hydrocortisone/ iodoquinol/aloe		Metro lotion
imiquimod		Olux (PA,ST)
isotretinoin (QL)		Olux-E (PA,ST)
methoxsalen, rapid		Onexton
metronidazole		Otezla (PA)
mometasone furoate		Ovace Plus
mupirocin calcium		Pandel (PA,ST)
Myorisan (QL)		Panretin
naftifine		Pediaderm HC/TA (PA,ST)
podofilox		Picato
prednicarbate		Plexion
salicylic acid		Prolensa
sulfacetamide		Protopic (PA,ST)
sulfacetamide sodium		Regranex (PA)
sulfacetamide sodium/sulfur		Remicade (PA)
sulfacetamide/sulfur/ cleansr23		Retin-A cream (PA, AGE)
tacrolimus ointment		Retin-A Micro (PA, AGE)
tretinoin (AGE)		Riax
triamcinolone acetonide		Rosula
urea		Scalacort DK (PA,ST)
		Solaraze
		Soolantra
		Soriatane
		Sorilux
		Stelara (PA)
		Sumadan XLT
		Synalar (PA,ST)
		Synalar TS (PA,ST)
		Taclonex
		Targretin gel
		Temovate (PA,ST)
		Topicort (PA,ST)
		Topicort LP (PA,ST)
		Tretin-X (PA)
		Ultrasal-ER
		Ultravate (PA,ST)
		Umecta
		Urevaz

2016 Cigna prescription drug list

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
SKIN CONDITIONS (CONTINUED)		
		Vanos (PA,ST) Vectical Verdeso (PA,ST) Vytone Xolegel Ziana Zyclara (ST)
SLEEP		
eszopiclone midazolam HCl zaleplon zolpidem zolpidem ER	Silenor	Ambien (PA,ST) Ambien CR (PA,ST) Belsomra (PA,ST) Edluar (PA,ST) Intermezzo (PA,ST) Lunesta (PA,ST) Rozerem (PA,ST) Sonata (PA,ST) Zolpimist (PA,ST)
TRANSPLANT		
azathioprine cyclosporine mycophenolate mofetil mycophenolate sodium sirolimus tacrolimus	Azasan Cellcept Neoral Prograf Rapamune Sandimmune	Astagraf XL Imuran Myfortic Zortress

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
VITAMINS*		
calcitriol cyanocobalamin folic acid	Active OB^ Citranatal Enbrace HR Folet DHA Folet One Infanate Balance Natachew Natele One^ Neevo DHA Nestabs^ Nexa Plus OB Complete Prefera-OB Prenata Prenatal 19^ Prenate Provida DHA Provida OB Select-OB Tricare Tricare Prenatal DHA One Tristart DHA Vinate Care Vinate DHA RF Vitafof VitaMedMD Plus Rx VitaMedMD Redichew RX Vitapearl Viva DHA VP-PNV-DHA	Eligen B12 Feriva 21-7 MaxFe
<p><i>*All plans cover all generic prescription prenatal vitamins, even though not listed here.</i></p> <p><i>Available as generic where ^ is noted</i></p>		

2016 Cigna prescription drug list

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
MISCELLANEOUS		
acamprostate calcium	Aranesp (PA)	Ana-Lex
aminocaproic acid	Buphenyl	Analpram E
benzonatate	Cerezyme	Analpram HC
buprenorphine	Chantix*	Arcalyst (PA)
cyclobenzaprine	Epogen (PA)	Belviq*
doxercalciferol	Fosrenol	Brisdelle (QL)
hydrocodone/ chlorpheniramine suspension	Harvoni (PA)	Bunavail (PA)
hydrocortisone	Klor-Con M15	Cerdelga (PA)
ivermectin	Leukine	Cortifoam
leucovorin	Metopirone	Cuvposa
levocarnitine	Neupogen	Epifoam
lidocaine HCl/glycerin	Pramosone	Eriva FA
lidocaine- hydrocortisone-aloe	Procrit (PA)	Gattex (PA)
lindane	Proctofoam-HC	Hectorol
megestrol	Renvela	Hetlioz (PA)
metaxalone	Sovaldi (PA)	Ilaris (PA)
methocarbamol	Stromectol	Jadenu
naltrexone	Suboxone film (PA)	Kalydeco (PA)
naltrexone HCl	TussiCaps	Kuvan (PA)
paricalcitol	Zavesca (PA)	Lupaneta Pack (PA)
pentoxifylline		Lysteda
pramoxine/hydrocortisone		Mircera (PA)
promethazine-codeine		Natpara (PA)
pseudoephed/ hydrocodone/cpm		Natroba
pyridostigmine		Neo-Synalar
quinine sulfate		Nuedexta
riluzole		Nuessa
sodium phenylbutarate		Nymalize
sodium polystyrene sulfonate		Obredon
spinosad		Orkambi (PA)
tizanidine		Oxandrin (PA)
tranexamic acid		Phoslo
		Phoslyra
		Procysbi (PA)
		Promacta (PA)
		Ravicti (PA)
		Rectiv
		Renagel
		Revia
		Rilutek
		Sklice
		Tussionex
		Tuzistra XR
		Uceris
		Ulesfia

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Exhibit 1

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
MISCELLANEOUS (CONTINUED)		
		Velphoro Viekira Pak (PA) Zanaflex Zemplar (capsule) Zubsolv (PA) Zutripro
<i>*Please check your enrollment materials to determine whether this medication is covered under your plan.</i>		

MEDICATIONS NOT COVERED ON YOUR DRUG LIST[^]

Your Cigna plan doesn't cover the medications listed below without prior approval from Cigna. This means that if you use any of these medications, you may have to pay the full cost of the medication at the pharmacy. Talk with your doctor to see which one of the covered generic or preferred brand alternatives listed in this drug list might be right for you.

CONDITION/COMMON USE/DRUG CLASS	MEDICATION NOT COVERED [^]	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
Antibiotics for Acne/Rosacea	Acticlate Adoxa Doryx Minocin (oral) Monodox Oracea Solodyn Vibramycin (capsule)	doxycycline doxycycline doxycycline minocycline doxycycline doxycycline minocycline doxycycline
Brands with Generic Available	Cymbalta Glumetza Lexapro Lipitor Prevacid Solutab Wellbutrin XL	duloxetine metformin, metformin ER escitalopram atorvastatin lansoprazole bupropion XL
Diabetes (insulin)	Toujeo Afrezza, Apidra	Lantus, Levemir Humalog, Humulin, Novolin, Novolog
Diabetes (non-insulin)	Glyxambi, Jentadueto, Kazano, Nesina, Oseni, Tradjenta	Janumet, Janumet XR, Januvia, Kombiglyze XR, Onglyza
Diabetes (test strips)	AccuChek, Contour, Freestyle, all other test strips	OneTouch Ultra, OneTouch Verio
Growth Hormones	Genotropin, Norditropin, Nutropin, Omnitrope, Zomacton	Humatrope, Saizen
Infertility	Bravelle, Gonal-F	Follistim AQ
Multiple Sclerosis (beta 1b interferons)	Betaseron	Extavia (non-preferred co-payment applies)
Pain Relief and Inflammatory Disease (anti-inflammatory combination products)	Duexis, Vimovo	celecoxib, meloxicam
Testosterone Replacement	Axiron, Fortesta, Natesto, Testim, Vogelxo	Androgel, testosterone gel

[^] This drug is not covered on your plan. Please talk to your doctor about switching to an alternative. Your prescription drug plan requires approval by Cigna to have this medication covered.

EXCLUSIONS & LIMITATIONS

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, your prescription may not be covered, or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

Plans typically do not provide coverage for the following, except as required by law or by the terms of your specific plan:

1. Any medications available over-the-counter (OTC) that do not require a prescription by federal or state law, and any medication that is a pharmaceutical alternative to an OTC medication other than insulin [examples include OTC Benadryl, Maalox, Sudafed PE, etc.].
2. Medications that are therapeutically equivalent as determined by the Cigna HealthCare Pharmacy and Therapeutics Committee in which at least one of the medications within the class is available over the counter [examples include Rx equivalents to OTC Allegra, Claritin and Zyrtec (Allegra D, Clarinex, Xyzal) and Rx equivalents to OTC Prevacid, Prilosec and Zantac (Aciphex, Kapidex, Nexium, Axid, Pepcid, Zantac)].
3. Any injectable infertility medications, and any injectable medications that require health care professional supervision and are not typically considered self-administered medications. The following are examples of health care professional-supervised medications: injectables used to treat hemophilia and RSV (respiratory syncytial virus), chemotherapy injectables and endocrine and metabolic agents.
4. Any medications that are experimental or investigational within the meaning set forth in the summary plan description.
5. Food and Drug Administration (FDA) approved medications used for purposes other than those approved by the FDA unless the medication is recognized for the treatment of the particular indication in one of the standard reference compendia (The United States Pharmacopoeia Drug Information or The American Hospital Formulary Service Drug Information) or in medical literature. Medical literature means scientific studies published in a peer-reviewed national professional medical journal.
6. Any prescription and non-prescription supplies (such as ostomy supplies), devices and appliances.
7. Any contraceptive medications and prescription appliances for contraception.
8. Implantable contraceptive products.
9. Any fertility medication.
10. Any medications used for treatment of sexual dysfunction, including but not limited to erectile dysfunction, delayed ejaculation, anorgasmia and decreased libido.
11. Any prescription vitamins (other than prenatal vitamins), dietary supplements and fluoride products.
12. Medications used for cosmetic purposes, such as medications used to reduce wrinkles, medications to promote hair growth, medications used to control perspiration and fade cream products.
13. Any diet pills or appetite suppressants (anorectics).
14. Prescription smoking cessation products.
15. Immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis (the prevention of travel-related diseases).

16. Replacement of prescription medications and related supplies due to loss or theft.
17. Medications used to enhance athletic performance.
18. Medications that are to be taken by, or administered to, a customer while the customer is a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals.
19. Prescriptions more than one year from the original date of issue.

In accordance with Texas and Louisiana state law, customers with affected benefit plans who receive coverage for medications that are removed from the prescription drug list during the plan year will continue to have those medications covered at the same benefit level until their plan renewal date. To find out if these state mandates apply to your plan, please call Customer Service.

Cigna reserves the right to make changes to the Standard Prescription Drug List without notice. Your plan may cover additional medications; please refer to your enrollment materials for details. Cigna does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna may receive payments from manufacturers of certain preferred brand medications, and in limited instances, certain non-preferred brand medications, that may or may not be shared with your plan depending on its arrangement with Cigna. Depending upon plan design, market conditions, the extent to which manufacturer payments are shared with your plan and other factors as of the date of service, the preferred brand medication may or may not represent the lowest-cost brand medication within its class for you and/or your plan.



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PREVENTIVE

generic drug list



Preventive medications are used for the prevention of conditions such as high blood pressure, high cholesterol, diabetes, asthma, osteoporosis, heart attack, stroke and prenatal nutrient deficiency.

You may not have to pay a copay, a coinsurance (the percentage you pay after you meet your deductible) and/or a deductible (the amount you pay before your plan starts to pay) for preventive generic medications. For some, the cost of generic preventive medications may be covered 100% by your pharmacy benefits plan. Please check your plan materials to understand how preventive medications are covered for you.

Following is a list of preventive generic medications arranged by type of condition.

You can also refer to **myCigna.com** for a complete and up-to-date drug listing where preventive medications are indicated with a “PM” symbol after the drug name. The Prescription Drug Price Quote tool on myCigna.com is available to help you find drug costs for preventive medications covered under your plan.

Health care reform and you

The Patient Protection and Affordable Care Act (PPACA), commonly referred to as “health care reform,” was signed into law on March 23, 2010. This important legislation will result in changes to every American’s health coverage. Some of the changes took effect in 2010 and most of the law’s effects will be felt by 2014. Cigna will comply with all provisions of the law including those

that impact your pharmacy coverage plan. For example, depending upon the final government regulations, coverage for medications that have not traditionally been included in pharmacy plans, such as specific over-the-counter (OTC) medications, may be made available at no cost share to you.

As with all covered medications, we would require a prescription from your doctor to process the claim under your pharmacy plan (including OTC medications).

> **To get the most current information about preventive medications that may be available at no cost to you, visit www.informedonreform.com or Cigna.com and look for the “Informed on Reform” link.**

GO YOU®



Offered by: Connecticut General Life Insurance Company or Cigna Health and Life Insurance Company.

preventive generics drug list

ASTHMA RELATED

albuterol sulfate
albuterol sulfate inhalation
solution, syrup, tablet
aminophylline
budesonide
caffeine citrate
cromolyn sodium (nebulizer
solution)
dyphylline
guaifenesin/dyphylline
ipratropium bromide
levalbuterol HCl
metaproterenol sulfate
montelukast
terbutaline sulfate
theophylline anhydrous
zafirlukast

BLOOD PRESSURE RELATED

acebutolol HCl
acetazolamide
amiloride HCl
amlodipine besylate
amlodipine besylate/benazepril
amlodipine/atorvastatin
atenolol
benazepril HCl
benazepril HCl/HCTZ
bendroflumethiazide/nadolol
betaxolol HCl
bisoprolol fumarate
bisoprolol/HCTZ
bumetanide
candesartan cilexetil
captopril
captopril/hydrochlorothiazide
carvedilol
chlorothiazide
chlorthalidone
chlorthalidone/atenolol
clonidine HCl
clonidine HCl/chlorthalidone
dibenzylamine

diltiazem
diltiazem HCl
doxazosin mesylate
enalapril maleate
enalapril maleate/HCTZ
eprenone
eprosartan mesylate
felodipine
fosinopril sodium
furosemide
hydralazine HCl
hydrochlorothiazide
hydrochlorothiazide/amloride hcl
hydrochlorothiazide/reserpine
hydroflumethiazide
indapamide
irbesartan
irbesartan/HCTZ
isradipine
labetalol HCl
lisinopril
lisinopril/hydrochlorothiazide
losartan potassium
losartan/hydrochlorothiazide
mecamylamine hcl
methazolamide
methyclothiazide
methyldopa
methyldopa/
hydrochlorothiazide
metolazone
metoprolol succinate
metoprolol tartrate
metoprolol/HCTZ
minoxidil
moexipril HCl
moexipril HCl/HCTZ
nadolol
nicardipine HCl
nifedipine
nimodipine
nisoldipine
perindopril erbumine
pindolol
prazosin HCl

propranolol
propranolol HCl
propranolol/HCTZ
quinapril
quinapril HCl/HCTZ
ramipril
reserpine
reserpine/hydrochlorothiazide
sotalol HCl
spironolactone
spironolactone/HCTZ
terazosin HCl
timolol maleate
torsemide
trandolapril
triamterene/HCTZ
valsartan/HCTZ
verapamil

BLOOD THINNER

cilostazol
clopidogrel
dipyridamole
Jantoven
ticlopidine HCl
warfarin

CHOLESTEROL RELATED

amlodipine/atorvastatin calcium
atorvastatin
cholestyramine
cholestyramine aspartame
colestipol
fenofibrate
fenofibrate, micronized
fenofibrate, non-micronized
fenofibric acid
fluvastatin
fluvastatin XL
gemfibrozil
lovastatin
niacin
pravastatin sodium
simvastatin

DIABETES RELATED

acarbose
chlorpropamide
glimepiride
glipizide
glipizide ER
glipizide/metformin HCl
glyburide
glyburide micronized
glyburide/metformin
metformin HCl
metformin HCl ER
nateglinide
pioglitazone
pioglitazone/glimepiride
pioglitazone/metformin
repaglinide
tolazamide
tolbutamide

OSTEOPOROSIS RELATED

alendronate sodium
calcitonin-salmon
etidronate disodium
ibandronate sodium

REPRESENTATIVE PRENATAL VITAMINS

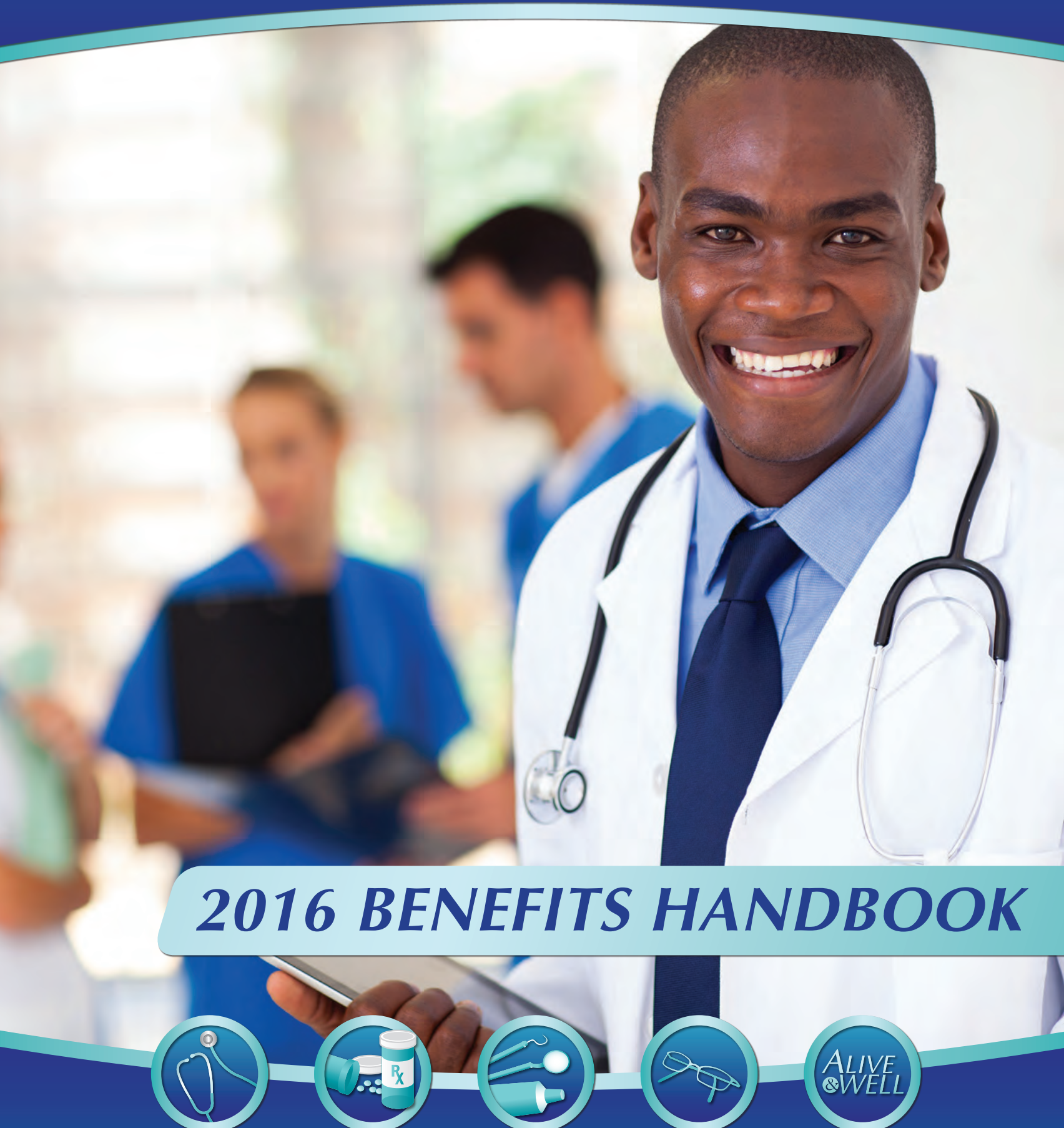
*All prescription strength generic
prenatal vitamins qualify as
preventive medications*



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City of **FORT LAUDERDALE**



2016 BENEFITS HANDBOOK

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IMPORTANT DATES

- October 26, 2015 – Open enrollment starts
- October 26 – November 13, 2015 – Worksite meetings
- November 13, 2015 – Open enrollment deadline
- November 20, 2015 – Deadline to complete biometric screenings and health risk assessments (HRA)
- January 1, 2016 – Effective date of open enrollment benefit elections





INTRODUCTION

City of FORT LAUDERDALE

The City of Fort Lauderdale offers eligible employees a comprehensive benefits package that includes medical, dental, vision, life insurance, Health Care and Dependent Care Flex Spending Accounts, wellness initiatives, retirement plans and a variety of voluntary benefits. The information included in this Handbook is a general summary of available options and also serves to increase your awareness of policies and procedures. If any information in this Handbook conflicts with governing plan documents, certificates of coverage, City resolution or state/federal laws, the provisions of the governing plan documents, certificates of coverage, City resolution and state/federal laws will prevail.

Please also take the time to review the Benefits web page for Frequently Asked Questions (FAQs), important notices, plan certificates of coverage, available forms, any updates subsequent to printing this book and much more at www.fortlauderdale.gov/benefits or on Lauderlink from a City computer. You may also contact the plan administrators directly to discuss your personal situation or attend a worksite benefits meeting during the open enrollment period. Please refer to page 3 for the Open Enrollment Worksite Meeting Schedule.

OPEN ENROLLMENT FOR 2016 PLAN YEAR BENEFITS

The Benefits Open Enrollment Period will start OCTOBER 26, 2015 and end NOVEMBER 13, 2015. Any changes or enrollments submitted during this period will be effective January 1, 2016 with the exception of applications to enroll in or increase Group Term Life Insurance, which is subject to approval by Unum Life Insurance. This will be an **ACTIVE** enrollment. **THIS MEANS IN ORDER TO CONTINUE OR ENROLL IN BENEFITS WITH THE CITY FOR 2016:**

1. **ACTIVE EMPLOYEES MUST COMPLETE THE ENROLLMENT REGARDLESS IF THEY CURRENTLY HAVE COVERAGE.**
 - a. **Active Employees: Complete the online benefits enrollment by going to www.BenefitsInsight.com. IF YOU DO NOT COMPLETE THIS ONLINE ENROLLMENT, YOU WILL NOT HAVE CITY BENEFITS IN 2016.** If you do not enroll online, opt-out, or cancel coverage, you cannot reapply until the next open enrollment period, unless you experience a family status or Health Insurance Portability and Accountability Act (HIPAA) qualifying event.
 - b. **Retirees: Complete and return the 2016 Benefits Enrollment Form to Employee Benefits, HR.**
2. The City has a new third party administrator, FBMC Benefits Management, for our new voluntary benefits program (GAP insurance, short term disability, critical illness (including cancer), accident and legal). Enrollment in the voluntary benefits can only be done by appointment with a benefits counselor. **Schedule your appointment to meet with a benefits counselor at www.myenrollmentschedule.com/lauderdale or by calling 1-866-998-2915.**
3. **Active Employees: If you want assistance with enrolling in core benefits OR wish to enroll in new voluntary benefits, you must meet with a professional benefits counselor. Schedule your appointment to meet with a benefits counselor at www.myenrollmentschedule.com/lauderdale or by calling 1-866-998-2915.** Benefits counselors will be available onsite throughout the open enrollment period by appointment. To ensure a convenient and timely enrollment process, we ask that you schedule your 30-minute enrollment session in advance. During your appointment, your benefits counselor will:
 - Provide benefits education on your core and voluntary benefits and assist you with making benefit decisions that best meet your needs,
 - Answer any questions you may have about your current coverage, and
 - Assist you with making your core and voluntary benefit elections.

PLEASE BE SURE TO BRING THIS BENEFITS HANDBOOK WITH YOU TO YOUR ENROLLMENT APPOINTMENT.

4. **You must provide the social security number for all covered dependents.**
5. **You must provide a copy of documentation for all new dependents** (i.e., marriage certificate, birth certificate(s), and/or Domestic Partner Affidavit) to Employee Benefits, HR. Please include your employee identification number on all documents that you turn in. **If the required documentation for new covered dependents is not submitted to Employee Benefits, HR within the Open Enrollment period, those dependents will not be covered.**

Login instructions for www.BenefitsInsight.com can be found on the back of the 2016 Rates Form. There will also be a separate login for the FBMC Benefits Management voluntary products. Please see the Voluntary Benefits Booklet in the back pocket of this handbook for enrollment instructions.

BENEFITS STATEMENTS

The first personalized benefits statement is mailed to your home address along with the 2016 Benefits Handbook.

The second personalized benefits statement will be generated by www.BenefitsInsight.com upon completing the online benefits enrollment that will indicate your benefits enrollment status as of January 1, 2016.

City of FORT LAUDERDALE

2016 OPEN ENROLLMENT WORKSITE MEETING SCHEDULE



DATES	DEPARTMENT	ENROLLMENT TIMES	LOCATION
Monday, October 26th	Fire (A Shift)	8:00 am - Noon	Station 13 - 2871 E Sunrise Blvd. - Conference Room
	Department of Sustainable Development	1:00 pm - 4:00 pm	700 NW 19th Ave. - Code Conference Room
Tuesday, October 27th	Fiveash Water Treatment Plant	7:00 am - 4:00 pm	949 NW 38th St. Fiveash Administration - 2nd Floor Conference Room
Wednesday, October 28th	Police	8:00 am - 5:00 pm	1300 W Broward Blvd. 2nd Floor Classroom
Thursday, October 29th	Sanitation	6:30 am - 9:00 am	220 SW 14th Ave. - Sanitation Training Room 4-B
	City Hall	10:00 am - 4:00 pm	100 N Andrews Ave. - Commission Chambers
Friday, October 30th	Fire (B Shift)	8:00 am - Noon	Station 13 - 2871 E Sunrise Blvd. - Conference Room
	GTL Wastewater Treatment Plant	2:00 pm - 5:00 pm	1765 SE 18th St. - Conference Room
Monday, November 2nd	(Fire B Shift)	8:00 am - Noon	Station 2 - 528 NW 2nd St. - 1st Floor Training Room
		1:00 pm - 4:00 pm	Station 53 - 2200 Executive Airport Way - Conference Room
Tuesday, November 3rd	Parks & Recreation	6:30 am - 4:00 pm	Beach Community Center - Large Conference Room 3351 NE 33rd Ave.
Wednesday, November 4th	Fiveash Water Treatment Plant	7:00 am - 11:00 am	949 NW 38th St. Fiveash Administration - 2nd Floor Conference Room
	City Hall	Noon - 4:00 pm	100 N Andrews Ave. - Commission Chambers
Thursday, November 5th	GTL Wastewater Treatment Plant	6:30 am - 10:30 am	1765 SE 18th St. - Conference Room
	Parks & Recreation	11:30 am - 3:00 pm	Carter Park Social Center - 1450 W Sunrise Blvd.
Friday, November 6th	Sanitation	6:30 am - 9:00 am	220 SW 14th Ave. - Sanitation Training Room 4-B
	Department of Sustainable Development	10:00 am - 4:00 pm	700 NW 19th Ave. - Code Conference Room
Monday, November 9th	Fire (C Shift)	8:00 am - Noon	Station 2 - 528 NW 2nd St. - 1st Floor Training Room
		1:00 pm - 4:00 pm	Station 53 - 2200 Executive Airport Way - Conference Room
Tuesday, November 10th	Fire (A Shift)	8:00 am - Noon	Station 2 - 528 NW 2nd St. - 1st Floor Training Room
		1:00 pm - 4:00 pm	Station 53 - 2200 Executive Airport Way - Conference Room
Wednesday, November 11th	VETERAN'S DAY- No Meeting, however you can enroll online at www.BenefitsInsight.com		
Thursday, November 12th	Fire (C Shift)	8:00 am - Noon	Station 13 - 2871 E Sunrise Blvd. - Conference Room
	Parks & Recreation	1:00 pm - 4:00 pm	Holiday Park Social Center - 1150 G. Harold Martin Dr.
Friday, November 13th	City Hall	7:00 am - 4:00 pm	100 N Andrews Ave. - Commission Chambers



WHAT'S NEW FOR 2016?

City of FORT LAUDERDALE

1. **Online Enrollment: ELIGIBLE EMPLOYEES WHO DO NOT ENROLL FOR BENEFITS DURING THE OCTOBER 26, 2015 TO NOVEMBER 13, 2015 OPEN ENROLLMENT PERIOD WILL NOT HAVE ANY BENEFITS IN 2016.** All eligible employees must complete an online enrollment during the benefits open enrollment period by going to www.BenefitsInsight.com if they wish to continue, change or enroll in benefits for 2016. All retirees currently on a plan must enroll in benefits for 2016 by completing and returning a 2016 benefits paper enrollment form to Employee Benefits HR.

*** To complete your enrollment, you will need to provide the social security number for all covered dependents. The Affordable Care Act requires the City of Fort Lauderdale to provide information to the federal government that proves you and all covered dependents have medical insurance. If you are enrolled in one of the City's three medical plans and we do not have a valid social security number on file, the Internal Revenue Service (IRS) will likely contact you directly to request additional information to confirm you and your family have coverage. ***
2. **Adult Child(ren):** Employees who want to enroll an adult child (age 26 to 30) in one of the 2016 Cigna Medical Plans must contact Employee Benefits, HR to determine the total biweekly premium that will be payroll deducted. The total premium amount that www.BenefitsInsight.com provides will NOT reflect the correct amount. See page 19 for eligibility criteria.
3. **Variable Hour Employees:** As required under the Health Care Reform's Affordable Care Act (ACA), variable hour employees (for example part-time employees) who satisfy the requirements under the Act, will be eligible to participate in the Cigna Medical Plans for 2016. Part-time employees eligible for 2016 benefits will be notified.
4. **Voluntary Benefits:** A new Third Party Administrator (TPA) for voluntary products, FBMC Benefits Management, has been secured to offer new voluntary benefits options to all active employees effective January 1, 2016. All prior voluntary products through Aflac, Allstate (except GAP), Colonial and U.S. Legal Services will terminate effective December 31, 2015. Employees currently enrolled in those products have the option to continue the coverage by porting (i.e., taking with you) those products; however, premiums of all ported products will no longer be payroll deducted. See page 18 for more information.
5. **Cigna Medical Plans' Cost:** Although every attempt was made to minimize increases in medical insurance premiums, the cost of medical coverage continues to be impacted by factors such as medical inflation, direct consumer marketing of pharmaceuticals and improvement in medical technology. We believe the City Health and Wellness Center, along with the City's wellness initiatives, have played an integral role in increasing health awareness and subsequently controlling cost increases. Please refer to the enclosed 2016 Rates Form for your group specific premium rates.
6. **Spouses/Domestic Partners of Active Employees:** If covered under the City's Cigna Medical Plans for 2016, spouses/domestic partners are now subject to a biometric screening and Health Risk Assessment (HRA) surcharge. To avoid an additional/separate post-tax \$25 per paycheck (\$650 annually) surcharge (which will be deducted from the employee's first paycheck starting January 2016), covered spouses/domestic partners must complete a biometric screening and HRA before November 20, 2015. Newly eligible employees and their covered spouse/domestic partner (if applicable) will have 60 days from the date of their event (i.e., date of hire) to complete the biometric screening and HRA to avoid the surcharge(s).
7. **Retirees and Spouses/Domestic Partners of Retirees:** If covered under the City's Cigna Medical Plans for 2016, retirees and spouses/domestic partners are now subject to a biometric screening and HRA surcharge of \$54 monthly (\$648 annually) that will apply to participating retirees AND an additional/separate \$54 monthly surcharge (\$648 Annually) that will also apply to covered spouses/domestic partners starting with the January 2016 pension payment. To avoid the monthly surcharge(s), retirees and covered spouses/domestic partners must complete a biometric screening and HRA before November 20, 2015.
8. **The Affordable Care Act (ACA) 1095C Form:** All employees and retirees who participated in one of the City's Cigna Medical Plans during 2015 will receive a 1095C form in the mail from the City to file with their 2015 tax return. These forms will be mailed out at the same time as the W-2 forms.



HEALTH AND WELLNESS CENTER (Operated by Marathon Health)

The City's commitment to wellness is evident by the Health and Wellness Center. Located at 105 NE 3rd Street, the Center was opened in 2013 for the exclusive use by employees, retirees and their dependents (ages 6+) enrolled in any of the three Cigna Medical Plans - OAPIN1 (HMO1), OAPIN2 (HMO2) and Choice Fund (CDHP). Cigna plan enrollees may receive professional services from the physician and nurse practitioner at no cost. In a few instances, members may be billed for any lab fees incurred by third party providers such as Quest or Lab Corp. The Center stocks a supply of 30 to 40 generic prescription medications that the medical staff may dispense at no cost (if indicated) as part of health care they provide. The Health and Wellness Center is not a pharmacy and cannot fill prescriptions written by another physician.

HEALTH AND WELLNESS CENTER SERVICES INCLUDE:

- **Acute Care** – common illnesses and minor injuries
- **Lab and Medication Dispensing** – blood draws, lab tests and medications for conditions treated at the Center
- **Assessments** – physicals, including those required for school purposes
- **Coaching** – for personal health issues or concerns
- **Disease Management** – for conditions such as diabetes, heart problems and high blood pressure
- **Free Biometric Screenings**
- An entire listing of the services available at the Health and Wellness Center can be found online at www.fortlauderdale.gov/benefits.

To schedule appointments for the Health and Wellness Center call 754-206-2420 or visit www.marathon-health.com/myphr. The Center is open weekdays except from 1:00 pm to 2:00 pm daily. The Center is closed on holidays and weekends. The Center's hours are:

- 7:00 am – 4:00 pm (Monday, Tuesday, Wednesday and Friday)
- 9:00 am – 6:00 pm (Thursday)
- Closed on holidays and weekends and from 1:00 pm to 2:00 pm daily for lunch

The Health and Wellness Center follows the same rules and privacy regulations that protect your privacy at your personal physician's office, a hospital or other health provider. In fact, the privacy of your personal health information is protected by the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules.

WELLNESS INITIATIVES

Biometric Screening and Health Risk Assessment (HRA) Questionnaire: Employees, retirees and covered spouses/domestic partners participating in the City's medical plans must complete a biometric screening and HRA questionnaire between March 1, 2015 and November 20, 2015 to avoid being charged a post-tax Biometric/HRA surcharge per pay period starting with the first paycheck in January 2016. The post-tax surcharge will continue until the requirements are completed. Newly eligible employees and their covered spouse/domestic partner (if applicable) have 60 days from the date of their event (i.e., date of hire) to complete the biometric screening and HRA questionnaire.

The Health and Wellness Center or your personal physician may conduct these biometric screenings and review the data on a personal and confidential basis directly with you to develop an action plan to improve your health. The City also provides worksite biometric screenings. Please see the schedule provided on page 6 for the dates, times and locations of the worksite screenings.



WELLNESS

City of FORT LAUDERDALE

Tobacco Use: This only applies to employees participating in the City's medical plans. Employees who are currently paying the \$25 biweekly surcharge for tobacco use or those who submitted a Certificate of Completion for the 2015 plan year will need to provide Employee Benefits, HR with a Certificate of Completion from a City authorized 6-week Tobacco Cessation Program no later than November 20, 2015 or they will be charged/continue to be charged until the Certificate of Completion is provided. Newly eligible employees have 60 days from the date of their event (i.e., date of hire) to complete a City authorized Tobacco Cessation Program (if applicable). The City's authorized Tobacco Cessation Programs are:

- One-on-one or group programs through the City's Health and Wellness Center: Call 754-206-2420
- Online/phone program through Cigna: Register online at www.mycigna.com or call 866-417-7848
- IQuit program with Area Health Education Center (AHEC) at www.ahectobacco.com/calendar
- Broward Health program: Call 954-759-7400

ONSITE BIOMETRICS WITH BROWARD HEALTH

****Deadline for Biometrics and Health Risk Assessments for Covered Employees and Spouses/Domestic Partners is November 20, 2015****

THIS EXCLUDES FRATERNAL ORDER OF POLICE (FOP)

<https://pickatime.com/Screenings-FortLauderdale>

DATES	DEPARTMENT	TIMES	LOCATIONS
Wednesday, October 28th	City Hall	7:00 am - Noon	1st Floor Commission Chambers 100 N Andrews Ave.
Monday, November 9th	City Hall	7:00 am - 11:00 am	1st Floor Commission Chambers 100 N Andrews Ave.
Tuesday, November 10th	City Hall	7:00 am - Noon	1st Floor Commission Chambers 100 N Andrews Ave.
Monday, November 16th	Sanitation	7:00 am - Noon	Sanitation Training Room 4-B 220 SW 14th Ave.
Tuesday, November 17th	Sanitation	7:00 am - Noon	Sanitation Training Room 4-B 220 SW 14th Ave.



ONE CIGNA NETWORK OF PROVIDERS FOR EVERYONE - OPENACCESSPLUS

- **OpenAccessPlus** is the same CIGNA network to be used for Cigna OAPIN1 (HMO1), OAPIN2 (HMO2) and Choice Fund (CDHP)
- **Check Out OpenAccessPlus** for participating doctors, hospitals and other providers by calling 1-800-244-6224 or going to **www.myCIGNA.com**

The screenshot shows the myCigna.com website interface. At the top, there's a navigation bar with 'myCigna - Guest' and a browser address bar showing 'https://www.myCIGNA.com'. Below the navigation bar, there are three tabs: 'LOGIN / REGISTER', 'HOW TO REGISTER', and 'SITE BENEFITS'. The main content area is titled 'Login to myCigna.com' and features a login form with fields for 'User ID' and 'Password', followed by a 'LOGIN' button. Below the login form are links for 'Forgot User ID', 'Forgot Password', and 'Login Help'. A section titled 'Don't have a user ID and Password?' includes 'REGISTER NOW' and 'REGISTRARSE EN ESPAÑOL' buttons. Below this is a section for 'Registering to take the Health Assessment?' with explanatory text. Further down, there are links for '¿Está buscando myCigna en español? Obtenga más información.' and 'Not sure which site to use? » Other Cigna Websites & myCigna Capabilities'. On the right side, there's a promotional banner for 'Your Health Has Met Its AppSM' featuring images of smartphones and text about the myCigna Mobile App, with 'Available on the App Store' and 'ANDROID APP ON Google play' badges. At the bottom, there are links for 'myCigna.com Tour', 'Privacy', 'Legal Disclaimer', 'Login Help', and 'Security'. A footer contains copyright information '© 2015 Cigna. All rights reserved.' and a disclaimer about linked sites. A 'Feedback' link is located in the bottom right corner.



MEDICAL

CIGNA GROUP # 3335139

City of FORT LAUDERDALE

2016 Medical Plan Coverages	2016 OAPIN1 (HMO1) You Pay	2016 OAPIN2 (HMO2) You Pay	2016 CHOICE FUND (CDHP) You Pay	
			In Network	**Out of Network
HRA	n/a	n/a	\$750=EE; \$1,000=EE+1; \$1,500=EE + 2 or more	
Deductible	No Deductible	\$1,000=EE \$2,000=EE+1 \$3,000=EE+Family	\$2,000=EE; \$3,000=EE+1 \$4,000=EE + 2 or more	
Coinsurance	n/a	n/a	Plan pays 90%	Plan pays 70%
Your Out-of-Pocket Max	\$5,000=EE; \$7,000=EE+1; \$10,000=EE+2+; or more	\$6,350=EE \$10,000=EE+1; \$12,700=EE+2+; or more	\$5,000=EE; \$7,000=EE+1; \$10,000=EE+2 or more \$5,000=Individual in a Family (Includes Calendar Year Deductible & Coinsurance)	
Lifetime Maximum	Unlimited	Unlimited	Unlimited	
Preventative Services	No Charge	No Charge	No Charge	Not Covered
Primary Care Physician	\$40	\$40	Subject to Calendar Year Deductible & HRA Applies	
Specialist Physician	\$60	\$60		
Maternity	\$60	\$60		
Hospital	\$500/day,\$2500 Max	Deductible then 20%		
Outpatient Surgery	\$500	Deductible then 20%		
Outpatient Diagnostics (X-rays Ultrasound, etc)	10%	10%		
Outpatient Diagnostics (CAT & PET scans, MRI)	\$200 per test	\$200 per test		
Routine Lab	10%	10%		
Emergency Room	\$200	\$200		
Urgent Care	\$60	\$60		
Mental Health (outpatient)	\$40	\$40		
Mental Health (inpatient)	\$500 per day for first 5 days	Deductible then 20%		
Allergy Treatments – Skin testing	\$50 per course of testing	\$50 per course of testing		
Allergy Treatments – Injections	\$10	\$10		
Ambulance	no charge	\$100 copay		
Prescription Drugs Pharmacy, 30 day supply	\$20 generic \$40 preferred \$60 non-preferred	\$20 generic \$40 preferred \$60 non-preferred	Subject to Calendar Year Deductible & Coinsurance Of 30% generic; 40% preferred; 60% non-preferred brand	
Prescription Drugs Mail Order, 90 day supply	\$40 generic \$80 preferred \$120 non-preferred	\$40 generic \$80 preferred \$120 non-preferred		
Prescription for Chronic Conditions & Preventative	Generic prescription provided - waiving copays	Generic prescription provided - waiving copays	Generic prescription provided - waiving copays	
Vision	(only medical conditions)	(only medical conditions)	(only medical conditions)	

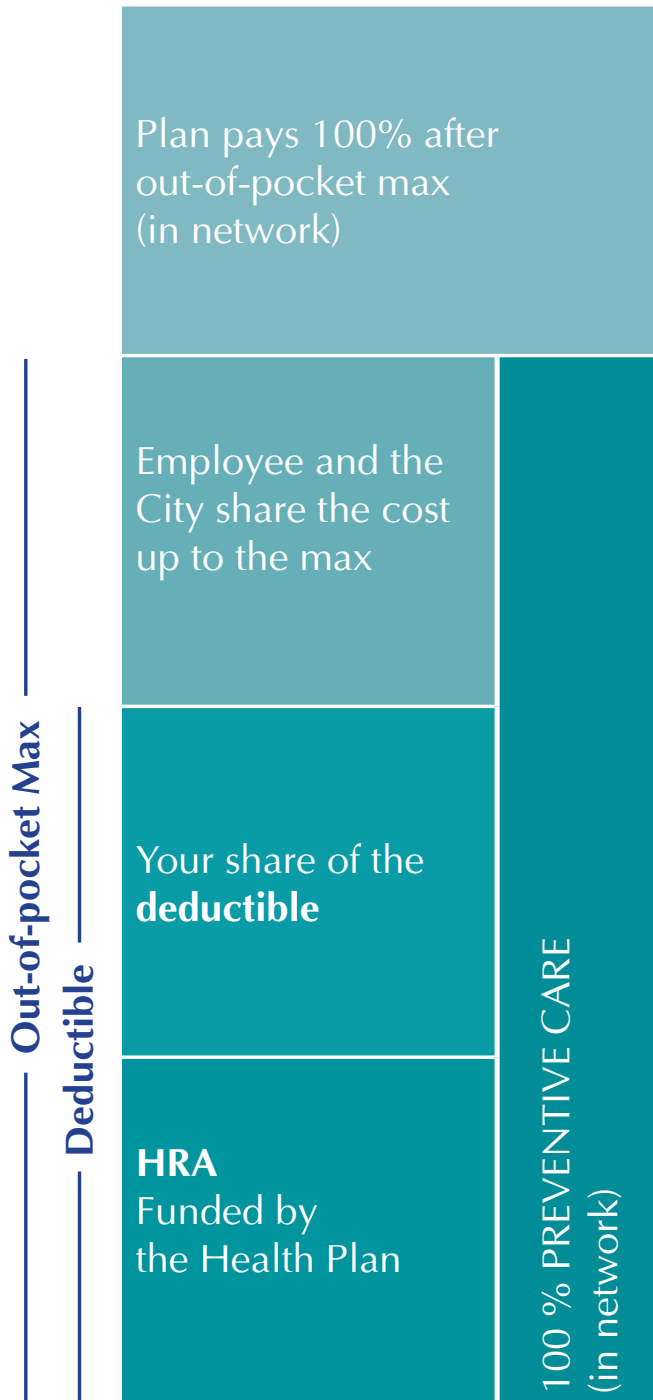
*Interested members who enroll in one of Cigna's Medical Plans can purchase a 'GAP insurance' (a.k.a., Major Medical Complement Insurance) policy with Allstate that will cover their out-of-pocket expenses.

- OAPIN1 (HMO1) and OAPIN2 (HMO2) Plans - \$1,250 outpatient and \$2,500 inpatient coverage (does not include doctor's office visits or prescriptions)
- Choice Fund Plan (CDHP) - \$2,000 outpatient and \$4,000 inpatient coverage (does not include doctor's office visits or prescriptions)

** Cigna's reimbursement is based on Usual Customary and Reasonable (UCR) Charges. You may be balance billed for charges in excess of Cigna's UCR charges.



CHOICE FUND (CDHP) EXAMPLE



Maximum Out-of-Pocket: Participants have an out-of-pocket maximum for their eligible in-network medical expenses depending on their tier of coverage. You may be billed for charges in excess of CIGNA's usual customary and reasonable charges if you use out-of-network providers.

Employee = \$5,000
Employee + 1 = \$7,000
Family = \$10,000

Coinsurance: Once the annual deductible is reached, the participant is responsible for a small percentage of eligible in-network charges. The City pays the rest.

Employee pays 10% in network or 30% out of network
City pays 90% in network or 70% out of network

Deductible: After the money in the Health Reimbursement Account (HRA) is used up, the participant pays for all expenses up to his or her individual annual deductible.

Employee = \$2,000 (\$1,250 after \$750 HRA)
Employee + 1 = \$3,000 (\$2,000 after \$1,000 HRA)
Family = \$4,000 (\$2,500 after \$1,500 HRA)

Health Reimbursement Account (HRA): The concept behind the Choice Fund Plan (CDHP) is that the plan provides each participant (up to family maximum) with a HRA that pays 100% of eligible health and prescription expenses. The HRA fund is determined by your tier of coverage. **If the funds in the HRA are not used they will be rolled over into the next year's HRA fund. The separate HRA for an enrolled adult child is the same amount as funded for an employee enrolled in the Choice Fund (CDHP) for self only.**

Employee = \$750
Employee + 1 = \$1,000
Family = \$1,500

Note: HRA funding is prorated for enrollment after January.



MEDICAL
CIGNA GROUP # 3335139

City of FORT LAUDERDALE

HRA EXAMPLES

Meet the Smiths: A family of five

The Smiths are an active family of five. All family members get their yearly wellness exams. Mrs. Smith has high cholesterol that requires her to take prescription medication daily. She also suffers from severe low back pain and sees her chiropractor regularly. The Smiths are enrolled in family coverage with \$1,500 in their HRA.

Service	Discounted Provider Charge	The Smith's HRA Account \$1,500	The Smith's Responsibility
5 Annual preventive exams	Plan pays direct	\$0	\$0
6 Chiropractic visits	\$510	-\$510	\$0
2 Urgent care visits	\$260	-\$260	\$0
2 Primary doctor visits	\$124	-\$124	\$0
Cholesterol prescription	\$252	-\$252	\$0
Year-end balance	\$1,146	\$354	\$0

Meet the Davidsons: Married couple, late 50s

Mr. Davidson was in a severe auto accident. As a result, he was hospitalized and his recovery consisted of rehabilitation and many visits to specialists. The Davidsons are enrolled in the Employee + 1 with \$1,000 in their HRA account.

Service	Discounted Provider Charge	The Davidson's HRA Account	The Davidson's Responsibility
2 Annual preventive exams	Plan pays direct	\$0	\$0
Hospitalization	\$25,000	-\$1,000	-\$2,000 remaining deductible -\$2,200 (10% coinsurance on \$22,000 hospital)
2 Radiology visits	\$2,500	\$0	-\$4,200 -\$250 (10% coinsurance)
20 Rehabilitation visits	\$2,500	\$0	-\$250 (10% coinsurance)
Year-end balance	\$32,500	\$0	-\$4,950



Humana will mail new dental plan participants identification cards before January 1, 2016. Resin Composite (white fillings) is covered for all teeth. Oral cancer screenings are covered for members 40 and older, and biopsies of oral tissues (hard and soft) are covered for all members once a year.

For benefits eligible employees other than International Associations of Fire Fighters (IAFF)

The City offers two dental plan choices – DHMO and DPPO – through dentists contracted under the City's group dental plan. Go to **www.humanadental.com** and select Humana for DHMO (HS195) or PPO (Traditional Preferred) for DPPO.

PLAN FEATURES	Participant Maximum	Preventive Services Exam, cleaning, fluoride, x-rays, sealants	Basic Services Fillings, periodontics, endodontics	Major Services Crowns, bridges, dentures	Orthodontia Up to 24 month treatment, children or adult braces
DENTAL HMO	No Maximum	\$0 copayments	Refer to Plan Copayments	Refer to Plan Copayments	Refer to Plan Copayments
IMPORTANT: DHMO PARTICIPANTS MUST SELECT A PRIMARY CARE DENTIST • Go to www.humanadental.com					
DENTAL PPO	\$1,500 Maximum/year	100% (no deductibles)	100% (no deductibles)*	60% (no deductibles)*	60% (no deductibles) \$2,500 lifetime maximum

This is a very brief summary of the dental plan offered by the City of Fort Lauderdale. For further information, please refer to the Humana plan documents at www.fortlauderdale.gov/benefits, visit an open enrollment worksite meeting or contact Humana directly at 1-800-233-4013.

*Please note if a non-network PPO dentist is used, there will be a \$100 individual/\$300 family deductible and 60% coverage for Basic and Major Services. Non-participating dentists may bill you for charges above the amount covered by your Humana Dental Plan. Visit www.humanadental.com to check out participating dentists.

Humana DPPO Plan offered to Firefighters only

Visit www.Humanadental.com to check out participating dentists. Non-participating dentists may bill you for charges above the amount covered by your Humana Dental Plan.

Humana will mail dental cards to new plan participants before January 1, 2016.

PLAN FEATURES	Participant Maximum	Preventive Services Exam, cleaning, fluoride, x-rays, sealants	Basic Services Fillings, periodontics, endodontics	Major Services Crowns, bridges, dentures	Orthodontia Up to 24 month treatment, children or adult braces
DENTAL PPO	\$1,500 Maximum/year	100% (no deductibles)	80% (after \$100 deductibles)*	50% (after \$100 deductibles)*	50% (no deductibles) \$1,500 lifetime maximum



VISION

UnitedHealthcare GROUP # 755936

City of FORT LAUDERDALE

VOLUNTARY VISION PLAN (EYE EXAMS, EYEGLASSES AND CONTACTS)

The Vision Plan is a voluntary stand-alone benefit. Broader vision coverages are provided by UnitedHealthcare for all employees and their dependents at a lower cost. It also offers a larger network of national and independent vision providers and even provides substantial savings on hearing aids.

In-Network Benefits Summary

(Visit www.fortlauderdale.gov/benefits for more details)

1. Once every 12 months employees are able to get a comprehensive exam, spectacle lenses and contact lenses in lieu of eye glasses. Once every 24 months employees are able to get frames.
2. \$130 retail frame allowance for private practice or retail chain providers
3. Standard scratch resistant coating is covered in full. Other optional lens upgrades may be offered at a discount (discounts varies by provider).
4. **CONTACT LENS BENEFIT:**
Elective contact lenses: The fitting/evaluation fees, contact lenses and up to two follow-up visits are covered in full (after copay). If you choose disposable contacts, up to four boxes are included when obtained from a network provider.

A \$105 allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside the covered selection (materials copay does not apply).

	In-Network copays	Out-of-network Reimbursements (copays do not apply)
Exam	\$10	\$40
Frames and one of the following:	\$25	\$45
Single vision lenses		\$40
Bifocal lenses		\$60
Trifocal lenses		\$80
Lenticular lenses		\$80
Elective contact in lieu of eye glasses	\$105 allowance	\$105
Necessary contact in lieu of eye glasses	\$25 (then covered in full)	\$210



TERM LIFE INSURANCE FOR THE FAMILY

Because life insurance should be part of every employee's benefit package, the City provides various life insurance options depending on his or her individual needs. The City provides and pays for \$10,000 of life insurance for Management, Confidential, Professional and Supervisory employees.

VOLUNTARY GROUP TERM LIFE INSURANCE (Unum): Newly eligible employees (i.e., new hires) may purchase life insurance coverage, without evidence of insurability (EOI), to the lesser of three times their salary or \$250,000 at the rates indicated below (for their age bracket). Newly eligible employees may apply for life insurance coverage of up to five times their salary, not to exceed \$400,000. All coverage in excess of the lesser of three times the salary or \$250,000 is subject to evidence of insurability. The voluntary group term life insurance includes Accidental Death and Dismemberment (AD&D) for both employees and spouses.

During the 2016 open enrollment, all employees who are not currently enrolled in group term life insurance and have not been declined by Unum before may purchase life insurance coverage, without EOI, to the lesser of three times their salary or \$250,000. Please note, this is a one-time exception that Unum is offering.

Employees who have a qualifying life event may apply for new or additional coverage, but they will be subject to EOI and must complete a Unum EOI form (regardless of the amount). The completed EOI form must be submitted directly to Unum.

All employees enrolling in group term life insurance must provide a life insurance beneficiary designee when enrolling online at www.BenefitsInsight.com. To complete the beneficiary designation, the date of birth for each beneficiary listed will be required. You may elect to take this coverage with you when you terminate your City employment.

BI-WEEKLY VOLUNTARY TERM LIFE RATES BELOW

Optional Unum group term life insurance automatically includes AD&D. If you die from natural causes your beneficiary receives the term amount, but if you die as a result of an accident your beneficiary will receive term plus AD&D (same as term amount).

Up to the lesser of three times salary or \$250,000 guaranteed issue (for newly eligible employees) and up to the lesser of five times salary or \$400,000 with EOI. **Life Insurance coverage reduces to 65% of coverage beginning at age 70. The premium will be adjusted to reflect the reduced coverage.**

AGE	\$10,000	\$15,000	\$25,000	\$40,000	\$50,000	\$60,000	\$75,000	\$90,000	\$100,000
<30	\$0.32	\$0.48	\$0.81	\$1.29	\$1.62	\$1.94	\$2.42	\$2.91	\$3.23
30-34	\$0.37	\$0.55	\$0.92	\$1.48	\$1.85	\$2.22	\$2.77	\$3.32	\$3.69
35-39	\$0.37	\$0.55	\$0.92	\$1.48	\$1.85	\$2.22	\$2.77	\$3.32	\$3.69
40-44	\$0.51	\$0.76	\$1.27	\$2.03	\$2.54	\$3.05	\$3.81	\$4.57	\$5.08
45-49	\$0.83	\$1.25	\$2.08	\$3.32	\$4.15	\$4.98	\$6.23	\$7.48	\$8.31
50-54	\$1.25	\$1.87	\$3.12	\$4.98	\$6.23	\$7.48	\$9.35	\$11.22	\$12.46
55-59	\$1.98	\$2.98	\$4.96	\$7.94	\$9.92	\$11.91	\$14.88	\$17.86	\$19.85
60-64	\$2.22	\$3.32	\$5.54	\$8.86	\$11.08	\$13.29	\$16.62	\$19.94	\$22.15
65-69	\$4.02	\$6.02	\$10.04	\$16.06	\$20.08	\$24.09	\$30.12	\$36.14	\$40.15
70-74	\$6.55	\$9.83	\$16.38	\$26.22	\$32.77	\$39.32	\$49.15	\$58.98	\$65.54
75+	\$21.42	\$32.12	\$53.54	\$85.66	\$107.08	\$128.49	\$160.62	\$192.74	\$214.15

Bi-weekly voluntary term life rates continued on following page.



LIFE INSURANCE

UNUM GROUP # 0097979-001

City of FORT LAUDERDALE

BI-WEEKLY VOLUNTARY TERM LIFE RATES (continued)

AGE	\$140,000	\$150,000	\$190,000	\$200,000	\$240,000	\$250,000	\$300,000	\$350,000	\$390,000	\$400,000
<30	\$4.52	\$4.85	\$6.14	\$6.46	\$7.75	\$8.08	\$9.69	\$11.31	\$12.60	\$12.92
30-34	\$5.17	\$5.54	\$7.02	\$7.38	\$8.86	\$9.23	\$11.08	\$12.92	\$14.40	\$14.77
35-39	\$5.17	\$5.54	\$7.02	\$7.38	\$8.86	\$9.23	\$11.08	\$12.92	\$14.40	\$14.77
40-44	\$7.11	\$7.62	\$9.65	\$10.15	\$12.18	\$12.69	\$15.23	\$17.77	\$19.80	\$20.31
45-49	\$11.63	\$12.46	\$15.78	\$16.62	\$19.94	\$20.77	\$24.92	\$29.08	\$32.40	\$33.23
50-54	\$17.45	\$18.69	\$23.68	\$24.92	\$29.91	\$31.15	\$37.38	\$43.62	\$48.60	\$49.85
55-59	\$27.78	\$29.77	\$37.71	\$39.69	\$47.63	\$49.62	\$59.54	\$69.46	\$77.40	\$79.38
60-64	\$31.02	\$33.23	\$42.09	\$44.31	\$53.17	\$55.38	\$66.46	\$77.54	\$86.40	\$88.62
65-69	\$56.22	\$60.23	\$76.29	\$80.31	\$96.37	\$100.38	\$120.46	\$140.54	\$156.60	\$160.62
70-74	\$91.75	\$98.31	\$124.52	\$131.08	\$157.29	\$163.85	\$196.62	\$229.38	\$255.60	\$262.15
75+	\$299.82	\$321.23	\$406.89	\$428.31	\$513.97	\$535.38	\$642.46	\$749.54	\$835.20	\$856.62

SPOUSE/DOMESTIC PARTNER COVERAGE: Spouse/domestic partner coverage is available in \$5,000 increments as long as the employee is enrolled in voluntary group term life insurance. Amounts more than \$30,000 are subject to evidence of insurability (EOI). Spouse/domestic partner coverage cannot exceed half of the employee's coverage. Spouse/domestic partner rates are based on the employee's age. Employees adding a spouse/domestic partner outside of their initial eligibility period must provide EOI. The employee must be enrolled in voluntary group term life insurance to select spouse/domestic partner coverage.

CHILDREN COVERAGES: Children can get \$10,000 of coverage through age 19 for a biweekly rate of \$0.23 (covers all children at one price); and to age 26 if they are full-time students. Employees adding coverage for children outside of their initial eligibility period must provide EOI. The employee must be enrolled in voluntary group term life insurance to select coverage for their child(ren).

BENEFICIARY DESIGNATIONS

You are encouraged to update your life insurance beneficiaries when you experience a change in family status such as marriage, death, divorce, etc. You may change your beneficiaries at any time by downloading the Group Term Life Beneficiary Designation Form from the benefits web page at www.fortlauderdale.gov/benefits and submitting the completed form to Employee Benefits, HR.



FLEXIBLE SPENDING ACCOUNTS (FSAs)

The City offers employees both Health Care and Dependent Care FSAs that are administered by P&A Group. You may contribute to either account or to both. These Internal Revenue Code (IRC) approved accounts allow you to pay out-of-pocket health expenses and dependent care expenses without paying taxes, saving you tax dollars. Be careful not to over budget because if you do not use all the funds in these accounts, the IRC forces you to forfeit the unused monies after the grace period, which expires March 15, 2017 for plan year 2016. A tax savings calculator, examples of covered expenses and other educational materials are available online at www.padmin.com.

HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA up to \$2,550 annually): Most out-of-pocket medical, dental and vision expenses may be paid on a pre-tax basis through a Health FSA. These are set up each calendar year during the open enrollment period. You may access the total projected account either by using your P&A "debit" card or submitting itemized receipts for reimbursement as soon as you incur the expenses. Internal Revenue Code (IRC) regulations do not allow you to withhold more than \$2,550 annually. If you are enrolled in the Choice Fund (CDHP), you must exhaust the HRA before using the Health FSA for eligible out-of-pocket health expenses.

Generally, any deductibles, copays or provider charges over the contracted allowances that you are responsible for under your medical, dental and vision plans may be reimbursed through the FSA. Make sure you have confirmed that your planned expenses will be covered since some expenses such as cosmetic procedures and over-the-counter drugs without a prescription are not covered per Federal regulations.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (FSA up to \$5,000 annually): A separate pre-tax account can be set up for daycare expenses. In the Dependent Care FSA you must have built up the necessary funds before the qualifying expenditures will be paid.

- Daycare costs for children under age 13, disabled children, disabled spouses and disabled parents/grandparents who are your legal dependents
- Daycare or nursery schools are eligible providers, but must claim income on tax returns once the child attends regular school. Before or after school care is eligible up to the age of 13.
- Custodial care for qualified dependents who regularly spend at least eight hours per day in your home
- Internal Revenue Service (IRS) regulations do not allow contributions of more than \$5,000 annually per household.

REIMBURSING CLAIMS: If you enroll for either FSA, P&A will provide you with a benefits card, which can be set up as a credit or a debit card. You may either pay for eligible expenses with your P&A benefits card or, once you incur expenses for either account, you may submit itemized receipts to P&A via mail, facsimile, mobile upload or computer upload. You may also enroll in direct deposit, free of charge.

IMPORTANT NOTES

- You cannot transfer funds from the Health FSA to the Dependent FSA or vice versa.
- Domestic partners who are not your tax dependents are not eligible for reimbursement of expenses.
- Expenses reimbursed under either FSA may not be deducted for IRS income tax purposes.
- If documentation of qualified expenses is not provided to P&A; if requested, the amount may be recharacterized as income and subject to taxes.
- Use the Flexible Benefits Worksheet on the following page to estimate expenses.



TAX SAVINGS ACCOUNTS

City of FORT LAUDERDALE

FLEXIBLE BENEFITS WORKSHEET

HEALTH CARE FSA EXPENSE REIMBURSEMENT ACCOUNT (MEDICAL, DENTAL, VISION EXPENSES)

EXPENSE CATEGORY	ESTIMATION OF ANNUAL EXPENSE	CUMULATIVE TOTAL
<i>Example – eyeglasses</i>	\$400.00	\$400.00
Health Insurance Deductible(s)		
Coinsurance and Copay(s)		
Vision Care (contacts, glasses, etc.)		
Prescriptions		
Medical Appliances (wheelchairs, crutches)		
Dental Exams and Cleanings, X-Rays, etc.		
Braces and Retainers, Fillings, etc.		
<i>(This amount would be calculated as your estimated annual election for this account)</i>		GRAND TOTAL: \$

\$ _____ ANNUAL ELECTION

DEPENDENT CARE FSA EXPENSE REIMBURSEMENT ACCOUNT

EXPENSE CATEGORY	ESTIMATION OF ANNUAL EXPENSE	CUMULATIVE TOTAL
Babysitters, Daycare Centers, Nursery School		
After School Programs, Day Camp		
Elder Care		
<i>(This amount would be calculated as your estimated annual election for this account)</i>		GRAND TOTAL: \$

\$ _____ ANNUAL ELECTION

TOTAL OF ALL ANNUAL ELECTIONS _____ DIVIDED BY PAYROLL CYCLE = \$ _____ /PER PAY

If you are unsure if an expense is eligible for reimbursement, please call P&A's customer service team at (800) 688-2611.



457(b) DEFERRED COMPENSATION

The 457(b) Deferred Compensation Plan is tax deferred and may be used to supplement your defined contribution or defined benefit plan and social security benefits during retirement. The City offers two deferred compensation plan providers, ICMA-RC and Nationwide Retirement Solutions. Contributions to the plans lower your current year taxes and all income. All income taxes are deferred until you withdraw or receive a distribution after separation from service. You may contribute to either or both providers. Both ICMA-RC and Nationwide offer a wide selection of investment options ranging from conservative to aggressive. Neither ICMA-RC nor Nationwide provide tax advice.

457(b) Deferred Compensation Features

- If you experience an unforeseeable emergency, you may be able to withdraw funds from your account as permitted by Internal Revenue Code Section.
- The plan allows participants to apply for loans of up to 50% of their account balance, not to exceed \$50,000.
- Does not include a 10% tax penalty for early distributions/withdrawals upon separation of employment prior to age 59½, as is typical in 401(a) plans.
- Upon separation from employment, you may keep the funds invested in the accounts or roll them over to another tax-qualified retirement plan. You are required to begin receiving minimum distributions the latter of April 1 of the calendar year in which you turn 70½ or April 1 of the year in which you retire (if 70½).

457(b) Maximum tax year contributions (as of printing) - up to:

- \$ 18,000 normal limit
- \$ 24,000 if age 50 or older as year-end
- \$ 36,000 if you qualify for pre-retirement catch-up contributions

Benefits that Go Together

A Roth IRA and 457(b) Deferred Compensation Plan go together; use both to reach your savings goals with added tax benefits and flexibility.

- For different savings goals: Additional retirement income, health care, a home purchase, college education, emergencies
- For different tax benefits: You can get a tax benefit now when you contribute to your 457(b) plan and a tax benefit later when you withdraw from your Roth IRA. And, if you retire early you can withdraw from your 457(b) plan without penalties.

MATCH YOUR ROTH IRA WITH YOUR 457(b) PLAN

Tax-free withdrawals/distributions, including earnings, are tax- and penalty-free if you have:

- Owned a Roth IRA for at least five years, as defined by the IRS; and
- A qualifying event, such as age 59½, a "first-time" home purchase, disability or death.

Otherwise, income and penalty taxes may apply to the withdrawal of earnings, but contributions can be withdrawn at any time without taxes or penalties. There are no IRS required minimum distributions, so loved ones can receive money you do not need tax free.

Maximum annual Roth contributions:

Up to \$5,500, or \$6,500 if age 50 or older, as of the current year-end and if your IRS Modified Adjusted Gross Income is less than:

- \$116,000 for individual filers (\$116,000 - \$131,000 to make partial contributions)
- \$183,000 for married joint filers (\$183,000 - \$193,000 to make partial contributions)

LEARN MORE

ICMA-RC:

IRA: www.icmarc.org/ira

457(b) plan: www.icmarc.org/457

Contact your ICMA-RC representative at yflores@icmarc.org

NATIONWIDE RETIREMENT SOLUTIONS

Contact your Nationwide Retirement solutions representative at pinzona@nationwide.com

www.nrsforu.com



VOLUNTARY BENEFITS

City of FORT LAUDERDALE

VOLUNTARY BENEFITS

A new Third Party Administrator (TPA) for voluntary products, FBMC Benefits Management, has been secured to offer new voluntary benefits options to all active employees effective January 1, 2016:

- Medical GAP Insurance (a.k.a. Major Medical Complement Insurance): Participants in the City's three Cigna Medical Plans, [OAPIN1 (HMO1), OAPIN2 (HMO2) and Choice Fund (CDHP)] may purchase a GAP insurance policy that will cover OAPIN participants with up to \$1,250 for outpatient and \$2,500 for inpatient hospital services and Choice Fund participants with up to \$2,000 for outpatient services and up to \$4,000 for inpatient services.
- Legal Insurance
- Accident Insurance
- Short-Term Disability Income Insurance
- Critical Illness/Cancer Insurance

Please see the Voluntary Benefits Booklet inserted in the back pocket of this Handbook for more detailed information on these benefits.

You must meet with a professional benefits counselor to enroll in these voluntary benefit offerings. Benefits counselors will be available onsite throughout the open enrollment period by appointment. To ensure a convenient and timely enrollment process, we ask that you schedule your 30-minute enrollment session in advance. During your appointment, your benefits counselor will:

- Provide benefits education on your core and voluntary benefits and assist you with making benefit decisions that best meet your needs,
- Answer any questions you may have about your current coverage, and
- Assist you with making your core and voluntary benefit elections.

Schedule your appointment to meet with a benefits counselor at www.myenrollmentschedule.com/lauderdale or by calling 1-866-998-2915.

All prior voluntary products through Aflac, Allstate (except GAP), Colonial and U.S. Legal Services will terminate effective December 31, 2015. Employees currently enrolled in those products have the option to continue the coverage by porting those products; however, premiums for all ported products will no longer be payroll deducted. **You may obtain porting information by contacting the respective company that your current voluntary benefit(s) is with. The contact numbers are:**

Aflac: 800-462-3522

Allstate: 800-521-3535

Colonial: 800-325-4368

U.S. Legal Services: 800-356-5297

FLORIDA PRE-PAID COLLEGE TUITION: This benefit allows you to save for your dependent(s) college education through payroll deductions. For more information on the program, call 1-800-552-4723 or visit **www.myfloridaprepaid.com**.

LOANS AT WORK: A voluntary loan program will provide City employees with the opportunity to apply for unsecured loans for health care expenses or any other need up to \$5,000 (capped at 20% of net take home pay) to be repaid through payroll deductions. The Employee Access Code for Fort Lauderdale employees is Fort2013.

FREQUENTLY ASKED QUESTIONS (FAQS)



WHO IS ELIGIBLE TO PARTICIPATE IN GROUP COVERAGE?

EMPLOYEES

- Full-time employees (both regular full time and temporary full time) are eligible to participate in all group benefits. Variable hour employees, such as part-timers who satisfy the criteria under the Affordable Care Act, are eligible to participate in any of the City's medical plans/GAP for the 2016 plan year.
- New hires are **eligible for benefits the first** of the month following their hire date. However, coverage is effective the first day of the month following receipt of the enrollment paperwork by Employee Benefits Enrollment paperwork must be received by Employee Benefits no later than 30 days from hire date for selected benefits to be effective (must be actively working for life insurance to be effective). The required paperwork may be downloaded from the Benefits webpage. or you may contact Employee Benefits, HR at 954-828-5160 if you do not have access to a computer.
Documentation to support dependent status must be provided to Employee Benefits, HR for all dependents to be enrolled. Please see the 2016 Voluntary Benefits insert if you wish to consider voluntary benefits.
- Police employees represented by the Fraternal Order of Police (FOP) are eligible for medical, dental and vision benefits through the FOP ONLY and may participate in the City's life, Health Care and Dependent Care Flex Spending Accounts and voluntary benefits (excluding GAP). ****NOTE: Remove the last sentence in this paragraph. Please also remove the last bullet item that follows this one.****

DEPENDENTS

Who are my eligible dependents and what documentation is required as proof of eligibility?

If you enroll for medical, dental, vision or GAP insurance you may also enroll your eligible dependents (identified below). The type of documentation acceptable, as proof of dependent eligibility, is identified in parenthesis. Documentation must be provided at the time you enroll by submitting the document(s) to Employee Benefits, HR. If the documentation is not readily available, please complete the online enrollment (active employees) or change request form (retirees) and follow-up with the documentation as soon as it becomes available. Your request will not be processed without the supporting documentation. If both parents are enrolled for benefits through the City, children may not be enrolled for coverage under both parents.

- Spouse, if she/he is not also a benefits eligible City of Fort Lauderdale employee (**official marriage certificate**)
Ex-spouse is not eligible for coverage under your insurance
- Domestic partner (if she/he is not also a City of Fort Lauderdale employee eligible for benefits) as established by the City (**Affidavit of Domestic Partnership**)

- Your biological child, legally adopted child or a child placed in the home for adoption in accordance with applicable state and federal laws (**copy of official legal documents proving the status**)
- Child(ren) of your domestic partner, unless covered by a spouse/domestic partner who also works for the City of Fort Lauderdale (**copy of official birth certificate showing the domestic partner as the parent**)
- Your child, if permanently physically and/or mentally disabled (**and not an eligible City employee**), may be covered indefinitely beyond the limiting age as long as acceptable proof of the disability is provided to the plans. (**The health plan will request medical proof of the disability.**)
- Court order for the specified dependent child or foster child placed in your home (**copy of the executed court order**)
- A grandchild up to age 18 months if born while your child is covered under the plan and the parent remains covered under the plan (**copy of birth certificate**)
- The Patient Protection and Affordable Care Act permits married or unmarried dependent children to be covered under the health plans to the last day of the calendar year that they reach the age of 26. An unmarried dependent child may be covered for health beyond age 26 to age 30, if the criteria established by Florida Statute are satisfied. Dependent children enrolled for dental coverage are eligible to the end of the calendar year that they reach the age of 25. Dependent children enrolled for vision coverage are covered to the end of the month in which they turn age 26.
- Your foster child, if placed in your home prior to age 18 (**proof of placement by the Department of Children and Families or the foster care program of a licensed agency**)

What are the criteria for dependent children ages 26-30 (end of calendar year) to be eligible for group medical coverage?

- Florida Statute Chapter 627.6562 stipulates that the child must be (a) unmarried without any dependents, (b) a resident of the state of Florida or a full-time/part-time student and (c) is not provided coverage or is not a covered person under any other group medical insurance policy or individual medical benefits plan, or is not entitled to benefits under Title XVIII of the Social Security Act.
- Employees enrolling a new dependent child age 26+ must provide supporting documentation that the child was continuously covered by other creditable coverage without a gap in coverage of more than 63 days.



FREQUENTLY ASKED QUESTIONS (FAQS)

City of FORT LAUDERDALE

PRE-TAX PREMIUM/IMPUTED INCOME

What is pre-tax premium?

Pre-tax premium is an insurance contribution deducted from your paycheck before you pay any taxes. Premium contributions for medical, dental, vision, supplemental life (up to \$50,000), health care and dependent care FSAs are deducted through a Cafeteria Plan established under Internal Revenue Code (IRC) Section 125 and the City's Flexible Benefits Plan document. Due to IRC Section 125 rules, mid-year pre-tax premium changes may only be processed if the employee satisfies a qualifying event as permitted by the IRC Section 125, and the City's Plan document, or exercises a HIPAA Special Enrollment Right and submits a timely request.

Are premiums for adult children ages 26 to 30 and domestic partners/dependent children of domestic partners deducted pre-tax?

Generally, no. Premiums attributable to dependent children ages 26 to 30 is deducted post-tax unless they meet the definition for tax-qualified dependent under Internal Revenue Code Section 152. Premiums attributable to domestic partners, and the children of domestic partners, is deducted post-tax unless it is established that they are qualified tax dependents as defined by Section 152 of the Internal Revenue Code. To have premiums payroll deducted pre-tax, the employee must also complete the Domestic Partner Certification of Dependent Status Form included under Forms on the Employee Benefits web page.

What is Imputed Income?

The Internal Revenue Code (IRC) allows employees to pay "tax free" health insurance subsidies for themselves and their eligible dependents as defined under IRC provisions but generally excludes the amount attributable to dependent children after the end of the year in which they turn age 26, domestic partners and children of domestic partners. The City does not subsidize premiums for Adult children ages 26-30.

IRC SECTION 125 CHANGE IN STATUS QUALIFYING EVENTS

What mid-year (outside of the annual open enrollment period) qualifying events allow me to add or delete dependents?

The health plans are governed by Internal Revenue Code Section 125 rules and the City's Flexible Benefits Plan document, which permits mid-year plan changes (example to add or delete dependents) only if certain qualifying events are experienced by the employee or dependent. Therefore, a participant may not revoke

any elections made, outside of the annual benefits open enrollment period, **except** as illustrated in the following qualifying events or Special Enrollment Rights:

- A change in the participant's legal status, including marriage, divorce, death of the participant's spouse, domestic partnership status (post-tax, unless a qualified tax dependent as defined by the Internal Revenue Code and the employee completes a Domestic Partner Certification of Dependent Status Form)
- A change in the number of dependents that the participant has for federal income tax purposes due to events such as birth, adoption, placement for adoption or death
- A termination or commencement of employment of the participant, spouse, domestic partner (post-tax unless a qualified tax dependent under the Internal Revenue Code) or dependent of the participant
- A reduction or increase in the hours of employment such as a switch between part-time and full-time status, going on an approved unpaid leave of absence (LOA)/Family Medical Leave Act (FMLA) or returning from an approved LOA/FMLA
- An event that causes the participant's dependent to satisfy or cease to satisfy the requirements for coverage due to attainment of age
- A court order or judgment, decree or change in legal custody, including a qualified medical child support order
- Entitlement to/or loss of Medicare eligibility, entitlement to Medicaid
- Entitlement to Premium Assistance under State Medicaid or Children's Health Insurance Program (CHIP), OR loss of eligibility for State Medicaid or CHIP (60 days allowed to exercise these Special Enrollment Rights)
- Differences in the open enrollment periods between the City and another employer affecting the participant's spouse or dependent
- Significant increases in plan costs
- Significant curtailment in plan benefits
- Special Enrollment Rights: If an employee becomes eligible to exercise any Special Enrollment Rights, he/she may change election for the balance of the plan year and file a new election which corresponds with the exercise of those rights. For more information on Special Enrollment Rights, please click on the Cigna image on the Employee Benefits web page to review the certificates of coverage.

FREQUENTLY ASKED QUESTIONS (FAQS)



What is the consistency rule governing change in status requests?

IRC Section 125 requires that any change in status requests processed must be consistent with the qualifying event. For example, if the employee gets a divorce, it would be a qualifying event to delete the ex-spouse, but not to add existing dependent children who were not on the employee's plan. Another example is the event of a deceased spouse. It would be a qualifying event to delete the deceased spouse and add the existing dependents, if they were enrolled under the spouse's health plan, within 30 days from the date of death.

How do I make a change to my medical/dental/vision/life insurance plan outside of the annual open enrollment and what is the time frame?

To make a change in your medical, dental or vision plan or life insurance outside of the annual open enrollment, employees and retirees must complete a Benefits Election Change Form and Flex Change in Status Form and submit them to Employee Benefits, HR no later than 30 days from the event (60 days for newborns/adoptions/placement for adoption/entitlement or loss of eligibility for State Medicaid/CHIP or entitlement to Premium Assistance under State Medicaid/CHIP). Retirees must complete a Benefits Election Change Form and a Flex Change in Status Form and submit them to Employee Benefits, HR. These forms may be downloaded from www.fortlauderdale.gov/benefits or obtained from Employee Benefits, HR. Do not delay in submitting the completed change forms while you gather the supporting documentation. Change requests must be completed within the specified time frames. You must then follow-up with the supporting documentation to provide to Employee Benefits, HR as soon as it becomes available. The types of documentation required to support the change in status are identified on the Change in Status Form. Changes between medical and dental plans are generally not allowed.

When do requested changes become effective?

Open enrollment changes become effective January 1 of the upcoming year (with the exception of life insurance increases which are effective subject to approval from Unum). Outside of the open enrollment period, changes generally become effective the first day of the month following receipt of the change request if provided within 30 days from the date of the event (60 days for newborns/adoptions/placement for adoption/ entitlement to State Medicaid/CHIP or entitlement to CHIP).

When do changes to add a newborn, adopted child or child placed for adoption become effective?

Payroll changes to add a newborn/child adopted or placed for adoption are processed in accordance to Florida Statute 641.31(9). If the change request is completed within 31 days of birth, the premium is waived for the first 31 days from birth. If the change request is completed after the first 31 days, but within 60 days of the qualifying event, the new premium will be charged retroactively to the date of the qualifying event.

What if I submit a late request for a change in status qualifying event?

If the request is submitted beyond the required time frames, the change will not be processed. If the request is to delete an ineligible dependent, you will be responsible financially for any claims incurred by that ineligible dependent but the premium changes, if applicable, will not be processed. Late requests to add new dependents will not be processed. You will need to make the change during the annual benefits open enrollment or if you exercise an allowable HIPAA Special Enrollment Right.



FREQUENTLY ASKED QUESTIONS (FAQS)

City of FORT LAUDERDALE

CANCELLATION

May I cancel coverage outside the annual benefits open enrollment?

Employees may request cancellation of coverage during the year as permitted by Florida Statute. However, for pre-tax benefits, if there is not an IRC Section 125 qualifying event, pre-tax premium payroll deductions will continue through the end of the current plan year. If you opt out or cancel your coverage you may not reapply (a) until the annual benefits open enrollment period, which takes place in the fall of each year, or (b) if you may exercise a HIPAA Special Enrollment Right. Requests to cancel post-tax benefits during the year will be processed prospectively without a penalty. Applications to re-enroll for life insurance benefits are subject to evidence of insurability.

BENEFICIARY DESIGNATIONS

May I update my beneficiaries at any time?

Yes. If enrolled for life insurance, you are strongly encouraged to review your beneficiaries and update, if necessary, when you experience a change in status such as divorce, marriage, death or any other changes. You are also encouraged to list contingent/secondary beneficiaries in the event your primary beneficiary(ies) predeceases you. Simply download the Group Term Life Beneficiary Designation Form from the City's Employee Benefits web page, complete it and drop it off or mail to Employee Benefits, HR.

Where may I find information on life insurance benefits and provisions?

Review the Unum certificates of coverage on the Employee Benefits web page or contact Unum toll free at 1-800-445-0402.

HEALTH REIMBURSEMENT ACCOUNT (HRA)

What is an HRA?

An HRA is an employer-funded, tax-qualified spending account that may be used to pay for qualified health expenses such as deductibles and coinsurance for covered medical expenses and prescription drugs.

Do all employees enrolled in the medical plans have an HRA account funded by the City?

No. HRA funding is only available to employees/dependents enrolled for the Cigna Choice Fund Plan (CDHP). Employees may not access funds remaining in the account upon separation of employment since the account is not portable. Retirees are not eligible for HRA funding.

How much HRA funding does the City provide for Choice Fund (CDHP) participants for the plan year?

- Employee only = \$750
- Employee + one dependent = \$1,000
- Employee + two or more dependents = \$1,500
- Adult child = \$750
- The funding is prorated for enrollments after January 1.

Is there a separate ID card for the HRA?

No. The Cigna ID card is presented to access the HRA funding.

How do I keep track of the funds remaining in my HRA or obtain more information?

You may keep track of your HRA balance by reviewing Explanation of Benefits (EOB) statements received, by logging on to www.myCigna.com, reviewing quarterly HRA statements received or by contacting Cigna's customer service 24/7 toll-free at 1-800-244-6224. You may also review the Cigna summary plan descriptions on the Employee Benefits web page.

May the funds in my HRA be rolled over to another calendar year?

Yes; however, this is subject to changes in IRS guidelines and City policy.

GAP INSURANCE

(a.k.a. Major Medical Complement Insurance)

What is GAP coverage and what company administers it?

- This benefit helps pay the out-of-pocket expenses an insured individual incurs due to a covered injury or sickness. GAP coverage for enrolled children ends at age 26.
- Fidelity Security Life Insurance Company underwrites the product for Allstate.

Must I enroll for GAP coverage if I enroll in Cigna Medical Plans?

No. It is an optional benefit.

What types of covered medical expenses may GAP coverage be used for?

Expenses include (a) hospital confinement due to injury or illness, (b) medically necessary outpatient treatment of an injury or sickness, (c) outpatient benefits, including treatment under the regular care of a physician at a hospital, (d) expenses at a physician's office (except those expenses allocated as a physician's

FREQUENTLY ASKED QUESTIONS (FAQS)



office visit expense), or (e) outpatient surgical, emergency or diagnostic testing facility or a similar facility licensed to provide outpatient treatment. Benefits are limited to the difference between the benefit paid by your major medical plan and actual outpatient expenses incurred.

What are the maximum GAP limits for the CIGNA plans?

- Choice Fund (CDHP) - \$4,000 hospital confinement and \$2,000 outpatient benefit
- OAPIN1 (HMO1) and OAPIN2 (HMO2) - \$2,500 hospital confinement and \$1,250 outpatient benefit

If I enroll for GAP coverage, will I receive a separate ID card in addition to the Cigna ID card?

Yes. The card will be from SIS.

Upon accessing health expenses, must I present the GAP ID card along with my Cigna ID card?

Yes. By submitting both cards at the same time it may eliminate the need to file a separate claim. For example, if you are enrolled in either of the CIGNA OAPIN1 (HMO1) OR OAPIN2 (HMO2) plan, you are responsible for a \$200 copayment for an MRI at a participating outpatient diagnostic facility. If you enrolled for the GAP coverage, just present your Cigna ID card along with the GAP card and the \$200 copay will be deducted from your GAP balance (providing the funds were not depleted prior to this visit).

COBRA

What is COBRA?

- COBRA is the federal law that requires most group health plans, including Health Care Flex Spending Accounts, to give employees, their covered dependents and qualified beneficiaries the opportunity to continue their group health benefits when there is a "qualifying event" (i.e., termination of employment, retirement, divorce, death of employee, etc.) that would result in a loss of coverage under an employer's plan. Continuation coverage for each qualified beneficiary must be the identical coverage that the plan offers to active employees and covered dependents. COBRA rights may be exercised independently for each qualified beneficiary.
- The employee or family member must provide written notice to Employee Benefits, HR within 60 days of the event when a covered spouse loses eligibility due to divorce or a dependent child loses eligibility. The City extends a COBRA-like continuation of coverage option to domestic partners and their dependents who lose eligibility for group benefits.

- The law specifies the time frames within which qualified beneficiaries must be notified, be allowed to elect continuation coverage and make payments. The cost to qualified beneficiaries may not exceed 102% of the premium equivalent cost of insurance for the active group.

How will I and my qualified beneficiaries be notified of my COBRA rights?

The City has contracted with a Third Party Administrator (TPA), currently P&A Group, to administer the COBRA provisions, provide notification within the time frames specified by the federal law and to perform the accounts receivable functions for qualified beneficiaries who elect continuation. The City provides the TPA with information pertaining to new enrollees and employees losing group coverage due to termination of employment and other known qualifying events.

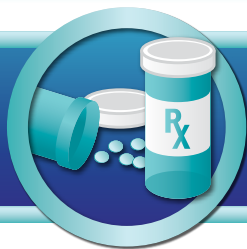
Where may I obtain more information on COBRA?

Go to the P&A Group posting at www.fortlauderdale.gov or contact the City's COBRA Administrator, P&A Group, at 1-800-688-2611.

APPROVED UNPAID LEAVES OF ABSENCE (LOA)/FMLA

How do I maintain my group benefits while on unpaid leave and FMLA?

Going on an approved unpaid LOA or FMLA leave is considered a qualifying event that allows you to make changes to your coverage consistent with the event. For example, you may delete dependents or cancel coverage within 30 days of being in an unpaid LOA or FMLA leave. Since you will not receive a paycheck while on unpaid leave, the premiums to cover your plan elections cannot be payroll deducted. You must take steps to ensure there is no disruption in your coverage. Before you miss your first paycheck, please contact Employee Benefits, HR for instructions on how much to pay, the frequency of payments and other pertinent information.



PRESCRIPTION COVERAGE AND MEDICARE

City of FORT LAUDERDALE

2016 IMPORTANT NOTICE FROM THE CITY OF FORT LAUDERDALE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE TO ACTIVE EMPLOYEES, RETIREES AND DEPENDENTS PARTICIPATING IN THE FOLLOWING CITY-SPONSORED HEALTH PLANS:

**Cigna Open Access Plus In-Network 1 (OAPIN1, aka HMO1) and
Cigna Open Access Plus In-Network 2 (OAPIN2, aka HMO2) and
Choice Fund (CDHP)**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the City of Fort Lauderdale and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available to everyone with Medicare in 2006. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The City of Fort Lauderdale has determined that the prescription drug coverage under OAPIN1 (HMO1), OAPIN2 (HMO2) and Choice Fund (CDHP) are, on average, expected to pay out as much as standard Medicare prescription drug coverage pays for all plan participants and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you may keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When can you join a Medicare drug plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens to your current coverage if you decide to join a Medicare drug plan?

If you decide to join a Medicare drug plan, your current City of Fort Lauderdale coverage will not be affected. Coverage under the City's plan will be primary.

For those individuals who elect Part D coverage and elect to drop coverage under the City of Fort Lauderdale's plan, coverage will end for the individual and all covered dependents, etc. See pages 7-9 of the Centers for Medicare and Medicaid Services (CMS) Disclosure of Creditable Coverage to Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

Your current City of Fort Lauderdale coverage pays for other medical expenses in addition to prescription drug benefits. If you do decide to join a Medicare drug plan and drop your current City of Fort Lauderdale medical plan, which includes prescription drug benefits, please be aware that you (if actively employed) and your dependents may not be able to get this coverage back until the next annual benefits open enrollment period, which has an upcoming effective date of January 1. Retirees who drop their current City of Fort Lauderdale plan, which includes prescription drug coverage, must be aware that they will not be able to get this coverage back at a later date.

PRESCRIPTION COVERAGE AND MEDICARE



When will you pay a higher premium (penalty) to join a Medicare drug plan?

You should also know that if you drop or lose your current coverage with the City of Fort Lauderdale and do not join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about this notice or your current prescription drug coverage:

Contact the office listed below for further information and refer to the certificates of coverage issued by the prescription drug provider.

NOTE: You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through the City of Fort Lauderdale changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare prescription drug coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number)
- For personalized help, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date:	October 14, 2015
Name of Entity/Sender:	City of Fort Lauderdale
Contact-Position/Office:	Employee Benefits, Human Resources
Address:	100 North Andrews Avenue, 3rd Floor Fort Lauderdale, FL 33301
Phone Number:	954-828-5160



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 1-31-2017)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact BENEFITS SECTION, HR.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 1-31-2017)

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name CITY OF FORT LAUDERDALE		4. Employer Identification Number (EIN) 59-6000319	
5. Employer address 100 N. ANDREWS AVENUE		6. Employer phone number 954-828-5160	
7. City FORT LAUDERDALE	8. State FL	9. ZIP code 33301	
10. Who can we contact about employee health coverage at this job? BENEFITS MANAGER			
11. Phone number (if different from above)		12. Email address healthyliving@fortlauderdale.gov	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

☒ Some employees. Eligible employees are:

All full-time employees and part-time employees who satisfy the criteria under the Affordable Care Act (ACA).

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

Spouses, domestic partners, dependent children of employees up to age 26 and those who satisfy the guidelines under Florida Statute (FS627.6562)

☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

CITY OF FORT LAUDERDALE NOTICE REGARDING COLLECTION, USE, AND DISCLOSURE OF SOCIAL SECURITY NUMBERS

The collection of social security numbers by the City of Fort Lauderdale ("City") is either specifically authorized by law or imperative for the performance of the City's duties and responsibilities as prescribed by law and the Florida Constitution. The following list identifies the purposes for which social security numbers may be collected, used, or disclosed, the relevant legal authority, and whether collection of the social security number for the stated purpose is mandatory or authorized.

- For employment eligibility, reports to the Internal Revenue Service, and income tax withholding, including for W-2's, W-4's, and I-9's. [Collection mandated by 26 U.S.C. §6051, 26 C.F.R. §31.6011(b)-2, 26 U.S.C. §3402, 26 C.F.R. §31.3402(f)(2)-1, 31 C.F.R. §31.3402(f)(5)-1, 8 U.S.C. §1324a, 8 C.F.R. §274a.2, 26 C.F.R. §31.6051-1, and 26 C.F.R. §301.6109-1. Disclosure: 26 U.S.C. §6051, 26 C.F.R. §6051-1, §119.071(5)(a)6, Fla. Stat.];
- For reports to the Social Security Administration. [Disclosure: 26 C.F.R. §31.6051-2, §119.071(5)(a)6, Fla. Stat.];
- For administration of the City's health benefits, pension fund, deferred compensation plan, and defined contribution plan, [Disclosure: §119.071(5)(a)6, Fla. Stat.];
- For income deduction notices for child support, alimony, and child support enforcement. [Collection authorized by §§61.1301(2)(e) and 61.13, Fla. Stat. Disclosure: 42 U.S.C. §653a(b), §119.071(5)(a)6, Fla. Stat.];
- For unemployment compensation benefits. [Disclosure: §119.071(5)(a)6, Fla. Stat.];
- For reports of worker's compensation injury or death. [Disclosure: §§440.185, and 119.071(5)(a)6, Fla. Stat.];
- For worker's compensation petitions for benefits and responses. [Collection authorized by §60Q-6.103, Florida Administrative Code. Disclosure: §60Q-6.103, Florida Administrative Code, and §119.071(5)(a)6, Fla. Stat.];
- For notices of tort claim. [Collection mandated by §768.28(6), Fla. Stat.];
- For verification of identity, background investigations and criminal history checks. [Disclosure: §119.071(5)(a)6, Fla. Stat.];
- The social security number may be disclosed to facilitate the direct deposit of funds to a payee's account. [§119.071(5)(a)6, Fla. Stat.]
- The social security number may be disclosed if it is expressly required by federal or state law or a court order. [§119.071(5)(a)6, Fla. Stat.]
- The social security number may be disclosed if the individual expressly consents in writing to the disclosure of his or her social security number. [§119.071(5)(a)6, Fla. Stat.]
- The social security number may be disclosed if the disclosure is necessary for the City to perform its duties and responsibilities. [§119.071(5)(a)6, Fla. Stat.]
- The social security number may be disclosed if the disclosure is made to comply with the USA Patriot Act of 2001, Pub. L. No. 107-56, or Presidential Executive Order 13224. [§119.071(5)(a)6, Fla. Stat.]
- The social security number may be disclosed if the disclosure is made to a commercial entity for the permissible uses set forth in the federal Driver's Privacy Protection Act of 1994, 18 U.S.C. ss. 2721 et seq.; the Fair Credit Reporting Act, 15 U.S.C. ss. 1681 et seq.; or the Financial Services Modernization Act of 1999, 15 U.S.C. ss. 6801 et seq., provided that the authorized commercial entity complies with the requirements of Fla. Stat. §119.071(5). [§119.071(5)(a)6, Fla. Stat.]



City of FORT LAUDERDALE

Employee Benefits • Risk Management Division • Human Resources

City Hall • 100 N. Andrews Avenue • Fort Lauderdale, FL 33301

(954) 828-5160 • www.fortlauderdale.gov/benefits • healthyliving@fortlauderdale.gov

BENEFITS DIRECTORY

MEDICAL / DENTAL / VISION

• CIGNA	www.cigna.com	1-800-244-6224
• Personal CIGNA Web Portal	www.mycigna.com	
• Employee Assistance Program (EAP)	CignaBehavioral.com (Employer ID: cofl)	(24/7) 1-877-622-4327
• CIGNA Wellness Program	www.fortlauderdale.gov/benefits - then select the CIGNA Wellness site	
• Blossom Paravattil, CIGNA Onsite Wellness Coordinator		954-652-1306 Fax: 1-860-847-5126
• Allstate GAP Insurance	customerservice@specialinc.com	1-800-767-6811
• Humana Dental	www.humanadental.com	1-800-233-4013
• United Healthcare Vision	www.myuhcvision.com	1-800-638-3120 Fax: 1-248-733-6060

CITY HEALTH AND WELLNESS CENTER

• Marathon Health (Administrator)	www.marathon-health.com/MyPhr/login	1-754-206-2420 Fax: 954-867-5583
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LIFE INSURANCE

• Unum Life Insurance	www.unum.com	1-800-445-0402 Fax: 1-800-447-2498
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INCOME PROTECTION (short term disability, accident, critical life events/cancer)

• Trustmark	www.trustmarksolutions.com	1-877-201-9373, Option 2
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IRC/FSA ADMINISTRATOR

• Health Care Spending	www.padmin.com	
• Dependent Care Spending	www.padmin.com	1-800-688-2611

LEGAL SERVICES

• ARAG Legal	www.araglegalcenter.com (Access code 18107cfl)	1-800-247-4184
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FLORIDA PRE-PAID COLLEGE TUITION

• Florida Pre-Paid College Tuition	www.myfloridaprepaid.com	1-800-552-4723 Fax: 1-850-309-1766
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DEFERRED COMPENSATION / LOANS

• ICMA-RC	http://www.icmarc.org/	1-800-669-7400
• Nationwide	www.nrsforu.com	1-877-677-3678
• BMG Loans at Work	http://www.loansatwork.com/	1-800-316-8507

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CONTRACT
COPY

AGREEMENT FOR SINGLE SOURCE MANAGED CARE THIRD-PARTY ADMINISTRATOR

THIS AGREEMENT, effective the 1st day of October, 2011, by and between the City of Fort Lauderdale, a Florida municipality, ("City"), whose address is 100 North Andrews Avenue, Fort Lauderdale, FL 33301-1016, and Connecticut General Life Insurance Company, a Connecticut corporation authorized to transact business in the State of Florida, ("Contractor" or "Company"), whose address and phone number are 900 Cottage Grove Road, Hartford, CT, 06152, Phone: 860-226-7501, for the term specified herein,

NOW THEREFORE, for and in consideration of the mutual promises and covenants set forth herein and other good and valuable consideration, the City and the Contractor covenant and agree as follows:

WITNESSETH:

I. DOCUMENTS

The following documents (collectively "Contract Documents") are hereby incorporated into and made part of this Agreement:

- (1) Request for Proposal 115-10759, Single Source Managed Care Third-Party Administrator, including any and all addenda, prepared by the City of Fort Lauderdale, ("RFP") (or "Exhibit A").
- (2) Response to the RFP, dated June 23, 2011 ("Exhibit B").
- (3) Administrative Services Agreement ("Exhibit C")

All Contract Documents may also be collectively referred to as the "Documents." In the event of any conflict between or among the Documents or any ambiguity or missing specifications or instruction, the following priority is established:

1. Specific direction from the City Manager (or designee)
2. Exhibit C
3. This Agreement dated October 1, 2011 and any attachments.
4. Exhibit A
5. Exhibit B

II. SCOPE

The Contractor shall perform the Work under the general direction of the City as set forth in the Contract Documents.

Unless otherwise specified herein, the Contractor shall perform all Work identified in this Agreement. The parties agree that the scope of services is a description of Contractor's obligations and responsibilities, and is deemed to include preliminary considerations and prerequisites, and all labor, materials, equipment, and tasks which are such an inseparable part of the work described that exclusion would render performance by Contractor impractical, illogical, or unconscionable.

Contractor acknowledges and agrees that the City's Contract Administrator has no authority to make changes that would increase, decrease, or otherwise modify the Scope of Services to be provided under this Agreement.

By signing this Agreement, the Contractor represents that it thoroughly reviewed the documents incorporated into this Agreement by reference and that it accepts the description of the Work and the conditions under which the Work is to be performed.

III. TERM OF AGREEMENT

The initial contract period shall commence on October 1, 2011 and shall end on December 31, 2014. In the event the term of this Agreement extends beyond the end of any fiscal year of City, to wit, September 30, the continuation of this Agreement beyond the end of such fiscal year shall be subject to both the appropriation and the availability of funds.

IV. COMPENSATION

The Contractor agrees to provide the services and/or materials as specified in the Contract Documents at the cost specified in Exhibit B. It is acknowledged and agreed by Contractor that this amount is the maximum payable and constitutes a limitation upon City's obligation to compensate Contractor for Contractor's services related to this Agreement. This maximum amount, however, does not constitute a limitation of any sort upon Contractor's obligation to perform all items of work required by or which can be reasonably inferred from the Scope of Services. Except as otherwise provided in the solicitation, no amount shall be paid to Contractor to reimburse Contractor's expenses.

V. METHOD OF BILLING AND PAYMENT

Contractor may submit invoices for compensation no more often than monthly, but only after the services for which the invoices are submitted have been completed. An original invoice plus one copy are due within fifteen (15) days of the end of the month except the final invoice which must be received no later than sixty (60) days after this Agreement expires. Invoices shall designate the nature of the services performed and/or the goods provided.

City shall pay Contractor within forty-five (45) days of receipt of Contractor's proper invoice, as provided in the Florida Local Government Prompt Payment Act.

To be deemed proper, all invoices must comply with the requirements set forth in this Agreement and must be submitted on the form and pursuant to instructions prescribed by the City's Contract Administrator. Payment may be withheld for failure of Contractor to comply with a term, condition, or requirement of this Agreement.

Notwithstanding any provision of this Agreement to the contrary, City may withhold, in whole or in part, payment to the extent necessary to protect itself from loss on account of inadequate or defective work that has not been remedied or resolved in a manner satisfactory to the City's Contract Administrator or failure to comply with this Agreement. The amount withheld shall not be subject to payment of interest by City.

VI. GENERAL CONDITIONS

A. Indemnification

Contractor shall protect and defend at Contractor's expense, counsel being subject to the City's approval, and indemnify and hold harmless the City and the City's officers, employees, volunteers, and agents from and against any and all losses, penalties, fines, damages, settlements, judgments, claims, costs, charges, expenses, or liabilities, including any award of attorney fees and any award of costs, in connection with or arising directly or indirectly out of any act or omission by the Contractor or by any officer, employee, agent, invitee, subcontractor, or sublicensee of the Contractor. The provisions and obligations of this section shall survive the expiration or earlier termination of this Agreement. To the extent considered necessary by the City Manager, any sums due Contractor under this Agreement may be retained by City until all of City's claims for indemnification pursuant to this Agreement have been settled or otherwise resolved, and any amount withheld shall not be subject to payment of interest by City.

B. Intellectual Property

Contractor shall protect and defend at Contractor's expense, counsel being subject to the City's approval, and indemnify and hold harmless the City from and against any and all losses, penalties, fines, damages, settlements, judgments, claims, costs, charges, royalties, expenses, or liabilities, including any award of attorney fees and any award of costs, in connection with or arising directly or indirectly out of any infringement or allegation of infringement of any patent, copyright, or other intellectual property right in connection with the Contractor's or the City's use of any copyrighted, patented or un-patented invention, process, article, material, or device that is manufactured, provided, or used pursuant to this Agreement. If the Contractor uses any design, device, or materials covered by letters, patent or copyright, it is mutually agreed and understood without exception that the bid prices shall include all royalties or costs arising from the use of such design, device, or materials in any way involved in the work.

C. Termination for Cause

The aggrieved party may terminate this Agreement for cause if the party in breach has not corrected the breach within ten (10) days after written notice from the aggrieved party identifying the breach. The City Manager may also terminate this Agreement upon such notice as the City Manager deems appropriate under the circumstances in the event the City Manager determines that termination is necessary to protect the public health or safety. The parties agree that if the City erroneously, improperly or unjustifiably terminates for cause, such termination shall be deemed a termination for convenience, which shall be effective thirty (30) days after such notice of termination for cause is provided.

This Agreement may be terminated for cause for reasons including, but not limited to, Contractor's repeated (whether negligent or intentional) submission for payment of false or incorrect bills or invoices, failure to perform the Work to the City's satisfaction; or failure to continuously perform the work in a manner calculated to meet or accomplish the objectives as set forth in this Agreement.

D. Termination for Convenience

The City reserves the right, in its best interest as determined by the City, to cancel this contract for convenience by giving written notice to the Contractor at least thirty (30) days prior to the effective date of such cancellation. In the event this Agreement is terminated for convenience,

Contractor shall be paid for any services performed to the City's satisfaction pursuant to the Agreement through the termination date specified in the written notice of termination. Contractor acknowledges and agrees that he/she/it has received good, valuable and sufficient consideration from City, the receipt and adequacy of which are hereby acknowledged by Contractor, for City's right to terminate this Agreement for convenience.

E. Cancellation for Unappropriated Funds

The City reserves the right, in its best interest as determined by the City, to cancel this contract for unappropriated funds or unavailability of funds by giving written notice to the Contractor at least thirty (30) days prior to the effective date of such cancellation. The obligation of the City for payment to a Contractor is limited to the availability of funds appropriated in a current fiscal period, and continuation of the contract into a subsequent fiscal period is subject to appropriation of funds, unless otherwise provided by law.

F. Insurance

The Contractor shall furnish proof of insurance requirements as indicated below. The coverage is to remain in force at all times during the contract period. The following minimum insurance coverage is required. The commercial general liability insurance policy shall name the City of Fort Lauderdale, a Florida municipality, as an "additional insured." This MUST be written in the description section of the insurance certificate, even if there is a check-off box on the insurance certificate. Any costs for adding the City as "additional insured" shall be at the Contractor's expense.

The City of Fort Lauderdale shall be given notice 10 days prior to cancellation or modification of any required insurance. The insurance provided shall be endorsed or amended to comply with this notice requirement. In the event that the insurer is unable to accommodate, it shall be the responsibility of the Contractor to provide the proper notice. Such notification will be in writing by registered mail, return receipt requested and addressed to the Procurement Services Division.

The Contractor's insurance must be provided by an A.M. Best's "A-" rated or better insurance company authorized to issue insurance policies in the State of Florida, subject to approval by the City's Risk Manager. Any exclusions or provisions in the insurance maintained by the contractor that excludes coverage for work contemplated in this solicitation shall be deemed unacceptable, and shall be considered breach of contract.

Workers' Compensation and Employers' Liability Insurance

Limits: Workers' Compensation -- Per Chapter 440, Florida Statutes
Employers' Liability - \$500,000

Any firm performing work for or on behalf of the City of Fort Lauderdale must provide Workers' Compensation insurance. Exceptions and exemptions can only be made, by the City's Risk Manager, if they are in accordance with Florida Statutes.

Commercial General Liability Insurance

Covering premises-operations, products-completed operations, independent contractors and contractual liability.

Limits: Combined single limit bodily injury/property damage \$1,000,000.

This coverage must include, but not limited to:

- a. Coverage for the liability assumed by the contractor under the indemnity provision of the contract.
- b. Coverage for Premises/Operations
- c. Products/Completed Operations
- d. Broad Form Contractual Liability
- e. Independent Contractors

Automobile Liability Insurance

Covering all owned, hired and non-owned automobile equipment.

Limits: Bodily injury	\$250,000 each person, \$500,000 each occurrence
Property damage	\$100,000 each occurrence

Professional Liability (Errors & Omissions)

Consultants

Limits:	\$2,000,000 per occurrence
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Insurance for Electronic Data Theft

The successful contractor will need to provide proof that they maintain insurance coverage in an amount of not less than \$2,000,000 specifically for cyber related crimes relating to the transmission of Protected Health Information over their website that can include but are not limited to criminal activity involving the information technology infrastructure, including illegal access (unauthorized access), illegal interception (by technical means of non-public transmissions of computer data to, from or within a computer system), data interference (unauthorized damaging, deletion, deterioration, alteration or suppression of computer data), systems interference (interfering with the functioning of a computer system by inputting, transmitting, damaging, deleting, deteriorating, altering or suppressing computer data), misuse of devices, forgery (ID theft), and electronic fraud.

Limits:	\$2,000,000 per occurrence
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Certificate holder should be addressed as follows:

City of Fort Lauderdale
Procurement Services Division
100 N. Andrews Avenue, Room 619
Fort Lauderdale, FL 33301

G. Environmental, Health and Safety

Contractor shall place the highest priority on health and safety and shall maintain a safe working environment during performance of the Work. Contractor shall comply, and shall secure compliance by its employees, agents, and subcontractors, with all applicable environmental, health, safety and security laws and regulations, and performance conditions in this Agreement. Compliance with such requirements shall represent the minimum standard required of Contractor. Contractor shall be responsible for examining all requirements and determine whether additional or more stringent environmental, health, safety and security provisions are required for the Work. Contractor agrees to utilize protective devices as required by applicable laws, regulations, and any industry or Contractor's health and safety plans and regulations, and to pay the costs and expenses thereof, and warrants that all such persons shall be fit and qualified to carry out the Work.

H. Standard of Care

Contractor represents that he/she/it is qualified to perform the Work, that Contractor and his/her/its subcontractors possess current, valid state and/or local licenses to perform the Work, and that their services shall be performed in a manner consistent with that level of care and skill ordinarily exercised by other qualified contractors under similar circumstances.

I. Rights in Documents and Work

Any and all reports, photographs, surveys, and other data and documents provided or created in connection with this Agreement are and shall remain the property of City; and Contractor disclaims any copyright in such materials. In the event of and upon termination of this Agreement, any reports, photographs, surveys, and other data and documents prepared by Contractor, whether finished or unfinished, shall become the property of City and shall be delivered by Contractor to the City's Contract Administrator within seven (7) days of termination of this Agreement by either party. Any compensation due to Contractor shall be withheld until Contractor delivers all documents to the City as provided herein.

J. Audit Right and Retention of Records

City shall have the right to audit the books, records, and accounts of Contractor that are related to this Agreement. Contractor shall keep such books, records, and accounts as may be necessary in order to record complete and correct entries related to this Agreement. All books, records, and accounts of Contractor shall be kept in written form, or in a form capable of conversion into written form within a reasonable time, and upon request to do so, Contractor shall make same available at no cost to City in written form.

Contractor shall preserve and make available, at reasonable times for examination and audit by City, all financial records, supporting documents, statistical records, and any other documents pertinent to this Agreement for the required retention period of the Florida public records law, Chapter 119, Florida Statutes, as may be amended from time to time, if applicable, or, if the Florida Public Records Act is not applicable, for a minimum period of three (3) years after termination of this Agreement. If any audit has been initiated and audit findings have not been resolved at the end of the retention period or three (3) years, whichever is longer, the books, records, and accounts shall be retained until resolution of the audit findings. If the Florida public records law is determined by City to be applicable to Contractor, Contractor shall comply with all requirements thereof; however, Contractor shall violate no confidentiality or non-disclosure requirement of either federal or state law. Any incomplete or incorrect entry in such books,

records, and accounts shall be a basis for City's disallowance and recovery of any payment upon such entry.

The Contractor shall maintain during the term of the contract all books of account, reports and records in accordance with generally accepted accounting practices and standards for records directly related to this contract.

K. Public Entity Crime Act

Contractor represents that the execution of this Agreement will not violate the Public Entity Crime Act, Section 287.133, Florida Statutes, as may be amended from time to time, which essentially provides that a person or affiliate who is a contractor, consultant, or other provider and who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to City, may not submit a bid on a contract with City for the construction or repair of a public building or public work, may not submit bids on leases of real property to City, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with City, and may not transact any business with City in excess of the threshold amount provided in Section 287.017, Florida Statutes, as may be amended from time to time, for category two purchases for a period of 36 months from the date of being placed on the convicted vendor list. Violation of this section shall result in termination of this Agreement and recovery of all monies paid by City pursuant to this Agreement, and may result in debarment from City's competitive procurement activities.

L. Independent Contractor

Contractor is an independent contractor under this Agreement. Services provided by Contractor pursuant to this Agreement shall be subject to the supervision of the Contractor. In providing such services, neither Contractor nor Contractor's agents shall act as officers, employees, or agents of City. No partnership, joint venture, or other joint relationship is created hereby. City does not extend to Contractor or Contractor's agents any authority of any kind to bind City in any respect whatsoever.

M. Inspection and Non-Waiver

Contractor shall permit the representatives of CITY to inspect and observe the Work at all times.

The failure of the City to insist upon strict performance of any other terms of this Agreement or to exercise any rights conferred by this Agreement shall not be construed by Contractor as a waiver of the City's right to assert or rely on any such terms or rights on any future occasion or as a waiver of any other terms or rights.

N. Assignment and Performance

Neither this Agreement nor any right or interest herein shall be assigned, transferred, or encumbered without the written consent of the other party. City may terminate this Agreement, effective immediately, if there is any assignment, or attempted assignment, transfer, or encumbrance, by Contractor of this Agreement or any right or interest herein without City's written consent.

Contractor represents that each person who will render services pursuant to this Agreement is duly qualified to perform such services by all appropriate governmental authorities, where

required, and that each such person is reasonably experienced and skilled in the area(s) for which he or she will render his or her services.

Contractor shall perform Contractor's duties, obligations, and services under this Agreement in a skillful and respectable manner. The quality of Contractor's performance and all interim and final product(s) provided to or on behalf of City shall be comparable to the best local and national standards.

In the event Contractor engages any subcontractor in the performance of this Agreement, Contractor shall ensure that all of Contractor's subcontractors perform in accordance with the terms and conditions of this Agreement. Contractor shall be fully responsible for all of Contractor's subcontractors' performance, and liable for any of Contractor's subcontractors' non-performance and all of Contractor's subcontractors' acts and omissions. Contractor shall defend at Contractor's expense, counsel being subject to City's approval or disapproval, and indemnify and hold City and City's officers, employees, and agents harmless from and against any claim, lawsuit, third party action, fine, penalty, settlement, or judgment, including any award of attorney fees and any award of costs, by or in favor of any of Contractor's subcontractors for payment for work performed for City by any of such subcontractors, and from and against any claim, lawsuit, third party action, fine, penalty, settlement, or judgment, including any award of attorney fees and any award of costs, occasioned by or arising out of any act or omission by any of Contractor's subcontractors or by any of Contractor's subcontractors' officers, agents, or employees.

O. Conflicts

Neither Contractor nor any of Contractor's employees shall have or hold any continuing or frequently recurring employment or contractual relationship that is substantially antagonistic or incompatible with Contractor's loyal and conscientious exercise of judgment and care related to Contractor's performance under this Agreement.

Contractor further agrees that none of Contractor's officers or employees shall, during the term of this Agreement, serve as an expert witness against City in any legal or administrative proceeding in which he, she, or Contractor is not a party, unless compelled by court process. Further, Contractor agrees that such persons shall not give sworn testimony or issue a report or writing, as an expression of his or her expert opinion, which is adverse or prejudicial to the interests of City in connection with any such pending or threatened legal or administrative proceeding unless compelled by court process. The limitations of this section shall not preclude Contractor or any persons in any way from representing themselves, including giving expert testimony in support thereof, in any action or in any administrative or legal proceeding.

P. Schedule and Delays

Time is of the essence in this Agreement. By signing, Contractor affirms that it believes the schedule to be reasonable; provided, however, the parties acknowledge that the schedule might be modified as the City directs.

Q. Materiality and Waiver of Breach

City and Contractor agree that each requirement, duty, and obligation set forth herein was bargained for at arm's-length and is agreed to by the parties in exchange for *quid pro quo*, that each is substantial and important to the formation of this Agreement and that each is, therefore, a material term hereof.

City's failure to enforce any provision of this Agreement shall not be deemed a waiver of such provision or modification of this Agreement. A waiver of any breach of a provision of this Agreement shall not be deemed a waiver of any subsequent breach and shall not be construed to be a modification of the terms of this Agreement.

R. Compliance With Laws

Contractor shall comply with all applicable federal, state, and local laws, codes, ordinances, rules, and regulations in performing Contractor's duties, responsibilities, and obligations pursuant to this Agreement.

S. Severance

In the event a portion of this Agreement is found by a court of competent jurisdiction to be invalid or unenforceable, the provisions not having been found by a court of competent jurisdiction to be invalid or unenforceable shall continue to be effective.

T. Limitation of Liability

The City desires to enter into this Agreement only if in so doing the City can place a limit on the City's liability for any cause of action for money damages due to an alleged breach by the City of this Agreement, so that its liability for any such breach never exceeds the sum of \$1,000. Contractor hereby expresses its willingness to enter into this Agreement with Contractor's recovery from the City for any damage action for breach of contract or for any action or claim arising from this Agreement to be limited to a maximum amount of \$1,000 less the amount of all funds actually paid by the City to Contractor pursuant to this Agreement.

Accordingly, and notwithstanding any other term or condition of this Agreement, Contractor hereby agrees that the City shall not be liable to Contractor for damages in an amount in excess of \$1,000 which amount shall be reduced by the amount actually paid by the City to Contractor pursuant to this Agreement, for any action for breach of contract or for any action or claim arising out of this Agreement. Nothing contained in this paragraph or elsewhere in this Agreement is in any way intended to be a waiver of the limitation placed upon City's liability as set forth in Article 768.28, Florida Statutes.

U. Jurisdiction, Venue, Waiver, Waiver of Jury Trial

This Agreement shall be interpreted and construed in accordance with and governed by the laws of the State of Florida. Venue for any lawsuit by either party against the other party or otherwise arising out of this Agreement, and for any other legal proceeding, shall be in the Seventeenth Judicial Circuit in and for Broward County, Florida, or in the event of federal jurisdiction, in the Southern District of Florida, Fort Lauderdale Division.

V. Amendments

No modification, amendment, or alteration in the terms or conditions contained herein shall be effective unless contained in a written document prepared with the same or similar formality as this Agreement and executed by the Mayor-Commissioner and/or City Manager, as determined by City Charter and Ordinances, and Contractor or others delegated authority to or otherwise authorized to execute same on their behalf.

W. Prior Agreements

This document represents the final and complete understanding of the parties and incorporates or supersedes all prior negotiations, correspondence, conversations, agreements, and understandings applicable to the matters contained herein. The parties agree that there is no commitment, agreement, or understanding concerning the subject matter of this Agreement that is not contained in this written document. Accordingly, the parties agree that no deviation from the terms hereof shall be predicated upon any prior representation or agreement, whether oral or written.

X. Payable Interest

Except as required and provided for by the Florida Local Government Prompt Payment Act, City shall not be liable for interest for any reason, whether as prejudgment interest or for any other purpose, and in furtherance thereof Contractor waives, rejects, disclaims and surrenders any and all entitlement it has or may have to receive interest in connection with a dispute or claim based on or related to this Agreement.

Y. Representation of Authority

Each individual executing this Agreement on behalf of a party hereto hereby represents and warrants that he or she is, on the date he or she signs this Agreement, duly authorized by all necessary and appropriate action to execute this Agreement on behalf of such party and does so with full legal authority.

Z. Uncontrollable Circumstances ("Force Majeure")

The City and Contractor will be excused from the performance of their respective obligations under this agreement when and to the extent that their performance is delayed or prevented by any circumstances beyond their control including, fire, flood, explosion, strikes or other labor disputes, act of God or public emergency, war, riot, civil commotion, malicious damage, act or omission of any governmental authority, delay or failure or shortage of any type of transportation, equipment, or service from a public utility needed for their performance, provided that:

- A. The non performing party gives the other party prompt written notice describing the particulars of the Force Majeure including, but not limited to, the nature of the occurrence and its expected duration, and continues to furnish timely reports with respect thereto during the period of the Force Majeure;
- B. The excuse of performance is of no greater scope and of no longer duration than is required by the Force Majeure;
- C. No obligations of either party that arose before the Force Majeure causing the excuse of performance are excused as a result of the Force Majeure; and
- D. The non-performing party uses its best efforts to remedy its inability to perform. Notwithstanding the above, performance shall not be excused under this Section for a period in excess of two (2) months, provided that in extenuating circumstances, the City may excuse performance for a longer term. Economic hardship of the Contractor will not constitute Force Majeure. The term of the agreement shall be extended by a period equal to that during which either party's performance is suspended under this Section.

AA. Scrutinized Companies

Subject to *Odebrecht Construction, Inc., v. Prasad*, 876 F.Supp.2d 1305 (S.D. Fla. 2012), affirmed, *Odebrecht Construction, Inc., v. Secretary, Florida Department of Transportation*, 715 F.3d 1268 (11th Cir. 2013), this Section applies to any contract for goods or services of \$1 million or more:

The Contractor certifies that it is not on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List and that it does not have business operations in Cuba or Syria as provided in section 287.135, Florida Statutes (2013), as may be amended or revised. The City may terminate this Contract at the City's option if the Contractor is found to have submitted a false certification as provided under subsection (5) of section 287.135, Florida Statutes (2013), as may be amended or revised, or been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List or has been engaged in business operations in Cuba or Syria, as defined in Section 287.135, Florida Statutes (2013), as may be amended or revised.

BB. Public Records

Contractor shall:

- (a) Keep and maintain public records that ordinarily and necessarily would be required by the City in order to perform the service.
- (b) Provide the public with access to public records on the same terms and conditions that the City would provide the records and at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes (2013), as may be amended or revised, 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 City, all public records in possession of the contractor upon termination of this contract 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 City in a format that is compatible with the information technology systems of the City.

IN WITNESS WHEREOF, the City and the Contractor execute this Contract as follows:

CITY OF FORT LAUDERDALE

By: [Signature]
City Manager

Approved as to form:

[Signature]
Senior Assistant City Attorney

ATTEST

By: [Signature]
Print Name: Susan Gunn
Title: Executive Assistant

CONTRACTOR

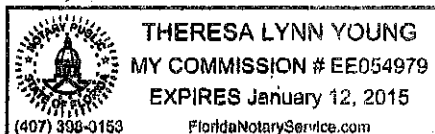
By: [Signature]
Print Name: Morris Dean Mirabelle
Title: Vice President

(SEAL)

State of Florida
County of Hillsborough

The foregoing instrument was acknowledged before me this 10 day of September, 2014, by Morris Dean Mirabelle as (title): Vice President for Connecticut General Life Insurance Company, a Connecticut corporation authorized to transact business in the State of Florida.

(SEAL)



[Signature]
Notary Public, State of _____
(Signature of Notary Public)

Theresa Lynn Young
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known X OR Produced Identification _____
Type of Identification Produced _____

ORIGINAL
DO NOT REMOVE
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BUSINESS ASSOCIATE AGREEMENT

CONTRACT
COPY

This Agreement is made and entered into this 3rd day of November, 2014, by and between the City of Fort Lauderdale, a Florida municipality (hereinafter referred to as the "Covered Entity" or "City") and Connecticut General Life Insurance Company, a Connecticut corporation authorized to transact business in the State of Florida (hereinafter referred to as "Business Associate").

WHEREAS, the Covered Entity and the Business Associate have established a business relationship in which Business Associate, acting for or on behalf of Covered Entity, receives Protected Health Information as defined by the Health Insurance Portability and Accountability Act of 1996 ("Act"); and

WHEREAS, the Covered Entity and the Business Associate desire to comply with the requirements of the Act's Privacy Rule as further set out below.

NOW, THEREFORE, in consideration of the mutual covenants, promises and agreements set forth herein, the Covered Entity and the Business Associate agree as follows:

1. Definitions

a. Terms used, but not otherwise defined, in this Agreement shall have the same meaning as those terms in the Privacy and Security Rules ("Privacy Rule"), as codified in 45 Code of Federal Regulations Parts 160 through 164, as may be amended.

2. Obligations and Activities of Business Associate

a. Business Associate agrees to not use or disclose Protected Health Information other than as permitted or required by the Agreement or as Required by Law.

b. Business Associate agrees to use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement.

c. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement.

d. Business Associate agrees to report to Covered Entity any use or disclosure of the Protected Health Information not provided for by this Agreement of which it becomes aware.

e. Business Associate agrees to ensure that any agent or subcontractor, to whom it provides Protected Health Information received from, or created or received by Business Associate on behalf of Covered Entity, agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.

f. Business Associate agrees to provide access, at the request of an Individual or Covered Entity, and in a reasonable time and manner, to Protected Health Information in a Designated Record Set, to an Individual in order to meet the requirements under 45 C.F.R. § 164.524, if the Business Associate has Protected Health Information in a Designated Record Set.

g. Business Associate agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 C.F.R. § 164.526 at the request of Covered Entity or an Individual, in a reasonable time and manner, if Business Associate has Protected Health Information in a Designated Record Set, or take other measures as necessary to satisfy Covered Entity's obligations under 45 C.F.R. 164.526..

h. Business Associate agrees to make internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health

Information received from, or created or received by Business Associate on behalf of, Covered Entity available to the Covered Entity, or to the Secretary, in a reasonable time and manner or as designated by the Secretary, for purposes of the Secretary determining Covered Entity's compliance with the Privacy Rule.

i. Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 C.F.R. § 164.528.

j. Business Associate agrees to provide to an Individual, within thirty (30) days of receipt of a written request from the Covered Entity or an Individual, information collected in accordance with Section 2.i of this Agreement, to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 C.F.R. § 164.528.

k. Sections 164.308, 164.310, 164.312, and 164.316 of Title 45, Code of Federal Regulations, shall apply to Business Associate in the same manner that such sections apply to Covered Entity.

l. Business Associate shall comply with the privacy, security, and security breach notification provisions applicable to a business associate pursuant to Subtitle D of the Health Information Technology for Economic and Clinical Health Act which is Title XIII of Division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111-5), 42 U.S.C.A. §17921 *et seq.* (2013), as may be amended or revised, ("HITECH"), any regulations promulgated thereunder, and any amendments to the Privacy Rule, all of which are hereby incorporated herein by reference.

For purposes of discovery and reporting of Breaches, Business Associate is not the agent of the Plan or the Employer (as "agent" is defined under common law). Business Associate will investigate Breaches, assess their impact under applicable state and federal law, including HITECH, and make a recommendation to the Plan as to whether notification is required pursuant to 45 C.F.R. §§164.404-408 and/or applicable state breach notification laws. With the Plan's prior approval, Business Associate will issue notices to such individuals, state and federal agencies - including the Department of Health and Human Services, and/or the media as the Plan is required to notify pursuant to, and in accordance with the requirements of Applicable Law (including 45 C.F.R. §§164.404-408). Business Associate will pay the costs of issuing notices required by law and other remediation and mitigation which, in Business Associate's discretion, are appropriate and necessary to address the Breach. Business Associate will not be required to issue notifications that are not mandated by Applicable Law. Business Associate shall provide the Plan with information necessary for the Plan to fulfill its obligation to report Breaches affecting fewer than 500 Individuals to the Secretary as required by C.F.R. §164.408(c).

3. Permitted Uses and Disclosures by Business Associate

a. Except as otherwise limited in this Agreement, Business Associate may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in the Agreement for Single Source Managed Care Third-Party Administrator, No. 115-10759, between the City of Fort Lauderdale and the Business Associate ("Original Contract"), provided that such use or disclosure would not violate the Privacy Rule if done by Covered Entity or the minimum necessary policies and procedures of the Covered Entity.

4. Specific Use and Disclosure Provisions

a. Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.

b. Except as otherwise limited in this Agreement, Business Associate may disclose

Protected Health Information for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate, provided that disclosures are Required By Law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required By Law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

c. Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information to provide Data Aggregation services to Covered Entity as permitted by 45 C.F.R. § 164.504(e)(2)(i)(B).

d. Business Associate may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with 45 C.F.R. § 164.502(j)(1).

e. Business Associate may use Protected Health Information to deidentify the information in accordance with 45 C.F.R. 164.514(a)-(c).

f. Business Associate may use Protected Health Information as required by law.

g. Business Associate agrees to make uses and disclosures and requests for Protected Health Information consistent with Business Associate's minimum necessary policies and procedures.

h. Business Associate may not use or disclose Protected Health Information in a manner that would violate Subpart E of 45 C.F.R. Part 164 if done by Covered Entity, except for the specific uses and disclosures set forth above.

5. Obligations of Covered Entity

a. Covered Entity shall notify Business Associate of any limitation(s) in the notice of privacy practices of Covered Entity in accordance with 45 C.F.R. § 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of Protected Health Information.

b. Covered Entity shall notify Business Associate of any changes in, or revocation of, permission by an Individual to use or disclose Protected Health Information, to the extent that such changes may affect Business Associate's use or disclosure of Protected Health Information.

c. Covered Entity shall notify Business Associate of any restriction on the use or disclosure of Protected Health Information that Covered Entity has agreed to or is required to abide by under 45 C.F.R. § 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of Protected Health Information.

6. Permissible Requests by Covered Entity

a. Covered Entity shall not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under Subpart E of 45 C.F.R. Part 164 if done by Covered Entity, except that Business Associate may use or disclose Protected Health Information for data aggregation or management and administrative activities of Business Associate if required by the terms of the Original Contract.

7. Term and Termination

a. The Term of this Agreement shall be effective as of the effective date of the Original Contract, and shall terminate when the Original Contract terminates. Upon termination, all of the Protected Health Information provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, shall be destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy Protected Health Information, or if it is illegal to destroy Protected Health Information, the protections are extended to such information, in accordance with the termination provisions in this Section.

b. Upon either party's knowledge of a material breach by the other party, the nonbreaching party shall either:

1. Provide an opportunity of at least thirty (30) days for the breaching party to cure the breach or end the violation and terminate this Agreement and the Original Contract if the breaching party does not cure the breach or end the violation within the time specified by the nonbreaching party;

2. Immediately terminate this Agreement and the Original Contract if the breaching party has breached a material term of this Agreement and cure is not possible; or

3. If neither termination nor cure is feasible, the nonbreaching party shall report the violation to the Secretary.

c. Effect of Termination

1. Except as provided in paragraph (2) of this section, upon termination of this Agreement, for any reason, Business Associate shall return, or destroy, except as prohibited by the Florida public records law, all Protected Health Information received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information

2. In the event that Business Associate's return or destruction of the Protected Health Information would be infeasible or illegal, Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible or illegal, for so long as Business Associate maintains such Protected Health Information. Upon written request from the Covered Entity, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible or illegal. At all times Business Associate shall comply with the Florida public records law and exemptions therefrom, and applicable Florida records retention requirements.

8. Miscellaneous

a. A reference in this Agreement to a section in the Privacy Rule means the section as in effect or as amended or revised.

b. The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for Covered Entity or Business Associate to comply with the requirements of the Privacy Rule and the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191. If the parties are unable to reach agreement regarding an amendment to this Agreement, either Business Associate or Covered Entity may terminate this Agreement upon ninety (90) days written notice to the other party.

c. The respective rights and obligations of Business Associate under Sections 7(c)(1) and 7(c)(2) of this Agreement shall survive the termination of this Agreement.

d. Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the Privacy Rule.

e. Business Associate shall indemnify, hold harmless, and defend at Business Associate's expense, counsel being subject to Covered Entity's approval, the Covered Entity, and the Covered Entity's officers and employees (collectively "indemnitees"), against any and all claims, actions, lawsuits, damages, losses, liabilities, judgments, fines, penalties, costs, and expenses incurred by any of the indemnitees arising out of or in connection with Business Associate's or any of Business Associate's officers', employees', agents', or subcontractors' breach of this Agreement or any act or omission by Business Associate or by any of Business Associate's officers, employees, agents, or subcontractors, including Business Associate's failure to perform any of its obligations under the Privacy Rule. Business Associate shall pay any and all expenses, fines, judgments,

and penalties, including court costs and attorney fees, which may be imposed upon any of the indemnitees resulting from or arising out of Business Associate's or any of Business Associate's officers', employees', agents', or subcontractors' breach of this Agreement or other act or omission.

f. Venue for any lawsuit or any other legal proceedings brought by either party against the other party or otherwise arising out of this Agreement, shall be in Broward County, Florida, or, in the event of federal jurisdiction, in the United States District Court for the Southern District of Florida, with appellate jurisdiction in the respective corresponding appellate tribunals.

g. Notwithstanding anything contained in this Agreement to the contrary, except as otherwise provided by federal law, Business Associate shall:

(1) Keep and maintain public records that ordinarily and necessarily would be required by Covered Entity in order to perform the Services.

(2) Provide the public with access to public records on the same terms and conditions that Covered Entity would provide the records and at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes (2013), as may be amended or revised, or as otherwise provided by law.

(3) Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law.

(4) Meet all requirements for retaining public records and transfer, at no cost, to Covered Entity, all public records in possession of Business Associate upon termination of this contract 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 Covered Entity in a format that is compatible with Covered Entity's information technology systems.

Connecticut General Life Insurance Company Standard Business Associate Processes and Procedures

These Standard Business Associate Processes and Procedures apply to each self-funded group health plan ("Plan") of an entity ("Plan Sponsor") that has entered or will enter into an Administrative Services Only Agreement, Flexible Spending Account or Reimbursement Accounts Administrative Services Agreement and/or Continuation Coverage Services Agreement (collectively, as applicable, the "Administrative Services Agreement") with Connecticut General Life Insurance Company ("Connecticut General"). The Plan and Connecticut General are parties to a Business Associate Agreement/Privacy Addendum. Unless otherwise defined, capitalized terms have the meaning provided therein, or if not defined in such agreement, as defined in 45 C.F.R. parts 142, 160, 162 and 164 ("HIPAA"), also known as the HIPAA Standards for Electronic Transactions, the HIPAA Security Standards, and the HIPAA Privacy Rule and/or the Health Information Technology for Economic and Clinical Health Act, which was included in the American Recovery and Reinvestment Act of 2009 (P.L. 111-5 ("ARRA")).

Section 1. Access to PHI. When an Individual requests access to PHI contained in a Designated Record Set and such request is made directly to the Plan or Plan Sponsor, the Plan shall forward the request to Connecticut General within five (5) business days of such receipt. Upon receipt of such request from the Plan, or upon receipt of such a request directly from an Individual, Connecticut General shall make such PHI available directly to the Individual within the time and manner required in 45 C.F.R. §164.524. The Plan delegates to Connecticut General the duty to determine, on behalf of the Plan, whether to deny access to PHI requested by an Individual and the duty to provide any required notices and review in accordance with the HIPAA Privacy Rule.

Section 2. Availability of PHI for Amendment.

- (a) When an Individual requests amendment to PHI contained in a Designated Record Set, and such request is made directly to the Plan or Plan Sponsor, within five (5) business days of such receipt, the Plan shall forward such request to Connecticut General for handling, except that the Plan shall retain and handle all such requests to the extent that they pertain to Individually Identifiable Health Information (such as enrollment information) originated by the Plan, Plan Sponsor, or the Plan's other business associates. Connecticut General shall respond to such forwarded requests as well as to any such requests that it receives directly from Individuals as required by 45 C.F.R. §164.526, except that Connecticut General shall forward to the Plan for handling any requests for amendment of PHI originated by the Plan, Plan Sponsor, or the Plan's other business associates.
- (b) With respect to those requests handled by Connecticut General under subparagraph (a) above, the Plan delegates to Connecticut General the duty to determine, on behalf of the Plan, whether to deny a request for amendment of PHI and the duty to provide any required notices and review as well as, in the case of its determination to grant such a request, the duty to make any amendments in accordance with the terms of the Privacy Rule. In all other instances, the Plan retains all responsibility for handling such requests, including any denials, in accordance with the HIPAA Privacy Rule.
- (c) Whenever Connecticut General is notified by the Plan that the Plan has agreed to make an amendment pursuant to a request that it handles under subparagraph (a) above, Connecticut General shall incorporate any such amendments in accordance with 45 C.F.R. §164.526.
- (d)

Section 3. Accounting of Disclosures. When an Individual requests an accounting of disclosures of PHI held by Connecticut General directly to the Plan or Plan Sponsor, the Plan shall within five (5) business days of such receipt forward the request to Connecticut General to handle. Connecticut General shall handle such requests, and any such requests for an accounting of disclosures received directly from Individuals, in the time and manner as required in 45 C.F.R. §164.528.

Section 4. Requests for Privacy Protection. Connecticut General shall handle Individuals' requests made to it for privacy protection for PHI in Connecticut General's possession pursuant to the requirements of 45 C.F.R. §164.522. The Plan shall forward to Connecticut General to handle any such requests the Plan receives from Individuals that affect PHI held by Connecticut General.

Section 5. General Provisions Regarding Requests. Connecticut General may require that requests pursuant to Sections 1 through 4 above be made in writing and may create forms for use by Individuals in making such requests. When responding to an Individual's request as provided above, Connecticut General may inform the Individual that there may be other "protected health information" created or maintained by the Plan and/or the Plan's other business associates and not included in the Connecticut General's response. Connecticut General shall not be responsible for performing any duties described in the Business Associate Agreement with respect to any such other "protected health information." In carrying out its duties set forth herein, Connecticut General may establish such additional procedures and processes for requests from Individuals as permitted by the Privacy Rule.

Section 6. Disclosure of PHI to the Plan Sponsor. To the extent that the fulfillment of Connecticut General's obligations under the Administrative Services Agreement requires Connecticut General to disclose or provide access to PHI to Plan Sponsor or any person under the control of Plan Sponsor (including third parties), Connecticut General shall make such disclosure of or provide such access to PHI only as follows:

- (i) Connecticut General shall disclose Summary Health Information to any employee or other person under the control of Plan Sponsor (including third parties) upon the Plan Sponsor's written request for the purpose of obtaining premium bids for the provision of health insurance or HMO coverage for the Plan or modifying, amending or terminating the Plan; and
- (ii) If the Plan elects to provide PHI to the Plan Sponsor, Connecticut General shall disclose or make available PHI, other than Summary Health Information, at the written direction of the Plan to only those employees or other persons identified in the Plan documents and under the control of Plan Sponsor solely for the purpose of carrying out the Plan administration functions that Plan Sponsor performs for the Plan. Such employees or other persons (including third parties) will be identified by the Plan in writing (by name, title, or other appropriate designation) to Connecticut General as a

condition of disclosure of PHI pursuant to this Section 6(ii). The Plan may modify such list from time to time by written notice to Connecticut General.

Section 7. Disclosures of PHI to Third Parties. Upon the Plan's written request, Connecticut General will provide PHI to certain designated third parties who assist in administering the Plan and who are authorized by the Plan to receive such information solely for the purpose of assisting in carrying out Plan administration functions ("Designated Third Parties"). Such parties may include, but are not limited to, third-party administrators, consultants, brokers, auditors, successor administrators or insurers, and stop-loss carriers. As a condition to providing PHI to a Designated Third Party, Connecticut General may require that the Plan have a business associate agreement (within the meaning of the Privacy Rule) with such Designated Third Party.

IN WITNESS WHEREOF, the Covered Entity and the Business Associate execute this Business Associate Agreement as follows:

Miranda Scott

By MIRANDA SCOTT

CITY OF FORT LAUDERDALE

By Lee R. Feldman
Lee R. Feldman, City Manager

Approved as to form:

[Signature]
Senior Assistant City Attorney

WITNESSES:

Susan Gunn
(Signature)

Print Name: Susan Gunn

(Signature)

CONNECTICUT GENERAL LIFE INSURANCE COMPANY

By Morris Dean Mirabelli
(Signature)

Print Name: Morris Dean Mirabelli

Title: Vice President

ATTEST:

Shawn Spain
Secretary

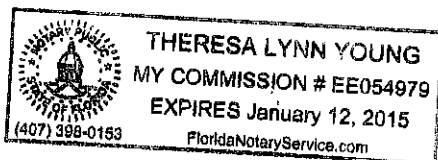
STATE OF Florida
COUNTY OF Hillsborough

The foregoing Business Associate Agreement was acknowledged before me this
11 day of September, 2014, by Morris Dean Mirabelli as
Vice President for Connecticut General (Vendors Name)
Life Insurance Company

(SEAL)

Notary Public, State of Florida
(Signature of Notary Public - State of _____)

Theresa Lynn Young
(Print, Type, or Stamp Commissioned Name of Notary Public)



Personally Known ☒ OR Produced Identification _____

Type of Identification Produced _____

Theresa Lynn Young

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**Administrative Services Only "ASO" Agreement
By and Between**

**City of Fort Lauderdale
"Employer" or "City"**

And

**Connecticut General Life Insurance Company
"Connecticut General" or "Contractor"**

Effective Date: October 1, 2011

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THIS AGREEMENT, effective **October 1, 2011** (the "**Effective Date**") is by and between **City of Fort Lauderdale** ("**Employer**") and Connecticut General Life Insurance Company ("**Connecticut General**").

RECITALS:

WHEREAS, Employer, as Plan sponsor, has adopted the benefit described in Exhibit A, as may be amended, ("**Plan**") for certain of its employees/members and their eligible dependents (collectively "**Members**"); and

WHEREAS, Employer has requested Connecticut General to furnish certain administration services in connection with the Plan **3335139**

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, it is hereby agreed as follows:

Definitions

Agreement – this entire document including the Schedule of Financial Charges and all Exhibits.

Applicable Law – means the State of Florida and any other state laws applicable to payment of claims to participating providers in such other states and federal laws and regulations that apply. Applicable Law includes but is not limited the Health Insurance Portability and Accountability Act of 1996, as amended, and the rules and regulations thereunder ("**HIPAA**"), the Foreign Corrupt Practices Act ("**FCPA**") and any other anti-bribery or anti-corruption laws in the countries where the Parties conduct business.

Bank Account – a benefit plan account with a bank designated by Connecticut General; established and maintained by Employer in its name.

ERISA – the Employee Retirement Income Security Act of 1974, as amended and related regulations.

Extra-Contractual Benefits – Payments which Employer has instructed Connecticut General to make for health care services and/or products that Connecticut General has determined are not covered under the Plan.

Member – a person eligible for and enrolled in the Plan.

Participant/Participating Members – Member(s) who is (are) participating in a specific program and/or product available to Members under the Plan.

Participating Providers – providers of health care services and/or products, who/which contract directly or indirectly with Connecticut General to provide services and/or products to Members.

Plan Benefits – Amounts payable for covered health care services and products under the terms of the Plan.

Party/Parties – refers to Employer and Connecticut General, each a "Party" and collectively, the "Parties."

Plan Year – the twelve (12) month period, beginning on the Effective Date and, thereafter, each subsequent twelve (12) month period.

Run-Out Claims – claims for Plan Benefits relating to health care services and products that are incurred prior to termination of this Agreement, but that are submitted to Connecticut General or are pending at the termination of this Agreement.

Section 1. Term and Termination of Agreement

This Agreement is effective on the Effective Date and shall remain in effect until the earliest of the following dates:

- i. The date which is at least thirty (30) days from the date that either Party provides written notice to the other Party of termination of the Agreement;
- ii. The effective date of any Applicable Law or governmental action which prohibits performance of this Agreement;
- iii. Two (2) business days after Connecticut General notifies Employer of its election to terminate, which shall be triggered by the Employer failing to fund the Bank Account as required by this Agreement pursuant to Section 3.a.i. or fifteen (15) business days after Connecticut General notifies Employer of its election to terminate, which shall be triggered by the Employer failing to fund the Bank Account as required by this Agreement pursuant to Section 3.a.ii.
- iv. Any other date mutually agreed upon by the Parties.

Section 2. Claim Administration and Additional Services

- a. While this Agreement is in effect, Connecticut General shall, consistent with, the claim administration policies and procedures then applicable to its own health care insurance business (i) receive and review claims for Plan Benefits; (ii) determine the Plan Benefits, if any, payable for such claims; (iii) disburse payments of Plan Benefits to claimants; and (iv) provide in the manner and within the time limits required by Applicable Law, notification to claimants of (a) the coverage determination or (b) any anticipated delay in making a coverage determination beyond the time required by Applicable Law.
- b. Following (i) termination of this Agreement, except pursuant to Section 1 (iii); (ii) termination of Plan benefit option or (iii) termination of eligible Members, if the required fees have been paid in full, Connecticut General shall process Run-Out Claims for the applicable Run-Out Period (See Schedule of Financial Charges for applicable fees and Run-Out Period). At the termination of any applicable Run-Out Period, Connecticut General shall cease processing Run-Out Claims and, subject to the requirements of Section 6.b, make all relevant records in its possession relating to such claims available to Employer or Employer's designee.
- c. Employer hereby delegates to Connecticut General the authority and responsibility to (i) determine eligibility and enrollment for coverage under the Plan according to the information provided by the Employer, (ii) make factual determinations and to interpret the provisions of the Plan to make coverage determinations on claims for Plan Benefits, (iii) conduct a full and fair review of each claim which has been denied as set forth in ERISA, (iv) decide level one mandatory appeals for claims and (v) notify the Member or the Member's authorized representative of its decision in accordance with applicable state and federal regulations. Connecticut General shall prepare and deliver Member draft summary plan description materials to Employer that are compliant with applicable state and federal laws and regulations. Employer will ensure that all summary plan description materials provided to Members reflect this delegation.
- d. In addition to the basic claim administrative duties described above, Connecticut General shall also perform the Plan-related administrative duties agreed upon by the Parties and specified in Exhibit B.

Section 3. Funding and Payment of Claims

- a. Employer shall establish a Bank Account, and maintain in the Bank Account an amount sufficient at all times to fund claims for (i) Plan Benefits based upon checks cleared through the Bank Account; and (ii) those charges and fees identified in the Schedule of Financial Charges as payable through the Bank Account (collectively "**Bank Account Payments**"); or any similar benefit- or Plan-related charge or assessment however denominated, which may be imposed on the Employer by any governmental authority. Bank Account Payments may include without limitation: (i) capitated (i.e. fixed per Member) and pay-for-performance incentive payments to Participating Providers; (ii) amounts owed to Connecticut General; and (iii) amounts paid to Connecticut General's affiliates and/or subcontractors for, among other things, network access or in- and out-of network health care services/products provided to Members. Connecticut General may credit the Bank Account with payments due Employer under its or an affiliate's stop loss policy.

- b. Connecticut General, as agent for the Employer, shall make Bank Account Payments from the Bank Account in the amount that is proper under the Plan and/or under this Agreement.
- c. In the event that sufficient funds are not available in the Bank Account to pay all Bank Account Payments when due, Connecticut General shall notify Employer of the need for additional funding and if these are not received within three business days Connecticut General may cease to process claims for Plan Benefits including Run-Out Claims until such time as sufficient funds are available in the Bank Account to pay all Bank Account Payments when due.
- d. Connecticut General will promptly adjust any underpayment of Plan Benefits by drawing additional funds due the claimant from the Bank Account. In the event Connecticut General overpays a claim for Plan Benefits or pays Plan Benefits to the wrong party, it shall take all reasonable steps to recover the overpayment; however, Connecticut General shall not be required to initiate court, mediation, arbitration or other administrative proceedings to recover any overpayment. Connecticut General shall not be liable to the Employer for unrecovered claim overpayments that are the result of mistakes of judgment or other actions that are reasonable and taken in good faith. However, Connecticut General shall reimburse the Plan for unrecovered overpayments resulting from its failure, in the aggregate, to perform its duties with the degree of skill and judgment possessed by other third party administrators experienced in furnishing claim administration services to plans of similar size and characteristics as the Plan.
- e. Following termination of this Agreement, Employer shall remain liable for payment of all due Bank Account Payments and for all reimbursements due Members under the Plan. Except as otherwise provided in subsection 3.d., Employer shall promptly reimburse Connecticut General for any Bank Account Payments paid by Connecticut General with its own funds and no such payment by Connecticut General shall be construed as an assumption of any of Employer's liability.

This provision shall survive termination of this Agreement.

Section 4. Charges

- a. **Charges.** Connecticut General shall provide to Employer a weekly statement of all administrative (ASO) charges Employer is obligated to provide under this Agreement. ASO payments of all billed charges shall be due on the first day of the month, as indicated on the monthly statement. Payments received after the last day of the month in which they are due, shall be subject to late payment charges, from the due date at a rate calculated in accordance with the Florida Local Government Prompt Payment Act. For purposes of calculating late payment charges, payments received will be applied first to the oldest outstanding amount due.
- b. **Member Changes -- Additions and Terminations.** If a Member's effective date is on or before the fifteenth (15th) day of the month, full charges applicable to that Member shall be due for that Member for that month. If coverage does not start or ceases on or before the fifteenth (15th) day of the month for a Member, no charges shall be due for that Member for that month.
- c. **Retroactive Member Changes and Terminations.** Employer shall remain responsible for all charges and Bank Account Payments incurred or charged through the date Employer provides to Connecticut General Employer's notice of a retroactive change or termination of Membership. However, if the change or termination would result in a reduction in charges, Connecticut General shall credit to Employer the reduction in charges charged for the shorter of (a) the sixty (60) day period preceding the date Connecticut General processes the notice, or (b) the period from the date of the change or termination to the date Connecticut General processes the notice. This provision shall survive termination of this Agreement.

Section 5. Enrollment and Determination of Eligibility

- a. **Eligibility Determinations and Information.** Employer is responsible for administering Plan enrollment. In determining any person's right to benefits under the Plan, Connecticut General shall rely upon enrollment and eligibility information provided by the Employer. Such information shall identify the effective date of eligibility and the termination date of eligibility and shall be provided promptly to Connecticut General in a form and with such other information as reasonably may be required by Connecticut General for the proper administration of the Plan.

- b. Release of Liability. Notwithstanding any inconsistent provision of this Agreement to the contrary, if Employer, fails to provide Connecticut General with accurate enrollment and eligibility information, benefit design requirements, or other agreed-upon information in accordance with this Agreement, Connecticut General shall have no liability under this Agreement for any act or omission by Connecticut General, or its employees, affiliates, subcontractors, agents or representatives, directly caused by such failure.
- c. Reconciliation of Eligibility and Information and Default Terminations. Connecticut General will periodically (at least monthly) share potential discrepancies in eligibility information with Employer. Connecticut General will review and reconcile any discrepancies within five (5) business days of Connecticut General's receipt. Connecticut General will terminate coverage for any Member not listed as eligible in Employer's submitted eligibility information.

Section 6. Claim Audit and Confidentiality

- a. Claim Audit. Employer or its designee, may, in accordance with the following requirements and at no additional charge while this Agreement is in effect, audit Connecticut General's payment of Plan Benefits:
 - i. Employer, or its designee, shall provide Connecticut General forty-five (45) days advance written request for audit from the latter of (i) receipt by Connecticut General of the audit scope letter or (ii) the fully executed Claim Audit Agreement attached hereto as Exhibit C. Employer will designate with Connecticut General's consent, such consent not to be unreasonably withheld, an independent, third party auditor to conduct the audit (the "**Auditor**"). In addition, Employer and Connecticut General will agree upon the date for the audit during regular business hours at Connecticut General's office(s). Employer shall be responsible for its Auditor's costs. Except as otherwise agreed to by the parties in writing prior to the commencement of the audit, the audit shall be conducted in accordance with the terms of Connecticut General's Claim Audit Agreement attached hereto as Exhibit C, which is hereby agreed to by Employer and which shall be signed by the Auditor prior to the start of the audit.
 - ii. If Employer has at least four thousand (4,000) Members, Employer may conduct one such audit every Plan Year (but not within six (6) months of a prior audit); otherwise, Employer may conduct one such audit every two (2) Plan Years (but not within eighteen (18) months of a prior audit).
 - iii. Auditor will review payment documents relating to a random, statistically valid sample of two-hundred twenty-five (225) claims paid during the two prior Plan years and not previously audited (the "**Audit**") subject to any contrary terms in Participating Provider agreements. With respect to the Audit, the scope may include types of claims prone to overpayments provided the types of claims prone to underpayments are equally included and will exclude electronic analysis. Any claim adjustments will be based upon the actual claims reviewed and not upon statistical projections or extrapolations.
 - iv. Should Employer or its designee need access to information or records that are held by a subcontractor of Connecticut General, Connecticut General shall cooperate with Employer or its designee to obtain such information or records in a timely manner.
- b. Confidentiality
 - i. Subject to the requirements of Applicable Law, the terms of this Agreement and, a signed Business Associate Agreement between Employer and designee, Connecticut General shall release copies of confidential claims and Plan Benefit payment information in Connecticut General's claims system ("**Confidential Information**") and may release copies of proprietary information relating to the Plan in Connecticut General's claims system ("**Proprietary Information**") to the Employer and/or its designees. Except as otherwise provided by Applicable Law, Employer agrees that Employer will keep Confidential Information and Proprietary Information confidential and will use Confidential Information and Proprietary Information solely for the purpose of administering the Plan or as otherwise required by law. If Employer directs Connecticut General to release any Confidential Information or Proprietary Information, Connecticut General is not responsible to the Employer for the consequences of any use,

- misuse, or disclosure of Confidential Information provided by Connecticut General pursuant to this paragraph b.
- ii. Connecticut General will maintain the confidentiality of all Protected Health Information in its possession in accordance with the Business Associate Agreement between Employer and Connecticut General pursuant to the Health Insurance Portability and Accountability Act and any Applicable Laws.
 - iii. This Agreement and all documents generated pursuant to this Agreement, except to the extent they are exempt from disclosure or confidential pursuant to Florida law, are public records that are open to inspection and copying pursuant to Florida law.
 - iv. Notwithstanding any provision contained in this Agreement to the contrary, Contractor shall:
 - (a) Keep and maintain public records that ordinarily and necessarily would be required by the City in order to perform the service.
 - (b) Provide the public with access to public records on the same terms and conditions that the City would provide the records and at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes (2013), as may be amended or revised, 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 City, all public records in possession of the contractor upon termination of this contract 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 City in a format that is compatible with the information technology systems of the City.
 - c. Upon termination of this Agreement and subject to the provisions of Section 6.b above, Connecticut General shall make information available to any subsequent administrator to the extent administratively feasible. The Parties will agree upon the charge to be paid by Employer at such time of transition.

The obligations set forth in this section, shall survive termination of the Agreement.

Section 7. Plan Benefit Liability

- a. Employer Liability for Plan Benefits. Employer is responsible for all Plan Benefits including any Plan Benefits paid as a result of any legal action. Connecticut General shall reasonably cooperate with Employer in its defense of such actions.

If Connecticut General pays a claim for Extra-Contractual Benefits at Employer's direction, Employer is responsible for funding the payment.
- b. Employer Liability for Plan Related Expenses. Employer shall reimburse Connecticut General for any amounts Connecticut General may be required to pay (i) as state premium tax or any similar Plan-related tax, charge, surcharge or assessment, or (ii) under any unclaimed or abandoned property law, or escheat law, with respect to Plan Benefits and any penalties and/or interest thereon.
- c. Standard of Care/Indemnity: In performing its obligations under this Agreement, Connecticut General shall use reasonable diligence and that degree of skill and judgment possessed by one experienced in furnishing claim administration services to plans of similar size and characteristics as the Plan. Connecticut General shall not be liable to the Employer for mistakes of judgment or other actions taken in good faith (including benefits erroneously overpaid) but shall be liable to and indemnify the Employer for any non-benefit loss, cost or expense (including reasonable attorneys' fees and court costs) for which Employer may become liable in consequence of any acts or omissions of Connecticut General which, in the aggregate, constitute a failure on the part of Connecticut General to perform its claim administration obligations under this Agreement in accordance with the standard set forth above.

These reimbursement obligations shall survive termination of this Agreement.

Section 8. Modification of Plan and Charges

- a. The Medical Administration Charges in effect from January 1, 2012 through and including December 31, 2014, shall be as set forth in the Schedule of Financial Charges attached hereto and Connecticut General may revise such Medical Administration Charges only (i) upon any modification or amendment of the benefits under the Plan, (ii) upon any variation of fifteen percent (15%) or more in the number of Members used by Connecticut General to calculate its charges under the Agreement, and/or (iii) upon any change in law or regulation that materially impacts Connecticut General liabilities and/or responsibilities under this Agreement.
- b. Employer shall provide Connecticut General written notice of any modification or amendment to the Plan sufficiently in advance of any such change as to allow Connecticut General to implement the modification or amendment. Employer and Connecticut General shall agree upon the manner and timing of the implementation subject to Connecticut General's system and operational capabilities.

Section 9. Modification of Agreement

Vacant

Section 10. Laws Governing Contract

- a. This Agreement shall be construed in accordance with the laws of the State of Florida without regard to conflict of law rules, and both Parties consent to the venue and jurisdiction of its courts. Venue for any lawsuit by one party against the other party or otherwise arising out of this Agreement, and for any other legal proceeding, shall be in Broward County, Florida, or in the event of federal jurisdiction, in the Southern District of Florida, Fort Lauderdale Division.
- b. The Parties shall perform their obligations under this Agreement in conformance with all Applicable Laws and regulatory requirements.

Section 11. Information in Connecticut General's Processing Systems

Connecticut General may retain and use all Plan-related claim and Plan Benefit payment information recorded for or otherwise integrated into Connecticut General's business records including claim processing systems during the ordinary course of business (provided, however, that claim or payment information will be available to Employer pursuant to Section 6). Connecticut General will retain claim and payment information as required by Applicable Law and the Florida public records law and related public records retention schedules.

Section 12. Resolution of Disputes

Any dispute between the Parties arising from or relating to the performance or interpretation of this Agreement ("Controversy") may be addressed pursuant to the following dispute resolution procedures:

- a. Any Controversy shall first be referred to an executive level employee of each Party who shall meet and confer with his/her counterpart to attempt to resolve the dispute ("Executive Review") as follows: The disputing Party shall give the other Party written notice of the Controversy and request Executive Review. Within twenty (20) days of such written request, the receiving Party shall respond to the other in writing. The notice and the response shall each include a summary of and support for the Party's position. Within thirty (30) days of the request for Executive Review, an employee of each Party shall meet and attempt to resolve the dispute. Resolution of disputes is subject to Section 2-151, Code of Ordinances of the City of Fort Lauderdale, Florida, as may be amended or revised, which provides, in pertinent part, as follows:

Claims or demands, including workers' compensation claims, brought against or on behalf of the city may be settled, adjusted and otherwise compromised without the approval of the city commission upon the following terms and conditions and when in the judgment of the risk manager, the director of finance, city manager and the city attorney or their designees such would be in the best interests of the city to do so:

- (1) For all claims or demands which do not exceed one thousand dollars (\$1,000.00), such claims or demands may be settled, adjusted or otherwise compromised by the risk manager.
 - (2) For all claims or demands which exceed one thousand dollars (\$1,000.00) but do not exceed three thousand dollars (\$3,000.00), such claims or demands may be settled, adjusted or otherwise compromised by the joint approval of the risk manager and the director of finance.
 - (3) For all claims and demands which exceed three thousand dollars (\$3,000.00), but do not exceed twenty thousand dollars (\$20,000.00), such claims or demands may be settled by joint approval of the risk manager, director of finance, the city manager and the city attorney.
 - (4) ...
 - (5) For all claims or demands which exceed twenty thousand dollars (\$20,000.00), such claims shall be submitted for settlement, adjustment or compromise to the city commission for approval.
- b. If the Controversy has not been resolved within thirty-five (35) calendar days of the request of Executive Review under Section 12.a, above, the Parties agree to mediate the Controversy in accordance with the Florida Supreme Court Mediation Rules ("Mediation"). The mediation shall be conducted in Broward County, Florida. Each Party shall assume its own costs and attorneys' fees. The mediator's compensation and expenses and any administrative fees or costs associated with the mediation proceeding shall be borne equally by the Parties.

Section 13. Third Party Beneficiaries

This Agreement is solely for the benefit of Employer and Connecticut General. It shall not be construed to create any legal relationship between Connecticut General and any other party.

Section 14. Waivers

No course of dealing or failure of either Party to strictly enforce any term, right or condition of this Agreement shall be construed as a waiver of such term, right or condition. Waiver by either Party of any default shall not be deemed a waiver of any other default.

Section 15. Headings

Article, section, or paragraph headings contained in this Agreement are for reference purposes only and shall not affect the meaning or interpretation of this Agreement.

Section 16. Severability

If any provision or any part of a provision of this Agreement is held invalid or unenforceable, such invalidity or unenforceability shall not invalidate or render unenforceable any other portion of this Agreement.

Section 17. Force Majeure

Neither Party shall be liable for any failure to meet any of the obligations required under this Agreement where such failure to perform is due to any contingency beyond the reasonable control of such Party, its employees, officers, or directors. Such contingencies include, but are not limited to, acts of God, fires, wars, accidents, labor disputes or, governmental laws, ordinances, rules or regulations. Notwithstanding the foregoing, this section shall not in any way alter or release the Employer from its obligations to pay for Plan benefits.

Section 18. Assignment and Subcontracting

Neither Party may assign any right, interest, or obligation hereunder without the express written consent of the other Party; provided, however that Connecticut General may subcontract specific obligations under the Agreement to an affiliate owned and controlled by Connecticut General provided that Connecticut General shall not be relieved of its obligations under the Agreement when doing so.

Section 19. Notices

Except as otherwise provided, all notices or other communications hereunder shall be in writing and shall be deemed to have been duly made when (a) delivered in person, (b) delivered to an agent, such as an overnight or similar delivery service, (c) delivered electronically, or (d) deposited in the United States mail, postage prepaid, and addressed as follows:

To Connecticut General:
Connecticut General Life Insurance Company
401 Chestnut Street, Suite 110
Chattanooga, TN 37402
Attention: Jenny Wilson, Underwriting Director

To Employer:
City of Fort Lauderdale
100 N. Andrews Avenue, Third Floor
Fort Lauderdale, FL 33301
Attention: Averill Dorsett, Director of Human Resources

The address to which notices or communications may be given by either Party may be changed by written notice given by one Party to the other pursuant to this Section.

Section 20. Identifying Information and Internet Usage

Except, as necessary in the performance of their duties under this Agreement, and except as otherwise provided by the Florida public records law, neither Party may use the other's name, logo, service marks, trademarks or other identifying information or to establish a link to the other's World Wide Web site without its prior written approval.

Schedule of Financial Charges

Certain fees and charges identified in this Schedule of Charges will be billed to Employer Monthly in accordance with Connecticut General's then standard billing practices. However, Connecticut General is authorized to pay all fees and charges from the Bank Account unless otherwise specified in this Agreement.

MEDICAL ADMINISTRATION CHARGES <i>(Year Rate Effective from 01-2016 to 12-31-2016)</i>		
Product	Description	Charge
Medical	<ul style="list-style-type: none"> Open Access Plus (OAP) with PHS Plus Medical Management <i>{Applies to Management & Non Management Benefit Options}</i> 	\$42.10/employee/month
Medical	<ul style="list-style-type: none"> Open Access Plus In-Network (OAPIN) with PHS Plus Medical Management <i>{Applies to Management & Non Management Benefit Options}</i> 	\$42.10/employee/month
Vision	<ul style="list-style-type: none"> CIGNA Vision Care 	\$0.98/employee/month
MEDICAL NETWORK ACCESS FEE <i>(Year Rate Effective from 01-2016 to 12-31-2016)</i>		
Product	Description	Charge
Medical	<ul style="list-style-type: none"> OAP Access Fee~<i>{Applies to Management & Non Management Benefit Options}</i> 	\$20.95/employee/month Included in Medical Administration Fee
Medical	<ul style="list-style-type: none"> OAPIN Access Fee~<i>{Applies to Management & Non Management Benefit Options}</i> 	\$20.95/employee/month Included in Medical Administration Fee

Pharmacy Disclosures		
	Product	Change
Explanatory Note Regarding "AWP"	<p>Industry Changes to or Replacement of Average Wholesale Price (AWP). Notwithstanding any other provision in this Agreement, including in this Exhibit, in the event of any major change in market conditions affecting the pharmaceutical or pharmacy benefit management market, including, for example, any change in the markup, methodologies, processes or algorithms underlying the published AWP(s), Connecticut General may adjust any or all of the charges, rates, discounts, guarantees and/or fees in connection with Connecticut General's administration of the Plan's Pharmacy Benefit hereunder, including any that are based on AWP, as it reasonably deems necessary to preserve the economic value or benefit of this Agreement as it existed immediately prior to such change. Additionally, and notwithstanding any other provision in this Agreement, including in this Exhibit, Connecticut General may replace AWP as its pharmaceutical pricing benchmark with an alternative benchmark and/or may replace Medi-Span, or other such publication as its source for the AWP or alternative benchmark with a different pricing source, provided that Connecticut General adjusts any or all such AWP-Based Charges or such alternative benchmark-based charges as it reasonably deems necessary to preserve the economic value or benefit of this Agreement as it existed immediately prior to such replacement or immediately prior to the event(s) giving rise to such replacement, as the case may be.</p>	
Cigna Home Delivery Pharmacy (a Connecticut General affiliated company)	Specialty Drugs dispensed by Cigna Home Delivery Pharmacy charged under the medical benefit.	The drug's charge under a national specialty drug discount schedule that generates a 12.5% annual average aggregate discount off AWP across Specialty Drug Claims dispensed at Cigna Home Delivery Pharmacy to Connecticut General's group-client book of business.
Cigna Home Delivery Pharmacy (a Connecticut General affiliated company)	Cigna Home Delivery Pharmacy's discounts are applied to the manufacturer average wholesale price (AWP) for the dispensed size, (or to the AWP for the manufacturer-packaged quantity closest to the dispensed size, if there is no AWP for the dispensed size).	

Reimbursement to Cigna Home Delivery Pharmacy (a Connecticut General affiliated company) for Replacement Prescriptions	Cigna Home Delivery Pharmacy will be reimbursed through the Bank Account for the price (discounted as per this Schedule) for replacement prescriptions shipped by Cigna Home Delivery Pharmacy which are reported as lost or damaged despite Cigna Home Delivery Pharmacy's shipment to the Participant's correct name and address.	
OAP, OAPIN & CIGNA Vision Care	Run-Out Period of twelve (12) months	At No Additional Cost
	Subrogation/Conditional Claim Payment (Medical Only)	5% of recovery plus litigation costs if Counsel is retained and an appearance is filed on behalf of Connecticut General or Employer if any litigation, or a lawsuit is filed on their behalf; 29% of recovery if no Counsel is retained and in all other instances, including cases where state law requires that employee benefit plans be named as party defendants or involuntary plaintiffs.

Connecticut General, a Cigna company, administers the following programs to contain costs with respect to charges for health care service/supplies that are covered by the Plan. In administering these programs, Connecticut General contracts with vendors to perform program related services. Specific vendor fees are available upon request. Connecticut General's charge for administering these programs is the percentage (indicated below) of either (1) the "net savings" (i.e. the difference between the charge that the provider would have made absent the program savings and the charge made as a result of the program savings, less the applicable vendor fee which generally ranges from 7-11% of the program savings) or (2) the "gross savings" (i.e. the difference between the charge that the provider would have made absent the program savings and the charge made as a result of the program savings; Connecticut General pays the applicable vendor fee) or (3) the "recovery" (i.e. the amount recovered) as applicable.

For covered services received from non-Participating Providers, Connecticut General may apply discounts available under agreements with third parties or through negotiation of the billed charges. These programs are identified below as the Network Savings Program, Supplemental Network & Medical Bill Review (pre-payment). This is consistent with the claim administration practices applicable to Connecticut General's own health care insurance business when these programs are implemented. Connecticut General charges the percentage shown for administering these programs. Applying these discounts may result in higher payments than if the maximum reimbursable charge is applied. Whereas application of the maximum reimbursable charge may result in the patient being balance billed for the entire unreimbursed amount, applying these discounts avoids balance billing and substantially reduces the patient's out-of-pocket cost.

MEDICAL COST CONTAINMENT

1.	Network Savings Program	29% of net savings
2.	Supplemental Network	29% of net savings
3.	Medical Bill Review – (Pre-payment Cost Containment for Non-contracted claims):	
	Inpatient Hospital Bill Review	
	• Line Item Analysis	Lesser of 5% of hospital bill or the savings achieved
	• Professional Fee Negotiation	29% of net savings
	Outpatient Hospital Bill Review	
	• Professional Fee Negotiation	29% of net savings
	• Line Item Analysis Re-pricing	29% of net savings
	Physician/Professional Bill Review	
	• Professional Fee Negotiation	29% of net savings
4.	Medical Bill Review – (Pre or Post-payment Cost Containment for Non-contracted and Contracted claims):	

	• Bill Audit	29% of the savings/recovery achieved plus hospital fees or expenses passed through
	DRG Validation and Appeals	29% of recovery plus any fees or expenses passed through by the hospital or regulatory agency
	Inpatient Admission Retrospective Review	29% of recovery
	Medical Implant Device Audits	29% of recovery
	5. COB Vendor Recoveries [Exclusive of pharmacy programs where claims are adjudicated at time prescription is received.]	29% of recovery
6.	Secondary Vendor Recovery Program	29% of recovery
7.	Provider Credit Balance Recovery Program	29% of recovery
8.	High Cost Specialty Pharmaceutical Audits	29% of recovery
9.	Class Action Recoveries	35% of recovery
	Connecticut General arrangements for third parties to provide care management services to: (i) contain the cost of specified health care services/items overall with respect to all plans insured and/or administered by Connecticut General, and/or (ii) improve adherence to evidence based guidelines designed to promote patient safety and efficient patient care.	Specific vendor fees and care management program services are available upon request.
	Eligibility Overpayment Recovery Vendor Services	29% of recovery
	External expert reviews may be required on a consultative basis as part of the internal appeal process, or pursuant to a formal external review following exhaustion of the internal review process. The range of external review charges is dependent on the nature and complexity of the issue on appeal. In highly complex, non-routine cases or cases related to new technology or experimental-investigational treatment, as part of the internal appeal process a panel of reviewers may be necessary. External review charges will be commensurate with the number of reviewers, as well as their level of expertise and time required to complete the review.	\$500-\$4,000 Review

	<p>Capitation or fee-for-service charges for vision care services will be paid as claims and will appear in Employer's standard Bank Account activity data reports. Such payments will be at Connecticut General's applicable capitation or fee-for-service charges then in effect, which may be amended from time to time. Some Vision services are provided by Connecticut General and/or designated vendors. The applicable rates to Employer for this product and identity of the provider of vision services will be made available upon request.</p>	All Vision Products
	<p>Connecticut General contracts directly or indirectly with other managed care entities and third party network vendors for access to their provider networks and discounts. These third parties charge either a network access fee, which is included in Connecticut General's monthly charges, or a percentage of the savings realized on a claim by claim basis as a result of the application of their discounts. Charges based on percentage of savings are paid from the Bank Account. Additional details regarding specific charges will be provided upon request.</p>	All Medical Products
	<p>Capitation and fee-for-service charges for various vendors and other providers/arrangers of health care services and/or supplies will be paid as claims for Plan Benefits and will appear in Employer's standard Bank Account activity data reports. Such payments will be at Connecticut General's applicable capitation or fee-for-service charges then in effect, which may be amended from time to time. Additional details regarding charges and the identity of the vendor or provider of health care services will be made available upon request.</p>	All Products
	<p>From time to time, Connecticut General, either directly or through its affiliates, contracts with vendors, provider network managers and providers in connection with various cost containment programs. Connecticut General and its affiliates may receive payments from such parties that are intended to help defray expenses associated with implementing such programs.</p>	All Products

ADDITIONAL SERVICES		
Service	Description	Charge
HIPAA Certificates	Individual HIPAA certificates for Members who leave active coverage.	\$0.15/employee/month Included in Medical Administration Charge
Third Party Stop Loss Interface Fee	{Excludes OAPIN ~Non Management Benefit Option} Connecticut General will provide its standard third party reporting package only after the stop loss carrier and Employer have executed Connecticut General's standard hold harmless/confidentiality agreement. Connecticut General's standard reporting package is based on paid claim data only (information on incurred-but-not-paid claims, projected claims, pre-certifications of coverage, case management, course of treatment or prognosis is not provided).	\$0.69/employee/month
Incentive Points	The Incentive Points Program allows employers to reward individuals for taking steps to improve their health. Eligible individuals earn points for active participation in Cigna health improvement programs and activities that focus on prevention, lifestyle and behavior modification and disease management. Employees track their incentive activity online and redeem points for a selection of rewards as applicable. Reward types include: HRA/HSA deposits, healthcare premium reductions (if incentive participation file is sent to employer for administration of reward) in addition to gift cards/merchandise.	Included in Medical Access Fee <i>Excludes Non- Management Benefit Options</i>

Your Health First		Included in Medical Access Fee
	<p>A proactive health education and improvement program for those with a chronic condition. The program involves services that span across the Member's health needs. Behavioral coaching principles and evidence based medicine guidelines are utilized to optimize self-management skills and foster sustained health improvements.</p> <p>Members are identified as having a chronic condition through a variety of sources including but not limited to: claim data, referrals, and self-identification. A variety of resources are provided to those with a chronic condition and based on severity and readiness to change. The program targets 60% of the chronic population for telephonic support. Identified Members work with a dedicated health advocate on improving their health.</p> <p>The program includes the following components:</p> <ul style="list-style-type: none"> • Chronic Condition Specific Coaching • Pre and post discharge calls when CIGNA is the medical carrier • Life style management coaching: stress, weight management and tobacco cessation • Treatment decision support and coaching <p>In order to continuously assess the effectiveness of our programs, some Members may be placed in a comparison group which receives alternative services, or even no services for a specified period. This will not affect the total number of Members targeted for outreach or any of the financial or clinical goals of the program.</p>	
Medical Conversion Privilege	<p>Converting Employee Does Not Reside in NY, CO, FL, TX *</p> <p>Comprehensive/Major Medical Plans</p> <p>Base Plans (Limited Hospital/Surgical)</p>	\$20,000/conversion policy
	<p>Converting Employee Resides in NY:</p> <p>Comprehensive/Major Medical Plans</p> <p>Base Plans (Limited Hospital/Surgical)</p>	\$20,000/conversion policy
	<p>Converting Employee Resides in CO:</p> <p>Comprehensive/Major Medical Plans</p> <p>Base Plans (Limited Hospital/Surgical)</p>	\$20,000/conversion policy
	<p>Converting Employee Resides in FL:</p> <p>Comprehensive, Base Plan/Major Medical & PPO Plans</p>	\$20,000/conversion policy

* Connecticut General does not provide Medical Conversion coverage to Texas residents. Medical Conversion coverage for Texas residents is provided by the Texas Health Insurance Risk Pool.

Exhibit A - Plan Document

A "Summary Plan Document" or "Plan Booklet" that includes Plan Benefits and Members' rights and responsibilities under the Plan will be provided by Employer to Connecticut General. If Employer has not provided Connecticut General with a copy of its finalized Plan Booklet by the time this Agreement is effective, Connecticut General will administer the Plan in accordance with the medical management and claims administration policies and procedures and/or practices then applicable to its own health insurance business and the definitions and other language contained in the draft version of the Plan Booklet provided by Connecticut General to Employer. Connecticut General will continue to administer the Plan in this manner until Connecticut General receives the finalized Plan Booklet and follows its preparation and review process. After that time Connecticut General will use the finalized Plan Booklet to administer Plan.

Exhibit B – Services

BANKING AND FINANCIAL SERVICES		
Products excluding Health Savings Account		
1.	Furnishing Connecticut General's standard Bank Account activity data reports to Employer as and when agreed upon. Connecticut General's administration of the Plan does not include performing obligations, if any, under state escheat or unclaimed property laws. It is Employer's responsibility to determine the extent to which these laws may apply to the Plan and to comply with such laws.	All Products
2.	Report to Employer the claim payment information required in connection with Section 6041 of the Internal Revenue Code.	All Products
3.	<p>Pursuant to section 63 of the New York Health Care Reform Act of 1996 (section 2807-t of the Public Health Law) ("the Act"), to pay the assessment on covered lives set forth in section 63 and has consented to the conditions set forth in section 63, Connecticut General shall file such forms and pay such assessment on covered lives on behalf of Employer through the Bank Account to the extent set forth in section 63. Such obligation shall end immediately upon Employer's failure to provide any information required by Connecticut General to fulfill this obligation, the failure to comply with any requirement imposed upon Employer pursuant to the Act or the failure of Employer to properly fund the Bank Account.</p> <p>In addition, where permitted, Connecticut General will file applicable forms and pay on behalf of Employer and/or the Plan any assessment, surcharge, tax or other similar charge which is required to be made by you or the Plan based on covered lives and/or paid claims or otherwise in accordance with and as required by other applicable state and/or federal laws and regulations and your bank account will be charged for any such payments made by Connecticut General.</p>	All Products

CLAIM ADMINISTRATION		
Products excluding Health Savings Account		
1.	Calculate benefits, check and/or electronic payments disbursed from Employer's Bank Account. Bank Account payments will appear in Employer's standard Bank Account activity data reports.	All Products
2.	Prepare and make available Connecticut General's standard claim forms.	All Products
3.	Investigate claims, as necessary, by Connecticut General's Special Investigations Unit.	All Products
4.	Discuss claims, when appropriate, with providers of health services.	All Products
5.	Perform internal audits of Plan Benefit payments on a random sample basis.	All Products
6.	Claim control procedures reported annually in Statement on Standards for Attestation Engagements (SSAE) No. 16 Report (SAS70 successor report).	All Products (excluding Vision)
7.	Respond to Insurance Department complaints.	All Products
8.	Dedicated toll-free telephone line for Member and Provider calls to Connecticut General Service Centers.	All Products
9.	Member Explanation of Benefit ("EOB") statements including, when applicable, notice of denied claims, denial reason(s) and appeal rights.	All Products
10.	Verify enrollment and eligibility using Member information submitted by Employer and/or its authorized agent.	All Products
Medical Only		
1.	Connecticut General's standard enrollment forms are prepared and delivered to Employer for distribution to individuals eligible to enroll in the Plan.	All Medical Products
2.	Connecticut General's standard ID card with toll-free telephone number are prepared and mailed directly to Members.	All Medical Products
3.	Administration of subrogation/conditional Claim Payment (terms described in Exhibit E).	All Medical Products
Medical (Specialty Drugs)		
1.	Connecticut General may receive and retain payments under contracts with drug manufacturers with respect to utilization covered under the Employer's medical benefit for the manufacturer's specialty drugs, which are drugs that typically are injected or infused and derived from living cells; target an underlying rare, chronic or costly condition; and/or require restricted access and/or close monitoring. If Connecticut General enters into any such contracts, it does so on its own behalf, and not as agent of the Employer or the Plan.	All Pharmacy Products
Product Management		
Products excluding Health Savings Account		
	Prepare and deliver Member benefit booklet drafts to Employer.	All Products
1.	5500 Schedule C reporting.	All Products
2.	5500 Schedule A or Annual Reconciliation Disclosure reporting (when applicable)	All Products
3.	Connecticut General's standard Underwriting services: a) benefit design analysis-b) projected cost analysis.	All Products

Products excluding Health Savings Account		
	Handling of requests from Members for access to, amendment and accounting of protected health information, and requests for restrictions and alternative communications as required under federal HIPAA law and regulations, as set out in this Agreement and its Exhibits.	All Products
1.	Maximum reimbursable charge determinations of non-Participating Provider charges for covered services.	All Medical Products (with out-of-network benefits)
2.	Connecticut General's standard cost containment controls: Application of non-duplication and coordination of benefits rules and coordination with Medicare.	All Medical Products
3.	Delivery of information, as necessary, regarding standard application of non-duplication or coordination of benefits.	All Medical Products
4.	Review of medical bills in accordance with Connecticut General's then current Medical Bill Review program.	All Medical Products
5.	Network Savings Program, a national vendor network that provides discounted rates when a Member accesses care through a Network Savings Program contracted provider.	All Medical Products
6.	Annual reporting of Connecticut General's standard cost containment results upon Employer's request.	All Medical Products
1.	Summary reports of medical cost and utilization experience available through Cigna web site.	All Medical Products
3.	<p>Claim Reporting: Connecticut General will provide its standard reports and information based upon paid claim data only. Connecticut General will not provide information on incurred-but-not reported claims, projected claims, pre-certifications of coverage, case management information or information on a Member's prognosis or course of treatment.</p> <p>Stop Loss Reporting is an optional service provided at an additional fee to Employers who have stop loss through another entity other than Connecticut General. Connecticut General will provide its standard reporting only after the stop loss carrier and Employer have executed Connecticut General's standard Hold Harmless/Confidentiality Agreement.</p>	All Medical Products
	Connecticut General contracts with three (3) independent review organizations that meet the Patient Protection and Affordable Care Act (PPACA) external review requirements. Members may voluntarily appeal to a selected external independent review organization. If Employer has chosen not to participate in this program, the Employer may be responsible for making other arrangements to meet the Patient Protection and Affordable Care Act (PPACA) external review requirements.	All Medical Products

CONNECTICUT GENERAL HEALTH PLAN		
	Connecticut General provides integrated medical management that includes (depending upon the terms of the plan) the following core services:	
1.	Pre-Admission Certification and Continued Stay Review (PAC/CSR) services to certify coverage of acute and sub-acute inpatient admissions/stays or provides guidance to appropriate alternative settings. Administered in accordance with Connecticut General's then applicable medical management and claims administration policies, practices and procedures.	All Medical Products
2.	Case Management and Retrospective Review of Inpatient Care, a service designed to provide assistance to a Member who is at risk of developing medical complexities or for whom a health incident has precipitated a need for rehabilitation or additional health care support.	All Medical Products
3.	Assisting providers with resources and tools to enable them to develop Long Term Treatment Plans in the management of chronic or catastrophic cases.	All Medical Products
4.	The Cigna HealthCare Healthy Babies [®] Program, a no-cost to Member prenatal program that provides education and support for a healthy pregnancy and healthy baby.	All Medical Products
5.	HealthCare Cost and Quality tools on myCigna.com	All Medical Products
6.	A panel of physicians and other clinicians to assess the safety and effectiveness of new and emerging medical technologies. The panel meets monthly to review and update coverage policies.	All Medical Products
7.	The Cigna HealthCare 24-Hour Health Information Line SM , a service that provides 24 hour toll free access to registered nurses and an extensive audio health information library.	All Medical Products
8.	Cigna <i>LifeSOURCE</i> Transplant Network [®] contracts with over five-hundred (500) transplant programs at more than one-hundred thirty (130) independent transplant facilities. We provide access to solid organ and bone marrow/stem cell transplantation while improving cost containment and reducing financial risk.	All Medical Products
9.	A Health Education Program that delivers mailings to Members with certain conditions.	All Medical Products Except Comprehensive and Indemnity
10.	If behavioral health services are provided/arranged by Cigna Behavioral Health (CBH), CBH provides utilization review and case management for inpatient in-network behavioral health services.	OAP & OAPIN Products Only (Applies to CA/NC Members Only)
11.	If behavioral health services are provided/arranged by Cigna Behavioral Health (CBH), CBH provides utilization review and case management for both inpatient and outpatient, in-network behavioral health services.	OAP & OAPIN Products Only (Excludes CA/NC Members)
12.	Implementing clinical quality measurements, managing data, tracking and validating performance and initiating continuous quality improvement.	All Medical Products Except Comprehensive and Indemnity

13.	Transition of care services to allow Members with defined conditions to continue treatment with non-Participating Providers after enrollment for continued uninterrupted care for a limited time.	All Medical Products Except Comprehensive and Indemnity
14.	Focused utilization management of outpatient procedures and identification of appropriate alternatives. Administered in accordance with Connecticut General's then applicable medical management and claims administration policies, practices and procedures.	All Medical Products with PHS Plus
CONNECTICUT GENERAL BEHAVIORAL HEALTH SERVICES		
Connecticut General, and/or its affiliates shall:		
1.	Provide or arrange access to the applicable network of Participating Providers to furnish health care services/products to Members at negotiated rates and methods of reimbursement (e.g. fee-for service, capitation, per diem charges, incentive bonuses, case rates, withholds etc.). The amount and type of negotiated reimbursement may vary depending upon the type of plan. For example, a hospital may accept less for patients enrolled in certain types of plans than others;	All Medical Products
2.	Credential and re-credential Participating Providers in accordance with Connecticut General's credentialing requirements and ensure that third-party network vendors credential/re-credential Participating Providers in accordance with Connecticut General's requirements;	All Medical Products
3.	Review Participating Provider compliance with protocols and procedures for quality, Participant satisfaction, and grievance resolution;	All Medical Products
4.	Facilitate the identification of Participating Providers by Members; and	All Medical Products
5.	Dedicated toll-free telephone line for Member and Provider calls to Connecticut General Service Centers.	All Medical Products
CONNECTICUT GENERAL BEHAVIORAL HEALTH SERVICES		
	Connecticut General has contracted with an affiliate, CIGNA Behavioral Health ("CBH"), to provide or arrange for the provision of managed in-network behavioral health services. CBH is a Participating Provider, and is reimbursed primarily on a monthly fixed fee basis. This fixed fee for CBH services will be paid as claims and will appear in Employer's monthly reporting and on financial documents as capitation. Such payments will be at the relevant monthly rates then in effect. The monthly rates paid to CBH vary depending on geographic location of Members and on benefit design, and may be subject to change. The rates will be made available upon request. The fixed fee also includes lifestyle management programs and a cognitive behavioral modification program. Behavioral claims from a client specific network are not included in the behavioral monthly fixed fee and will be paid from the Bank Account. In some states, payment for behavioral health services must be paid on a fee-for-service basis. In these states, fee-for-service payments for behavioral health services and the CBH administrative fee (including the lifestyle management programs and a cognitive behavioral modification program) will be paid from the Bank Account as claims and will appear in Employer's monthly reporting.	OAP & OAPIN (Non-CA/NC Members)

	All Medical Products
	<p>The Cigna HealthCare of Arizona, Inc. staff model ("Cigna Medical Group") is a Participating Provider located in metropolitan Phoenix, Arizona. Plan Participants may at some time receive treatment from a Cigna Medical Group ("CMG") facility or provider even if they do not reside in Arizona (as when traveling). Participants utilizing the IPA network will access certain specialty and/or ancillary services (including laboratory and urgent care services) through the CMG system. Lab services are not provided by CMG for Participants in PPO or EPO plans.</p> <p>Except as provided below, for services provided to Participants, CMG is paid on a fee schedule basis at the rates in effect at the time of service (as may be amended from time to time). A representative CMG fee schedule of routinely performed services is attached. A copy of the full fee schedule is available on request and mutually agreed Non Disclosure Agreement ("NDA").</p> <p>If the Plan requires Participants to select a primary care physician (PCP), Phoenix area Participants who do not select a PCP during open enrollment are assigned to a CMG PCP. CMG is paid a monthly primary care capitation amount for those Phoenix area Participants who select or are assigned to a CMG PCP. Charges will appear in Employer's standard Bank Account activity data reports at the rates in effect at the time of payment. Primary care capitation charges are age/sex adjusted and may be amended from time to time. A primary care capitation rate grid and a list of the services included in the capitation are available upon request and mutually agreed Non Disclosure Agreement ("NDA").</p> <p>Primary care services rendered to Participants in Open Access Plans that do not provide for PCP assignment are charged on a fee schedule basis, as described above.</p>

**CIGNA HEALTHCARE OF ARIZONA - CIGNA MEDICAL GROUP (CMG)
REPRESENTATIVE FEE SCHEDULE OF ROUTINELY PERFORMED MEDICAL SERVICES
EFFECTIVE OCTOBER 1, 2011**

(Applicable to all Open Access Plus Products)

CPT Service Code	Service Description	Charge
45330	Sigmoidoscopy, flexible; Diagnostic (combined rate, includes facility fee \$485.00)	\$557.97
45378	Diagnostic Colonoscopy (combined rate, includes facility fee \$650)	\$907.75
71020	Chest X-Ray, Pa & Lat	\$30.38
74000	Abdomen X-Ray (Kub)	\$24.57
77057	Mammogram, Screening (Bilateral)	\$78.64
80053	Comprehensive Metabolic Panel	\$21.95
80061	Cardiac Risk	\$27.83
82565	Creatinine; Blood	\$10.64
82947	Glucose, Serum	\$8.15
84075	Phosphatase, Alkaline, Blood	\$10.74
84443	Tsh, Assay	\$34.89
84450	Sgot (Ast) Transaminase	\$10.74
84520	Bun (Urea Nitrogen) Assay	\$8.19
85025	CBC and Differential	\$13.33
87086	Culture, Urine, Colony Ct	\$16.78
88164	Cytopathology, Slides	\$21.94
88305	Surg Path, Gross and Micro	\$147.76
92014	Eye Exam & Treatment	\$109.35
92567	Tympanometry	\$15.62
93000	Electrocardiogram, Complete	\$21.86
94760	Oximetry Single Determination	\$2.47
95115	Allergy Injection, Single	\$9.69
95117	Allergy Injection, Multiple	\$11.85
99211	Office Visit, Est Min (Md Or Non-Md)	\$19.21
99212	Office Visit, Est Prob Focused	\$39.18
99213	Office Visit, Est Exp Prob Foc	\$65.80
99214	Office Visit, Est Detailed	\$98.58
99231	Subsequent Hospital Care	\$38.26
99242	Office Consult, Exp Prob Focused, 30 Minutes	\$92.15
99395	Well Exam, Est, 18-39 Years	\$94.20
99396	Well Exam, Est, 40-64 Years	\$102.94

The Urgent Care case rate excluding radiology and laboratory services is \$115.

The CMG CareToday (CMG low acuity clinics) visit rate is \$59. Lab tests performed at the CMG CareToday facilities are \$10 per service. A complete CMG CareToday fee schedule is available on request.

ASC (Ambulatory surgical center) grouper rates based on 2006 Medicare for facility component of outpatient surgery services:

Group 1 - \$485
Group 2 - \$650
Group 3 - \$740
Group 4 - \$900
Group 5 - \$950
Group 6 - \$1100
Group 7 - \$1420
Group 8 - \$1400
Group 9 - \$1200
Unlisted - \$740

CMG pharmacy fee schedule:

Brand Name: AWP – 10.56% + \$2.75 dispensing fee

Generic: If MAC pricing is available then MAC +\$2.75

If no MAC price available then AWP – 15% + \$2.75 dispensing fee

Plan charges are reduced by any applicable copayment, coinsurance and/or deductible for service. Services not identified by CPT code or codes without established RVUs are billed at the 50th Percentile of the Arizona Regional Medicode Schedule.

Exhibit C – Claim Audit Agreement (Sample)

- A. WHEREAS, Connecticut General Life Insurance Company ("Connecticut General") desires to cooperate with requests by _____ ("Employer") to permit an audit for the purposes set forth below; and
- B. WHEREAS, _____ ("Auditor") has been retained by Employer for the purpose of performing an audit ("Audit") of claims administered by Connecticut General.
- C. WHEREAS, the Auditor and the Employer recognize Connecticut General's legitimate interests in maintaining the confidentiality of its claim information, protecting its business reputation, avoiding unnecessary disruption of its claim administration, and protecting itself from legal liability;

NOW THEREFORE, IN CONSIDERATION of the premises and the mutual promises contained herein, Connecticut General, the Employer and the Auditor hereby agree as follows:

1. Audit Specifications

The Auditor will specify to Connecticut General in writing at least forty-five (45) days prior to the commencement of the Audit the following "Audit Specifications":

- a. the name, title and professional qualifications of individual Auditors;
- b. the Claim Office locations, if any, to be audited;
- c. the Audit objectives;
- d. the scope of the Audit (time period, lines of coverage and number of claims);
- e. the process by which claims will be selected for audit;
- f. the records/information required by the Auditor for purposes of the Audit; and
- g. the length of time contemplated as necessary to complete the Audit.

2. Review of Specifications

Connecticut General will have the right to review the Audit Specifications and to require any changes in, or conditions on, the Audit Specifications which may be necessary to protect Connecticut General's legal and business interests identified in paragraph C above.

3. Access to Information

Connecticut General will make the records/information called for in the Audit Specifications available to the Auditor at a mutually acceptable time and place.

4. Audit Report

The Auditor will provide Connecticut General with a true copy of the Audit's findings, as well as of the Audit Report, if any, that is submitted to the Employer. Such copies will be provided to Connecticut General at the same time that the Audit findings and the Audit Report are submitted to the Employer.

5. Comment on Audit Report

Connecticut General reserves the right to provide the Auditor and the Employer with its comments on the findings and, if applicable, the Audit Report.

6. Confidentiality

The Auditor understands that Connecticut General is permitting the Auditor to review the claim records/information solely for purposes of the Audit. Accordingly, the Auditor will ensure that all information pertaining to individual claimants will be kept confidential in accordance with all Applicable Laws and/or regulations. Without limiting the generality of the foregoing, the Auditor specifically agrees to adhere to the following conditions:

- a. The Auditor shall not make photocopies or remove any of the claim records/information without the express written consent of Connecticut General;
- b. The Auditor agrees that its Audit Report or any other summary prepared in connection with the Audit shall contain no individually identifiable information.

7. Restricted Use of the Audit Information

With respect to persons other than the Employer, the Auditor will hold and treat information obtained from Connecticut General during the Audit with the same degree and standard of confidentiality owed by the Auditor to its clients in accordance with all applicable legal and professional standards. The Auditor shall not, without the express written consent of Connecticut General executed by an officer of Connecticut General, disclose in any manner whatsoever, the results, conclusions, reports or information of whatever nature which it acquires or prepares in connection with the Audit to any party other than the Employer except as required by Applicable Law. The Employer and Auditor agree to indemnify and to hold harmless Connecticut General for any and all claims, costs, expenses and damages which may result from any breaches of the Auditor's obligations under paragraphs 6 and 7 of this Agreement or from Connecticut General's provision of information to the Auditor. The Employer authorizes Connecticut General to provide to the designated Auditor the necessary information to perform the audit in a manner consistent with all Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), Privacy Standards and in compliance with the signed Business Associate Agreement ("BAA").

8. Termination

Connecticut General may terminate this agreement with prior written notice. The obligations set forth in Sections 4 through 7 shall survive termination of the Agreement.

Exhibit E – Conditional Claim/Subrogation Recovery Services

I. Plans Without Connecticut General Stop Loss Coverage

If Employer has not purchased individual or aggregate stop loss coverage from Connecticut General or an affiliate with respect to its self-funded employee welfare benefit plan:

- A. All conditional claim payment and/or subrogation recoveries under the Plan will be handled by the entity checked below;

☐ Employer
☒ An independent recovery vendor whose name and address follow:
☐ Connecticut General and its subcontractor(s)

- B. If Employer has designated Connecticut General and its subcontractors to act as its recovery agent in paragraph I.A. above, then:

- i. Employer hereby confers upon Connecticut General and its subcontractors' discretionary authority to reduce recovery amounts by as much as fifty percent (50%) of the total amount of benefits paid on Employer's behalf, and to enter into binding settlement agreements for such amounts.
- ii. In the event a settlement offer represents a reduction greater than the percentage identified above, Connecticut General and its subcontractors should seek settlement advice from:

Name: Charles Borden

Title: MGU, VISTA Underwriting Partners LLC

Address: 1400 N. Providence Rd, Bldg 2, Ste 4050, Media, PA 19063

Telephone: 305-940-1115

- iii. All amounts reimbursed to Employer's Bank Account shall be refunded at the gross amount. Connecticut General's and its subcontractors' subrogation administration fee on cases where Connecticut General and its subcontractors' have retained counsel and in cases where no counsel has been retained by Connecticut General and its subcontractors are both reflected in the Schedule of Financial Charges.

- C. Except where agreed to by Connecticut General and Employer, Connecticut General and its subcontractors shall have no duty or obligation to represent Employer in any litigation or court proceeding involving any matter which is the subject of this Agreement, but shall make available to Employer and/or Employer's counsel such information relevant to such action or proceeding as Connecticut General and its subcontractors may have as a result of its handling of any matter under this Agreement.

- D. In the event Employer purchases individual or aggregate stop loss coverage from Connecticut General or an affiliate with respect to its self-funded employee welfare benefit plan at any time during the life of this Agreement, the provisions of paragraph II., below, shall control.

II. Plans with Connecticut General Stop Loss Coverage

If Employer has purchased individual or aggregate stop loss coverage from Connecticut General or an affiliate with respect to its self-funded employee welfare benefit plan:

- A. Connecticut General and its subcontractors shall have the right and responsibility to manage all conditional claim payment and/or subrogation recoveries under the Plan. Connecticut General and its subcontractors shall reimburse to the Plan the recovery minus relevant individual and aggregate stop loss payments made by Connecticut General.
- B. All amounts reimbursed to Employer's Bank Account shall be refunded at the gross amount. Connecticut General's and its subcontractors' subrogation administration fee on cases where Connecticut General and its subcontractors' have retained counsel and in cases where no counsel has been retained by Connecticut General and its subcontractors, are both reflected in the Schedule of Financial Charges.
- C. Connecticut General and its subcontractors shall have no duty or obligation to represent Employer in any litigation or court proceeding involving any matter which is the subject of this Agreement but shall make available to Employer and/or Employer's counsel such information relevant to such action or proceeding as Connecticut General and its subcontractors may have as a result of its handling of any matter under this Agreement. Notwithstanding the foregoing, Connecticut General and its subcontractors reserve to itself the right to retain counsel to represent Connecticut General's own interests in any subrogation and/or conditional claim recovery action under the Plan.

Contractual Agreements Unit
Underwriting
Cigna



October 5, 2015

Guy Hine
City of Fort Lauderdale
100 North Andrews Avenue
Fort Lauderdale, FL 33301

Routing B2CAU
900 Cottage Grove Road
Hartford, CT 06152

RE: 2015 Plan Year Services and Charges (Effective January 1, 2015)

Account Name: City of Fort Lauderdale

Account Number(s): 3335139

Dear Mr. Hine:

Cigna Health and Life Insurance Company ("CHLIC") wants you to be aware of the services provided and charges that may be made by CHLIC and its affiliates in connection with the administration of your plan. Enclosed is a summary of the services for which you may be charged in connection with your Administrative Service Agreement with CHLIC Life Insurance Company.

The summary identifies the services that may apply to plans administered by CHLIC. Some specific services may not apply to your plan. Where a specific charge is identified, it is the charge in effect currently. Most charges are subject to change. To determine the current charge for any particular services in the future or for prior periods, contact your Cigna HealthCare sales representative.

If you have any other questions, please call your group sales representative.

Underwriting Contractual Agreements Unit

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City of Fort Lauderdale
 October 5, 2015
 Page 2

SERVICES

I.Charges Processed Through Bank Account

Integrated Medical Management Fees

Charges may be processed through your bank account or directly billed to you as part of your Network Access Fee. These charges are available upon request.

Your Health First

Charges may be processed through your bank account or directly billed to you as part of your Network Access Fee.

Your Health First is a disease management program that provides education, support and tools to help patient participants manage their conditions, support learning and reinforce positive self care behaviors, including: customized counseling by phone from a clinician, and educational materials appropriate to their specific diagnosis.

Cigna Behavioral Health

Charges may be processed through your bank account or directly billed to you as part of your Network Access Fee.

If behavioral health services are provided/arranged by Cigna Behavioral Health (CBH), CBH provides utilization review and case management for inpatient in-network behavioral health services.

OAP, HRA OAP and OAPIN Medical Products Only (CA/NC Members)

If behavioral health services are provided/arranged by Cigna Behavioral Health (CBH), CBH provides utilization review and case management for inpatient and outpatient, in-network behavioral health services.

OAP, HRA OAP and OAPIN Medical Products Only (Non-CA/NC Members)

Cigna Staff Model Healthplan(s)

The Cigna HealthCare of Arizona, Inc. staff model ("Cigna Medical Group") is a Participating Provider located in metropolitan Phoenix, Arizona. Plan Members may at some time receive treatment from a Cigna Medical Group ("CMG") facility or provider even if they do not reside in Arizona (as when traveling). Members utilizing the IPA network will access certain specialty and/or ancillary services (including laboratory and urgent care services) through the CMG system. Lab services are not provided by CMG for Members in PPO or EPO plans.

Except as provided below, for covered services provided to Members, CMG is paid at the rates in effect at the time of service (as may be revised from time to time). Representative rates for routinely performed services are attached. A complete copy of the rates is available on request under a mutually agreed nondisclosure agreement (NDA).

If the Plan requires Members to select a primary care physician (PCP), Phoenix area Members who do not select a PCP during open enrollment are assigned to a CMG PCP. CMG is paid for PCP-required Plans at the rates in effect at the time of service.

"Cigna" is a registered service mark, and the "Tree of Life" logo is a service mark, of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries and not by Cigna Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company, Cigna Health and Life Insurance Company, Cigna Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.

City of Fort Lauderdale
October 5, 2015
Page 3

Primary care services rendered to Members in Open Access or LocalPlus Plans that do not provide for PCP assignment are paid at the rates then in effect, as described above.

CMG may also receive applicable performance-based incentive payments for its participation in programs designed to improve quality, patient safety and affordability.

Client Name: City of Fort Lauderdale
Administrative Services Only Agreement

Schedule of Financial Charges

Certain fees and charges identified in this Schedule of Financial Charges will be billed to Employer monthly in accordance with CHLIC's then standard billing practices. However, CHLIC is authorized to pay all fees and charges from the Bank Account unless otherwise specified in this Agreement.

MEDICAL ADMINISTRATION CHARGES		
Product	Description	Charge
Medical	• Open Access Plus (OAP) with PHS Plus Medical Management	\$42.10/employee/month
Medical	• HRA Open Access Plus (OAP) with PHS Plus Medical Management (Non-Management)	\$42.10/employee/month
Medical	• HRA Open Access Plus (OAP) with PHS Plus Medical Management (Management)	\$43.45/employee/month
Medical	• Open Access Plus In-Network (OAPIN) with PHS Plus Medical Management (OAPIN 1 & 2 Non-Management)	\$42.10/employee/month
Medical	• Open Access Plus In-Network (OAPIN) with PHS Plus Medical Management (OAPIN 1 & 2 Management)	\$43.45/employee/month
MEDICAL NETWORK ACCESS FEE, UTILIZATION MANAGEMENT FEE AND OPTIONAL PROGRAM FEE		
Product	Description	Charge
Medical	• OAP Access Fee	\$22.45/employee/month Included in Medical Administration Charge
Medical	• HRA OAP Access Fee (All Plans)	\$22.45/employee/month Included in Medical Administration Charge
Medical	• OAPIN Access Fee (All Plans)	\$22.45/employee/month Included in Medical Administration Charge
CIGNA CHOICE FUND AND OTHER CONSUMER DIRECTED ACCOUNT ADMINISTRATION SERVICES AND CHARGES		
	Product	Charge
	• Cigna Choice Fund Health Reimbursement Account (HRA) Administration (All Plans)	\$4.94/employee/month

Client Name: City of Fort Lauderdale
Administrative Services Only Agreement

Health Advisor – A	<p>The Health Advisor program focuses on engaging targeted Members related to a variety of wellness and prevention topics, and is designed to facilitate healthy behaviors and promote achievement of health-related goals. The program includes the following components:</p> <ul style="list-style-type: none"> • Health and wellness coaching on high blood pressure, high cholesterol, healthy eating, physical activity and pre-diabetes using multiple coaching sessions, behavior modification techniques and other motivational interviewing and coaching styles to encourage behavior change that helps Participants reach established goals. • Education and referral coaching on program topics with referral to appropriate internal and external resources available • Access to educational materials and web based Member tools and resources • Identification of gaps in care and outreach to Members to provide coaching for those identified with gaps for high cholesterol, high blood pressure • Support of Participants identified through predictive modeling with certain preference sensitive care conditions by supplying impartial evidence based medical information, to empower Participants' to understand the potential benefits/ disadvantages of a specific course of action and make more informed care decisions. • Answering health and medical related questions • Counseling Participants on prevention and the benefits of compliance with prescribed medications and treatments 	For HRA OAP Only Included in Medical Access Fee
AMOUNTS OWED TO CHLIC		
Amounts paid by CHLIC with its own funds on behalf of Employer or the Plan with respect to charges for which Employer or the Plan is obligated to pay under this Agreement including Plan Benefits, Bank Account Payments (including fix per person payments and pay-for-performance payments to Participating Providers), governmental taxes or assessments.		

Client Name: City of Fort Lauderdale
Administrative Services Only Agreement

	CIGNA PHARMACY BENEFIT MANAGEMENT SERVICES CHARGES AND RELATED PROVISIONS	
<p><u>Definitions</u></p> <ul style="list-style-type: none"> • “Average Wholesale Price” or “AWP” is the Average Wholesale Price for a given pharmaceutical product in effect on the dispense date for the actual package size dispensed as published by Medi-Span or other alternative publication or benchmark reasonably designated by CHLIC. • “Brand Drug Claim” is a claim for a pharmaceutical product that is adjudicated as a brand drug as indicated on the claim record generated by the claim processing system used by CHLIC. For application of discounts and dispensing fees, a “Brand Drug Claim” includes a claim for a generic drug within its exclusivity period or other period of limited competition, as CHLIC reasonably determines under its standard policies. Except if and where the language expressly states otherwise, a Brand Drug Claim does not include a Specialty Brand Drug Claim. • “Generic Drug Claim” is a claim for a pharmaceutical product that is adjudicated as a generic drug as indicated on the claim record generated by the claim processing system used by CHLIC. For application of discounts and dispensing fees, a “Generic Drug Claim” excludes a claim for a generic drug within its exclusivity period or other period of limited competition, as CHLIC reasonably determines under its standard policies. Except if and where the language expressly states otherwise, a Generic Drug Claim does not include a Specialty Generic Drug Claim. • “Drug Claim” is a claim for a pharmaceutical product. • “Mail” when immediately preceding the term “Brand Drug Claim,” “Generic Drug Claim,” “Specialty Drug Claim,” “Specialty Brand Drug Claim, or “Specialty Generic Drug Claim” means that the resulting term (e.g., “Mail Brand Drug Claim”) refers to such claim as dispensed by a Mail Service Pharmacy. • “Mail Service Pharmacy” or “Cigna Tel-Drug” or “Cigna Home Delivery Pharmacy” is a pharmacy that is owned or operated by Connecticut General or an affiliated company(ies) (currently, Tel-Drug, Inc. and Tel-Drug of Pennsylvania, LLC), which dispenses drugs covered under the Plan’s Pharmacy Benefit by mail, and is not a Retail Pharmacy. • “Pharmacy Benefit” means the terms of the Plan that govern coverage and care/utilization management of drugs and related supplies dispensed to Members and charged to the Plan by the Mail Service Pharmacy or Retail Pharmacies through CHLIC’s pharmacy claim processing system. • “Rebates” or “Manufacturer Formulary Payments” means amounts that CHLIC collects under contracts with drug manufacturers that are based on utilization of certain of the manufacturers’ brand drugs under the Plan’s Pharmacy Benefit and the drug’s status on the Cigna drug formulary. • “Retail” when immediately preceding the term “Brand Drug Claim,” “Generic Drug Claim,” “Specialty Drug Claim,” “Specialty Brand Drug Claim, or “Specialty Generic Drug Claim” means that the resulting term (e.g., “Retail Brand Drug Claim”) refers to such claim as dispensed by a Retail Pharmacy. • “Retail Pharmacy” is a pharmacy that is entitled to payment under the Plan for drugs it dispenses that are covered under the Plan’s Pharmacy Benefit, and is not a Mail Service Pharmacy. • “Specialty Drug Claim” is a claim for a pharmaceutical product that is reasonably determined by CHLIC to be a specialty drug in accordance with industry practice. Specialty drugs generally are (i) injected or infused and derived from living cells, or are oral non-protein compounds (e.g., oral chemotherapy drugs); (ii) target the underlying condition, which is usually one of a relatively rare, chronic and costly nature; and/or (iii) require restricted access and/or close monitoring. 		

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- “Specialty Brand Drug Claim” means a claim for a pharmaceutical product that is adjudicated, as indicated on the claim record generated by the claim processing system used by CHLIC, as a brand drug which is also a specialty drug.
- Specialty Generic Drug Claim” means a claim for a pharmaceutical product that is adjudicated, as indicated on the claim record generated by the claim processing system used by CHLIC, as a generic drug which is also a specialty drug.

PHARMACY ADMINISTRATION FEE

- Cigna Pharmacy Product Administration Fee: Included in Medical Administration Charge

CHARGES FOR DRUGS COVERED UNDER THE PLAN’S PHARMACY BENEFIT

Drugs Dispensed by Mail Service Pharmacy: CHLIC will charge Employer the following for claims covered under the Plan’s Pharmacy Benefit and dispensed by the Mail Service Pharmacy, subject to the “Drug Charges – Additional Provisions” section:

Brand Drug Claims: AWP minus an average discount of 24.25%.

Generic Drug Claims: The drug’s charge on a CHLIC generic Maximum Allowable Charge schedule that generates an annual average aggregate discount across Generic Drug Claims dispensed at Cigna Home Delivery Pharmacy to CHLIC group-client book of business of AWP minus 79.5%.

Specialty Drug Claims: The drug’s charge discounted as shown in the Cigna Home Delivery Pharmacy Standard-Level Specialty Drug List, attached as Appendix A hereto.

Home Delivery Drug Claims: An average dispensing fee of no more than \$0.00.

Drugs Dispensed by Retail Pharmacies: CHLIC will charge Employer the following for drugs covered under the Plan’s Pharmacy Benefit and dispensed by a Retail Pharmacy to the Plan Members, subject to the “Drug Charges – Additional Provisions” section:

Retail Brand Drug Claims: The lesser of (i) AWP minus an average discount of 17.58%; or (ii) the Retail Pharmacy’s usual and customary charge.

Retail Generic Drug Claims (other than those to which the above brand discount applies): The lesser of: (i) the drug’s charge on a CHLIC generic Maximum Allowable Charge schedule that generates an annual average aggregate discount across Generic Drug Claims dispensed at Retail Pharmacies to CHLIC group-client book of business of AWP minus 76.45% (Plan-specific results may vary based on drug mix); or (ii) the Retail Pharmacy’s usual and customary charge.

Retail Specialty Brand Drug Claims: The lesser of (i) AWP minus an annual average aggregate discount of 11.5%; or (ii) the Retail Pharmacy’s usual and customary charge.

Retail Drug Claims: An average dispensing fee of no more than \$1.00, except in the case of usual and customary claims, for which no dispensing fee is charged.

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DRUG CHARGES – ADDITIONAL PROVISIONS	
<ul style="list-style-type: none"> • Cigna Home Delivery Pharmacy's discounts are applied to the manufacturer average wholesale price (AWP) for the dispensed size (or to the AWP for the manufacturer-packaged quantity closest to the dispensed size, if there is no AWP for the dispensed size). • The amount paid to the Retail Pharmacy for Brand, Generic, or Specialty Drug Claims may or may not be equal to the amount charged to Employer, and CHLIC will absorb or retain any difference. • An excess achieved in any Plan-specific discount floor or dispensing fee cap offered under this Agreement will be used to offset a shortfall in any other Plan-specific discount floor or dispensing fee cap offered under this Agreement. • Industry Changes to or Replacement of Average Wholesale Price (AWP). Notwithstanding any other provision in this Agreement, including in this Exhibit, in the event of any major change in market conditions affecting the pharmaceutical or pharmacy benefit management market, including, for example, any change in the markup, methodologies, processes or algorithms underlying the published AWP(s), CHLIC may adjust any or all of the charges, rates, discounts, guarantees and/or fees in connection with CHLIC's administration of the Plan's Pharmacy Benefit hereunder, including any that are based on AWP, as it reasonably deems necessary to preserve the economic value or benefit of this Agreement as it existed immediately prior to such change. Additionally, and notwithstanding any other provision in this Agreement, including in this Exhibit, CHLIC may replace AWP as its pharmaceutical pricing benchmark with an alternative benchmark and/or may replace Medi-Span, or other such publication as its source for the AWP or alternative benchmark with a different pricing source, provided that CHLIC adjusts any or all such AWP-Based Charges or such alternative benchmark-based charges as it reasonably deems necessary to preserve the economic value or benefit of this Agreement as it existed immediately prior to such replacement or immediately prior to the event(s) giving rise to such replacement, as the case may be. 	
DRUG MANUFACTURER-PAYMENT SHARING	
<p>Subject to the caveats below, CHLIC will remit to Employer the following portion of Rebates that CHLIC collects with respect to utilization under the Plan's Pharmacy Benefit:</p> <p>The greater of 100.00% of Rebates on such utilization dispensed in the full calendar year immediately preceding CHLIC's remittance, or the sum of \$23.66 multiplied by the number of Retail Pharmacy Brand Drug Claims plus \$164.85 multiplied by the number of Mail Service Pharmacy Brand Drug Claims dispensed in such full calendar year.</p>	

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Caveats:

- (1) Upon termination of this Agreement, CHLIC may apply Rebates otherwise payable to offset Bank Account or other deficits of charges identified in this Agreement.
- (2) Should Employer terminate this Agreement before completion of the then-current Plan Year, no Rebates shall be due with respect to that Plan Year as Rebates are based on completion of an entire Plan Year.
- (3) All applicable caveats communicated in writing by CHLIC in connection with its proposal made in connection with this Agreement are hereby incorporated by reference.
- (4) For percentage-based sharing arrangements, payout amount may differ slightly from the stated percentage when payout occurs before manufacturers' final reconciliations and payments are made to CHLIC.
- (5) Rebates are not paid out on Run-Out Claims or on claims for drugs covered under the federal 340B drug pricing program.
- (6) CHLIC or its agent contracts with drug manufacturers on CHLIC's own behalf, and not as agent of the Employer or the Plan.

Timing of Rebate Pay-Out: Remittance will be provided within ninety (90) days after the close of each applicable calendar year for the portion of such calendar year that coincides with the Plan Year.

AUDIT RIGHTS RELATED TO MANUFACTURER PAYMENTS		
Employer's third party auditor may audit records directly related to CHLIC's performance of its obligations hereunder regarding sharing of manufacturer formulary payments (a/k/a "rebates") once in each twelve-month period upon the following conditions: Employer shall provide at least forty-five (45) days written notice to CHLIC; the auditor (including its individual auditors conducting the audit) shall be agreeable to Employer and CHLIC; a mutually agreed upon non-disclosure/non-use contract shall be executed by Employer, the auditor and CHLIC; the records to be audited shall be no more than two years old as of the date of the audit; the scope of records to be audited shall be as mutually agreed upon by Employer's third party auditor and CHLIC as those which are necessary to determine compliance with the rebate-sharing obligations under this Agreement; the audit shall be conducted at a mutually acceptable time during regular business hours at CHLIC's office where such records are located; records shall not be removed or photocopied without CHLIC's express written consent; the auditor shall provide its audit report to CHLIC and Employer at the same time; and the auditor may disclose the aggregate amount of manufacturer formulary payments due Employer but no other details of CHLIC's manufacturer contracts of which the auditor is apprised, if any.		
FEES FOR PROCESSING RUN-OUT CLAIMS		
OAP, HRA OAP and OAPIN	Run-Out Period of twelve (12) months	No Additional Cost
Pharmacy	Run-Out Period of three (3) months for all pharmacy claims	No Additional Cost

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SUBROGATION		
	Subrogation/Conditional Claim Payment. Identification, investigation and recovery of claim payments involving other party liability or where another entity is responsible for payment (including by way of example but not by limitation automobile insurance, homeowner insurance, commercial property insurance, worker's compensation). (This service is only provided with respect to Medical coverage).	5% of recovery plus litigation costs if counsel is retained and an appearance is filed on behalf of CHLIC or Employer in any litigation, or a lawsuit is filed on their behalf; 29% of recovery if no counsel is retained and in all other instances, including cases where state law requires that employee benefit plans be named as party defendants or involuntary plaintiffs.

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CHLIC COST CONTAINMENT FEES

CHLIC, a Cigna company, administers the following programs to contain costs with respect to charges for health care service/supplies that are covered by the Plan. In administering these programs, CHLIC contracts with vendors to perform program related services. Specific vendor fees are available upon request. CHLIC's charge for administering these programs is the percentage (indicated below) of either (1) the "net savings" (i.e. the difference between the charge that the provider would have made absent the program savings and the charge made as a result of the program savings, less the applicable vendor fee which generally ranges from 7-11% of the program savings) or (2) the "gross savings" (i.e. the difference between the charge that the provider would have made absent the program savings and the charge made as a result of the program savings; CHLIC pays the applicable vendor fee) or (3) the "recovery" (i.e. the amount recovered) as applicable.

For charges for covered services received from a non-Participating Provider (including emergency/urgent care services that are covered at the in-network benefit level), CHLIC may apply discounts available under agreements with third parties or through negotiation of the billed charges. These programs are identified below as the Network Savings Program, Supplemental Network & Medical Bill Review (pre-payment). CHLIC charges the percentage shown for administering these programs. Applying these discounts may result in higher payments than if the maximum reimbursable charge is applied. Whereas application of the maximum reimbursable charge may result in the patient being balance billed for the entire unreimbursed amount, applying these discounts avoids balance billing and substantially reduces the patient's out-of pocket cost.

If no discount is available or negotiated, reimbursement will be based upon:

- (i) If charges are not subject to CHLIC's benefit enhancement policy – the plan's maximum reimbursable charge (in which case the patient may be balance billed by the provider if the provider's charge exceeds the plan's maximum reimbursable charge); or
- (ii) If charges are subject to CHLIC's benefit enhancement policy – depending upon the Employer's election:
 - a. the amount of provider's billed charge not exceeding the greater of a CHLIC determined percentage of the Medicare allowable amount (the 80th percentile of the reasonable and customary charge if there is no Medicare allowable charge) or the amount required by state or federal, law (in the case of emergency room services) for charges subject to CHLIC's benefit enhancement policy (patient may be balance billed by the provider if the provider's charge exceeds such amount), or
 - b. the provider's billed charge.

This administration of charges for covered services from non-Participating Providers is consistent with the claim administration practices with respect to CHLIC's own health care insurance business where applicable.

MEDICAL AND PHARMACY COST CONTAINMENT

1.	Network Savings Program	29% of net savings
2.	Supplemental Network	29% of net savings
3.	Medical Bill Review – (Pre-payment Cost Containment for Non-contracted claims):	
	Inpatient Hospital Bill Review	
	• Line Item Analysis	Lesser of 5% of hospital bill or the savings achieved
	• Professional Fee Negotiation	29% of net savings

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	Outpatient Hospital Bill Review	
	• Professional Fee Negotiation	29% of net savings
	• Line Item Analysis Re-pricing	29% of net savings
	Physician/Professional Bill Review	
	• Professional Fee Negotiation	29% of net savings
	• Line Item Analysis Re-pricing	29% of net savings
4.	Medical Bill Review – (Pre or Post-payment Cost Containment for Non-contracted and Contracted claims):	
	• Bill Audit	29% of the savings/recovery achieved plus hospital fees or expenses passed through
	Diagnosis Related Grouping (DRG) Validation/Audits and Recovery. An overpayment audit and recovery program in which CHLIC or its vendors review paid claim data to identify overpayments based on inaccurate DRG coding.	29% of recovery plus any fees or expenses passed through by the hospital or regulatory agency
	Inpatient Admission Retrospective Review	29% of recovery
	Medical Implant Device Audits	29% of recovery
5.	COB Vendor Recoveries [Exclusive of pharmacy programs where claims are adjudicated at time prescription is received.]	29% of recovery
6.	Secondary Vendor Recovery Program	29% of recovery
7.	Provider Credit Balance Recovery Program	29% of recovery
8.	High Cost Specialty Pharmaceutical Audits	29% of recovery
9.	Pharmacy Vendor Recoveries	30% of recovery
10.	Class Action Recoveries	35% of recovery

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CARE MANAGEMENT/COST CONTAINMENT PROGRAM FEES		
	<p>CHLIC arranges for third parties to provide care management services to:</p> <ul style="list-style-type: none"> (i) contain the cost of specified health care services/items overall with respect to all plans insured and/or administered by CHLIC, and/or (ii) improve adherence to evidence based guidelines designed to promote patient safety and efficient patient care. 	Specific vendor fees and care management program services are available upon request.
ELIGIBILITY OVERPAYMENT RECOVERY FEES		
	Eligibility Overpayment Recovery Vendor Services. Identification and recovery of funds in situations where the overpayment is due to the late receipt of Member termination information. (This service is only provided with respect to Medical coverage).	29% of recovery
EXTERNAL REVIEW AND CONSULTATIVE REVIEW FEES		
	When a Member elects an External Review (as that term is defined in ERISA) of a benefit determination by an independent third party, the cost of a specific third party review is dependent on the nature and complexity of the issue on appeal. In highly complex, non-routine cases or cases related to new technology or experimental-investigational treatment, as part of the internal appeal process a panel of reviewers may be necessary. Third party review charges will be commensurate with the number of reviewers (usually only one is used), as well as their level of expertise and time required to complete the review.	\$500-\$4,000 Review
STRATEGIC ALLIANCES		
	CHLIC contracts directly or indirectly with other managed care entities and third party network vendors for access to their provider networks and discounts. These third parties charge either a network access fee, which is included in CHLIC's monthly charges, or a percentage of the savings realized on a claim by claim basis as a result of the application of their discounts. Charges based on percentage of savings are paid from the Bank Account. Additional details regarding specific charges will be provided upon request.	All Medical Products
OTHER VENDORS AND HEALTH CARE SERVICES PROVIDERS		
	Fixed per person per period and fee-for-service charges for various vendors and other providers/arrangers of health care services and/or supplies will be paid as claims for Plan Benefits. In addition, performance-based payments to Participating Providers will be charged to the Bank Account. Such payments will be at the payment rates then in effect, which may be amended from time to time. Additional details regarding charges and the identity of the vendor or provider of health care services will be made available upon request.	All Products

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NOTICE REGARDING PAYMENTS FROM THIRD PARTIES		
	Unless indicated otherwise in the Schedule of Financial Charges, CHLIC retains all payments it may receive from manufacturers of pharmaceutical products covered under the Plan. Information on the amount of such payments with respect to the Plan will be provided upon request.	All Pharmacy Products
	From time to time, CHLIC, directly or through its affiliates, arranges with third party parties (e.g., service vendors, provider network managers) to provide various services (e.g., cost-containment initiatives) in connection with the Plan. CHLIC and its affiliates may receive payments from such third parties to help defray CHLIC's expenses associated with the implementation and/or ongoing administration of these arrangements. CHLIC may also receive compensation from third-party vendors that Employer may retain based upon a referral from CHLIC.	All Products
COMPLIANCE ASSISTANCE		
	CHLIC shall provide the following services to assist Employer in meeting its compliance obligations under section 2715 of the Public Health Service Act as added by the Patient Protection and Affordable Care Act and applicable regulations with respect to the provision of the Summary of Benefits and Coverage ("SBC"), translation notice and glossary. Applicable to all medical plans including HRA and FSA which are considered "group health plans" subject to the SBC requirements.	
1.	Preparation of SBC, translation notice. CHLIC will not be responsible for any changes that Employer makes to the SBC.	No charge
2.	Provide SBC, translation notices prepared by CHLIC to Employer electronically as well as any updates or material modifications.	No charge
3.	Include in SBC a summary of benefits administered by carve-out vendor if Employer or carve-out vendor provides CHLIC with necessary carve-out benefit information at least twelve (12) weeks prior to the date the SBCs are to be delivered to Employer.	\$500 for each benefit option under the Plan for which carve-out vendor benefits are included in SBC
ADDITIONAL SERVICES		
Service	Description	Charge
Behavioral Health	Behavioral Care Advocacy provides behavioral health services in which claims are funded on a fee-for service basis. It includes focused utilization review and case management for inpatient, in-network behavioral health services. This payment arrangement is with respect to the CA/NC member population only.	Included in Medical Access Fee

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Health Advisor – A	<p>The Health Advisor program focuses on engaging targeted Members related to a variety of wellness and prevention topics, and is designed to facilitate healthy behaviors and promote achievement of health-related goals. The program includes the following components:</p> <ul style="list-style-type: none"> • Health and wellness coaching on high blood pressure, high cholesterol, healthy eating, physical activity and pre-diabetes using multiple coaching sessions, behavior modification techniques and other motivational interviewing and coaching styles to encourage behavior change that helps Participants reach established goals • Education and referral coaching on program topics with referral to appropriate internal and external resources available • Access to educational materials and web based Member tools and resources • Identification of gaps in care and outreach to Members to provide coaching for those identified with gaps for high cholesterol, high blood pressure • Support of Participants identified through predictive modeling with certain preference sensitive care conditions by supplying impartial evidence based medical information, to empower Participants' to understand the potential benefits/ disadvantages of a specific course of action and make more informed care decisions • Answering health and medical related questions • Counseling Participants on prevention and the benefits of compliance with prescribed medications and treatments 	OAP and OAPIN Included in Medical Access Fee
Clinical Program	<p><u>Cigna TheraCare® Program</u> – a targeted condition drug therapy management program that targets individuals using specialty medications for certain chronic conditions and helps them better understand their condition, medication side effects and importance of adherence.</p>	Included at No Additional Cost

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Your Health First	<p>A proactive health education and improvement program for Members with a chronic condition. The program involves services that span across the Member's health needs. Behavioral coaching principles and evidence based medicine guidelines are utilized to optimize self-management skills and foster sustained health improvements.</p> <p>The program targets a chronic population at high risk for near term and future high cost medical expenses. Members are identified as having a chronic condition through a variety of sources which may include: claims data, referrals, and self-identification. A variety of resources is provided to those with a chronic condition, including access to online tools, personalized support, and targeted materials.</p> <p>The program includes the following components for those with a chronic condition:</p> <ul style="list-style-type: none"> • Chronic condition-specific coaching • Pre- and post-discharge calls • Lifestyle management coaching: stress, weight management and tobacco cessation • Treatment decision support and coaching <p>In order to continuously assess the effectiveness of the program and/or test new ideas to further engage Members around their health, a small sample of Members may be placed in a comparison group which for a defined period of time receives alternative services or is suppressed from receiving proactive outreach, such as engagement letters and/or calls. This could affect a few Members targeted for outreach during this limited time period.</p>	For OAP, HRA OAP and OAPIN Products: Included in Medical Access Fee
Medical Conversion Privilege	Converting Employee Does Not Reside in NY, CO, FL, TX*	
	Comprehensive/Major Medical Plans	\$20,000/conversion policy
	Converting Employee Resides in NY:	
	Comprehensive/Major Medical Plans	\$20,000/conversion policy
	Converting Employee Resides in CO:	
	Comprehensive/Major Medical Plans	\$20,000/conversion policy
	Converting Employee Resides in FL:	
	Comprehensive, Base Plan/Major Medical and PPO Plans	\$20,000/conversion policy

* CHLIC does not provide Medical Conversion coverage to Texas residents. Medical Conversion coverage for Texas residents is provided by the Texas Health Insurance Risk Pool.

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CIGNA Incentive Points	CIGNA Incentive Points Program allows employers to reward individuals for participation and completion of 19 health improvement initiatives and programs. These initiatives and programs are focused on prevention, lifestyle and behavior modification, and disease/condition management.	For HRA OAP (Management Only) & OAPIN (Management Only) Products: \$1.35/employee/month Included in Medical Administration Charge
Client Fund		
Wellness Fund	For clinical/wellness/behavioral programs offered by CHLIC that are purchased, CHLIC will establish a Wellness/Health Improvement Fund in the amount of \$87,000.00. These funds will be used to defray the cost of CHLIC designated and arranged health and wellness improvement programs for Employees (e.g., biometric screenings, flu shots, etc.) and to reward participation in these programs. Wellness/Health Improvement Funds are a one-time credit to be used from 01/01/2015 – 12/31/2015. Unused funds cannot be rolled over and CHLIC must pre-approve use of the Wellness/Health Improvement Fund.	

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CIGNA HEALTHCARE OF ARIZONA - CIGNA MEDICAL GROUP (CMG)
REPRESENTATIVE RATES FOR ROUTINELY PERFORMED MEDICAL SERVICES

EFFECTIVE AUGUST 1, 2014

(Applicable to all Open Access Plus Products)

Department	CPT Code	Description	OAP Rate
All Departments	99213	OFFICE VISIT, EST EXP PROB FOC	\$65.80
Adult Medicine	99396	WELL EXAM, EST, 40-64 YEARS	\$102.94
Pediatrics	99392	WELL EXAM, EST, 1-4 YEARS	\$85.77
Gastroenterology	45378	COLONOSCOPY - Professional Fee only, at a facility	\$257.75
Neurology	64615	CHEMODENERVATION OF MUSCLE MIGRAINE	\$157.18
Ophthalmology	66984	REMOVE CATARACT, INSERT LEN- Professional Fee only, at a facility	\$700.01
Podiatry	11721	DEBRIDEMENT NAIL SIX OR MORE	\$39.95
Radiology	71020	CHEST X-RAY, PA & LAT	\$30.38
Radiology	G0202 + 77052	SCREENING MAMMOGRAPHY DIGITAL	\$141.02
Urology	52000	CYSTOSCOPY	\$253.87
General Surgery	47562	LAPAROSCOPY;CHOLECYSTECTOMY- Professional Fee only, at a facility	\$837.79
Optometry	92014	EYE EXAM & TREATMENT	\$109.35
Lab	80053	COMPREHENSIVE METABOLIC PANEL	\$14.87
Lab	80061	LIPID PANEL	\$18.85
ASC (Ambulatory surgical center) / Endoscopy Suite	Grouper 2		\$469.00
ASC (Ambulatory surgical center) / Endoscopy Suite	Grouper 8		\$1,104.00

* Medicare does not assign (or may not yet have assigned) relative value units (RVUs) for certain service codes. Codes not valued by Medicare are referred to as "gap codes." For example, Medicare does not assign values for wellness service codes (99381-99397). Cigna Medical Group refers to The Essential RBRVS (Annual) guide to obtain relative values for such gap codes for billing purposes. Typically, Cigna pays CMG for gap codes not valued by Medicare either at the discounted fee schedule referenced above or, for new codes not yet valued by Medicare, at the same rate it pays its IPA providers.

The Urgent Care case rate excluding radiology and laboratory services is \$115.

CMG pharmacy rates (30-day supply):

Brand Name: AWP – 10.56% + \$2.75 dispensing fee

Generic: AWP – 35% + \$2.75 dispensing fee

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APPENDIX A

Cigna Home Delivery Pharmacy Standard-Level Specialty Drug List

THIS SPECIALTY DRUG LIST IS CONFIDENTIAL, PROPRIETARY INFORMATION OF CIGNA. IT IS PROVIDED SOLELY FOR EMPLOYER'S PLAN ADMINISTRATION PURPOSES. RE-DISCLOSURE IS STRICTLY PROHIBITED. CIGNA RESERVES ALL LEGAL RIGHTS AND REMEDIES TO ENFORCE THESE PROHIBITIONS ON USE AND DISCLOSURE.

Currently Marketed Specialty Drugs on this Specialty Drug List. The discounts in this Specialty Drug List are the discounts that will be adjudicated in Cigna's claim processing system for the drug indicated when dispensed by Cigna Home Delivery Pharmacy, subject to all of the following.

- Any or all of the discounts in this Specialty Drug List may be adjusted by Cigna in the event of a major change in market conditions affecting the pharmaceutical or pharmacy benefit management market, a drug shortage in the market, an issue involving the safety of the drug supply, or similar market situation.
- The discounts in this Specialty Drug List are based on the terms and design of the Pharmacy Benefit that Employer has adopted and disclosed to Cigna. Accordingly, if Employer fails to disclose to Cigna, for example, that it uses or intends to use a consumer-driven health plan, a major cost-sharing program, or a utilization management program promoting generic or OTC drugs over brand drugs, Cigna may adjust the discounts.
- The discounts in this Specialty Drug List shall not apply to compound drug claims, claims that process at U&C, and direct member reimbursement (DMR) claims.
- Any or all of the discounts in this Specialty Drug List may be adjusted by Cigna if (a) there are any significant changes in the composition of Cigna's pharmacy network or in Cigna's pharmacy network contract compensation rates, or the structure of the pharmacy stores/chains/vendors that are contracted with Cigna, including but not limited to disruption in the retail pharmacy delivery model, or bankruptcy of a chain pharmacy; or (b) there is a change in government laws or regulations which has a significant impact on pharmacy claim costs; or (c) any material manufacturer-rebate contracts with or for the benefit of Cigna are terminated or modified in whole or in part; or (d) there is any legal action or Law that materially affects or could materially affect the manner in which Cigna's rebate program is administered or an existing Law is interpreted so as to materially affect or potentially have a material effect on Cigna's administration of the Pharmacy Benefit; or (e) there is a material change in the Plan or the Plan's Pharmacy Benefit that is initiated by Employer which impacts Cigna's costs.
- Cigna reserves the right to exclude claims for over-the-counter products, supplies, vaccines, workers compensation claims, and in-house pharmacy or 340b claims from the guarantee set forth in this Agreement for the discounts in this Specialty Drug List.

New-to-Market Specialty Products. Specialty Drug Claims that are for new-to-market drugs will have a minimum market-introduction guaranteed discount of 11.45% off the drug's AWP.

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Cigna HOME DELIVERY - Specialty Brand Drug Discounts

Condition	Brand Name	AWP Discount
ALS	RILUTEK	13.54%
AMD	EYLEA	11.45%
ANGIOEDEMA	FIRAZYR	11.45%
Anti-coagulant	INNOHEP	11.45%
ANTI-INFECTIVE	BETHKIS	11.45%
ANTI-INFECTIVE	CYTOGAM	11.45%
ANTI-INFECTIVE	CYTOVENE	11.45%
ANTI-INFECTIVE	FUZEON	11.45%
ANTI-INFECTIVE	KITABIS PAK	11.45%
ANTI-INFECTIVE	TOBI	11.45%
ANTI-INFECTIVE	TOBI PODHALER	13.54%
ANTI-INFECTIVE	VISTIDE	11.45%
Antithrombin III deficiency	ATRYN	11.45%
ASTHMA	XOLAIR	11.45%
CANCER - ANCILLARY/ADJUVANT	AKYNZEO	13.54%
CANCER - ANCILLARY/ADJUVANT	ALOXI	11.45%
CANCER - ANCILLARY/ADJUVANT	ANZEMET	11.45%
CANCER - ANCILLARY/ADJUVANT	ARANESP	11.45%
CANCER - ANCILLARY/ADJUVANT	COMETRIQ	13.54%
CANCER - ANCILLARY/ADJUVANT	ELIGARD	11.45%
CANCER - ANCILLARY/ADJUVANT	ELITEK	11.45%
CANCER - ANCILLARY/ADJUVANT	EMEND	13.54%
CANCER - ANCILLARY/ADJUVANT	EPOGEN	11.45%
CANCER - ANCILLARY/ADJUVANT	ETHYOL	11.45%
CANCER - ANCILLARY/ADJUVANT	FIRMAGON	11.45%
CANCER - ANCILLARY/ADJUVANT	FUSILEV	11.45%
CANCER - ANCILLARY/ADJUVANT	GRANIX	11.45%
CANCER - ANCILLARY/ADJUVANT	LEUCOVORIN CALCIUM	13.54%
CANCER - ANCILLARY/ADJUVANT	LEUKINE	11.45%
CANCER - ANCILLARY/ADJUVANT	LUPANETA	11.45%
CANCER - ANCILLARY/ADJUVANT	LUPRON DEPOT	11.45%
CANCER - ANCILLARY/ADJUVANT	LUPRON DEPOT-PED	11.45%
CANCER - ANCILLARY/ADJUVANT	MESNEX	11.45%
CANCER - ANCILLARY/ADJUVANT	NEULASTA	13.00%
CANCER - ANCILLARY/ADJUVANT	NEUMEGA	11.45%
CANCER - ANCILLARY/ADJUVANT	NEUPOGEN	11.45%
CANCER - ANCILLARY/ADJUVANT	PROCRIT	11.45%
CANCER - ANCILLARY/ADJUVANT	SUPPRELIN LA	11.45%
CANCER - ANCILLARY/ADJUVANT	VANTAS	11.45%

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CANCER - ANCILLARY/ADJUVANT	VORAXAZE	11.45%
CANCER - ANCILLARY/ADJUVANT	ZOLADEX	11.45%
CANCER - CHEMOTHERAPY	ABRAXANE	11.45%
CANCER - CHEMOTHERAPY	ADCETRIS	15.00%
CANCER - CHEMOTHERAPY	ADRIAMYCIN	11.45%
CANCER - CHEMOTHERAPY	ADRIAMYCIN RDF	11.45%
CANCER - CHEMOTHERAPY	AFINITOR	13.54%
CANCER - CHEMOTHERAPY	AFINITOR DISPERZ	13.54%
CANCER - CHEMOTHERAPY	AGRYLIN	13.54%
CANCER - CHEMOTHERAPY	ALIMTA	11.45%
CANCER - CHEMOTHERAPY	ALKERAN	11.45%
CANCER - CHEMOTHERAPY	ARRANON	11.45%
CANCER - CHEMOTHERAPY	ARZERRA	11.45%
CANCER - CHEMOTHERAPY	AVASTIN	11.45%
CANCER - CHEMOTHERAPY	BELEODAQ	11.45%
CANCER - CHEMOTHERAPY	BEXXAR	11.45%
CANCER - CHEMOTHERAPY	BICNU	11.45%
CANCER - CHEMOTHERAPY	BLINCYTO	11.45%
CANCER - CHEMOTHERAPY	BOSULIF	13.54%
CANCER - CHEMOTHERAPY	BUSULFEX	11.45%
CANCER - CHEMOTHERAPY	CAMPATH	11.45%
CANCER - CHEMOTHERAPY	CAMPTOSAR	11.45%
CANCER - CHEMOTHERAPY	CAPRELSA	11.45%
CANCER - CHEMOTHERAPY	CASODEX	13.54%
CANCER - CHEMOTHERAPY	CERUBIDINE	11.45%
CANCER - CHEMOTHERAPY	CLOLAR	11.45%
CANCER - CHEMOTHERAPY	COSMEGEN	11.45%
CANCER - CHEMOTHERAPY	DACOGEN	11.45%
CANCER - CHEMOTHERAPY	DAUNOXOME	11.45%
CANCER - CHEMOTHERAPY	DEPOCYT	11.45%
CANCER - CHEMOTHERAPY	DOCEFREZ	11.45%
CANCER - CHEMOTHERAPY	DOXIL	11.45%
CANCER - CHEMOTHERAPY	DOXORUBICIN HCL	16.66%
CANCER - CHEMOTHERAPY	DTIC-DOME IV	38.00%
CANCER - CHEMOTHERAPY	ELLENC	11.45%
CANCER - CHEMOTHERAPY	ELOXATIN	11.45%
CANCER - CHEMOTHERAPY	ELSPAR	11.45%
CANCER - CHEMOTHERAPY	EMCYT	13.54%
CANCER - CHEMOTHERAPY	ERBITUX	11.45%
CANCER - CHEMOTHERAPY	ERIVEDGE	13.54%
CANCER - CHEMOTHERAPY	ERWINAZE	11.45%
CANCER - CHEMOTHERAPY	ETOPOPHOS	11.45%
CANCER - CHEMOTHERAPY	FASLODEX	11.45%

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CANCER - CHEMOTHERAPY	FLUDARA	11.45%
CANCER - CHEMOTHERAPY	FOLOTYN	11.45%
CANCER - CHEMOTHERAPY	FUDR	11.45%
CANCER - CHEMOTHERAPY	GEMZAR	11.45%
CANCER - CHEMOTHERAPY	GLEEVEC	13.54%
CANCER - CHEMOTHERAPY	GLIADEL	12.92%
CANCER - CHEMOTHERAPY	GLIADEL WAFER	12.91%
CANCER - CHEMOTHERAPY	HALAVEN	11.45%
CANCER - CHEMOTHERAPY	HERCEPTIN	11.45%
CANCER - CHEMOTHERAPY	HEXALEN	13.54%
CANCER - CHEMOTHERAPY	HYCAMTIN	13.54%
CANCER - CHEMOTHERAPY	IBRANCE	13.54%
CANCER - CHEMOTHERAPY	ICLUSIG	13.54%
CANCER - CHEMOTHERAPY	IDAMYCIN PFS	11.45%
CANCER - CHEMOTHERAPY	IFEX	11.45%
CANCER - CHEMOTHERAPY	INLYTA	9.00%
CANCER - CHEMOTHERAPY	IRESSA	13.54%
CANCER - CHEMOTHERAPY	ISTODAX	11.45%
CANCER - CHEMOTHERAPY	IXEMPRA	11.45%
CANCER - CHEMOTHERAPY	JEVTANA	11.45%
CANCER - CHEMOTHERAPY	KADCYLA	11.45%
CANCER - CHEMOTHERAPY	KYPROLIS	11.45%
CANCER - CHEMOTHERAPY	LEUSTATIN	11.45%
CANCER - CHEMOTHERAPY	LYNPARZA	13.54%
CANCER - CHEMOTHERAPY	MARQIBO KIT	11.45%
CANCER - CHEMOTHERAPY	MATULANE	13.54%
CANCER - CHEMOTHERAPY	MEKINIST	13.54%
CANCER - CHEMOTHERAPY	MITHRACIN	11.45%
CANCER - CHEMOTHERAPY	MUSTARGEN	11.45%
CANCER - CHEMOTHERAPY	MYLOTARG	11.45%
CANCER - CHEMOTHERAPY	NAVELBINE	11.45%
CANCER - CHEMOTHERAPY	NEXAVAR	11.45%
CANCER - CHEMOTHERAPY	NEXAVIR	11.45%
CANCER - CHEMOTHERAPY	NIPENT	11.45%
CANCER - CHEMOTHERAPY	NOVANTRONE	11.45%
CANCER - CHEMOTHERAPY	OFORTA	17.00%
CANCER - CHEMOTHERAPY	ONCASPAR	11.45%
CANCER - CHEMOTHERAPY	ONTAK	11.45%
CANCER - CHEMOTHERAPY	OPDIVO	11.45%
CANCER - CHEMOTHERAPY	PANRETIN	11.45%
CANCER - CHEMOTHERAPY	PERJETA	11.45%
CANCER - CHEMOTHERAPY	POMALYST	13.54%
CANCER - CHEMOTHERAPY	PROLEUKIN	11.45%

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CANCER - CHEMOTHERAPY	PROVENGE	11.45%
CANCER - CHEMOTHERAPY	REVLIMID	5.00%
CANCER - CHEMOTHERAPY	RITUXAN	11.45%
CANCER - CHEMOTHERAPY	SPRYCEL	13.54%
CANCER - CHEMOTHERAPY	STIVARGA	13.54%
CANCER - CHEMOTHERAPY	SUPPRELIN	11.45%
CANCER - CHEMOTHERAPY	SUTENT	13.54%
CANCER - CHEMOTHERAPY	SYLATRON	11.45%
CANCER - CHEMOTHERAPY	SYNRIBO	11.45%
CANCER - CHEMOTHERAPY	TAFINLAR	13.54%
CANCER - CHEMOTHERAPY	TARCEVA	13.54%
CANCER - CHEMOTHERAPY	TARGRETIN	13.54%
CANCER - CHEMOTHERAPY	TASIGNA	13.54%
CANCER - CHEMOTHERAPY	TAXOTERE	11.45%
CANCER - CHEMOTHERAPY	TEMODAR	13.54%
CANCER - CHEMOTHERAPY	THALOMID	13.54%
CANCER - CHEMOTHERAPY	TORISEL	11.45%
CANCER - CHEMOTHERAPY	TREANDA	11.45%
CANCER - CHEMOTHERAPY	TRELSTAR	11.45%
CANCER - CHEMOTHERAPY	TRISENOX	11.45%
CANCER - CHEMOTHERAPY	TYKERB	13.54%
CANCER - CHEMOTHERAPY	VALCHLOR	11.45%
CANCER - CHEMOTHERAPY	VALSTAR	11.45%
CANCER - CHEMOTHERAPY	VECTIBIX	11.45%
CANCER - CHEMOTHERAPY	VELCADE	11.45%
CANCER - CHEMOTHERAPY	VIDAZA	11.45%
CANCER - CHEMOTHERAPY	VOTRIENT	13.54%
CANCER - CHEMOTHERAPY	VUMON	11.45%
CANCER - CHEMOTHERAPY	XALKORI	11.45%
CANCER - CHEMOTHERAPY	XELODA	13.54%
CANCER - CHEMOTHERAPY	XTANDI	13.54%
CANCER - CHEMOTHERAPY	YERVOY	11.45%
CANCER - CHEMOTHERAPY	ZALTRAP	11.45%
CANCER - CHEMOTHERAPY	ZANOSAR	11.45%
CANCER - CHEMOTHERAPY	ZELBORAF	13.54%
CANCER - CHEMOTHERAPY	ZEVALIN	11.45%
CANCER - CHEMOTHERAPY	ZOLINZA	13.54%
CANCER - CHEMOTHERAPY	ZYDELIG	13.54%
CANCER - CHEMOTHERAPY	ZYTIGA	11.45%
CANCER-CEHMOTHERAPY	GILOTRIF	13.54%
CANCER-CHEMOTHERAPY	CYRAMZA	11.45%
CANCER-CHEMOTHERAPY	GAZYVA	11.45%
CANCER-CHEMOTHERAPY	IMBRUVICA	13.54%

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CANCER-CHEMOTHERAPY	KEYTRUDA	11.45%
CANCER-CHEMOTHERAPY	ZYKADIA	11.45%
CHRONIC KIDNEY DISEASE	OMONTYS	11.45%
CYSTIC FIBROSIS	KALYDECO	13.54%
Cystinosis	CYSTAGON	13.54%
ENZYME DISORDER	ADAGEN	11.45%
ENZYME DISORDER	ALDURAZYME	12.00%
ENZYME DISORDER	ARALAST	11.45%
ENZYME DISORDER	ARALAST NP	13.54%
ENZYME DISORDER	CERDELGA	13.00%
ENZYME DISORDER	CEREDASE	12.00%
ENZYME DISORDER	CEREZYME	12.00%
ENZYME DISORDER	ELAPRASE	11.45%
ENZYME DISORDER	ELELYSO	11.45%
ENZYME DISORDER	FABRAZYME	12.00%
ENZYME DISORDER	GLASSIA	11.45%
ENZYME DISORDER	LUMIZYME	0.00%
ENZYME DISORDER	MYOZYME	12.00%
ENZYME DISORDER	NAGLAZYME	11.45%
ENZYME DISORDER	PROCYSBI DR	13.54%
ENZYME DISORDER	PROLASTIN	11.45%
ENZYME DISORDER	PROLASTIN C	11.45%
ENZYME DISORDER	SUCRAID	15.00%
ENZYME DISORDER	VIMIZIM	11.45%
ENZYME DISORDER	VPRIV	12.00%
ENZYME DISORDER	ZAVESCA	13.54%
ENZYME DISORDER	ZEMAIRA	11.45%
GROWTH HORMONE DEFICIENCY	EGRIFTA	11.45%
GROWTH HORMONE DEFICIENCY	GATTEX	11.45%
GROWTH HORMONE DEFICIENCY	GENOTROPIN	11.45%
GROWTH HORMONE DEFICIENCY	HUMATROPE	11.45%
GROWTH HORMONE DEFICIENCY	INCRELEX	0.00%
GROWTH HORMONE DEFICIENCY	NORDITROPIN	11.45%
GROWTH HORMONE DEFICIENCY	NORDITROPIN FLEXP	11.45%
GROWTH HORMONE DEFICIENCY	NORDITROPIN NORDIFLEX	11.45%
GROWTH HORMONE DEFICIENCY	NUTROPIN	11.45%
GROWTH HORMONE DEFICIENCY	NUTROPIN AQ	11.45%
GROWTH HORMONE DEFICIENCY	NUTROPIN AQ NUSPIN	11.45%
GROWTH HORMONE DEFICIENCY	OMNITROPE	11.45%
GROWTH HORMONE DEFICIENCY	SAIZEN	11.45%
GROWTH HORMONE DEFICIENCY	SEROSTIM	11.45%
GROWTH HORMONE DEFICIENCY	TEV-TROPIN	11.45%
GROWTH HORMONE DEFICIENCY	ZORBTIVE	11.45%

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HEMOPHILIA	ADVATE	23.95%
HEMOPHILIA	ALPHANATE	32.00%
HEMOPHILIA	ALPHANINE SD	36.00%
HEMOPHILIA	ALPROLIX	11.00%
HEMOPHILIA	AMICAR	13.54%
HEMOPHILIA	BEBULIN	11.45%
HEMOPHILIA	BEBULIN VH IMMUNO	41.66%
HEMOPHILIA	BENEFIX	13.50%
HEMOPHILIA	CORIFACT	11.45%
HEMOPHILIA	CYKLOKAPRON	11.45%
HEMOPHILIA	ELOCTATE	25.00%
HEMOPHILIA	FEIBA NF	28.00%
HEMOPHILIA	FEIBA VH IMMUNO	28.00%
HEMOPHILIA	HELIXATE FS	31.25%
HEMOPHILIA	HEMOFIL M	40.00%
HEMOPHILIA	HUMATE-P	30.00%
HEMOPHILIA	KOATE-DVI	30.20%
HEMOPHILIA	KOGENATE FS	36.45%
HEMOPHILIA	LYSTEDA	11.45%
HEMOPHILIA	MONOCLATE-P	30.00%
HEMOPHILIA	MONONINE	24.00%
HEMOPHILIA	NOVOSEVEN	26.50%
HEMOPHILIA	NOVOSEVEN RT	26.50%
HEMOPHILIA	OBIZUR	31.25%
HEMOPHILIA	PROFILNINE SD	22.50%
HEMOPHILIA	RECOMBINATE	37.50%
HEMOPHILIA	RIXUBIS	30.00%
HEMOPHILIA	STIMATE	11.45%
HEMOPHILIA	THROMBATE III	11.45%
HEMOPHILIA	TRETEN	11.45%
HEMOPHILIA	WILATE	25.00%
HEMOPHILIA	XYNTHA	30.00%
HEMOPHILIA	XYNTHA SOLOFUSE	30.00%
HEPATITIS B	BARACLUDE	13.54%
HEPATITIS B	HEPAGAM B	11.45%
HEPATITIS B	HEPSERA	13.54%
HEPATITIS B	HYPERHEP B S-D	11.45%
HEPATITIS B	NABI-HB	11.45%
HEPATITIS B	TYZEKA	13.54%
HEPATITIS C	ALFERON N	11.45%
HEPATITIS C	COPEGUS	13.54%
HEPATITIS C	HARVONI	13.54%
HEPATITIS C	INCIVEK	11.45%

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HEPATITIS C	INFERGEN	11.45%
HEPATITIS C	INTRON	11.45%
HEPATITIS C	INTRON A	11.45%
HEPATITIS C	OLYSIO	13.54%
HEPATITIS C	PEGASYS	11.45%
HEPATITIS C	PEGASYS PROCLICK	11.45%
HEPATITIS C	PEGINTRON	11.45%
HEPATITIS C	PEGINTRON REDIPEN	11.45%
HEPATITIS C	REBETOL	13.54%
HEPATITIS C	RIBAPAK	13.54%
HEPATITIS C	RIBASPHERE	75.00%
HEPATITIS C	RIBATAB	13.54%
HEPATITIS C	SOVALDI	13.54%
HEPATITIS C	VICTRELIS	13.54%
HEPATITIS C	VIEKIRA	13.54%
HIV	APTIVUS	13.54%
HIV	ATRIPLA	13.54%
HIV	COMBIVIR	13.54%
HIV	COMPLERA	13.54%
HIV	CRIXIVAN	13.54%
HIV	EDURANT	13.54%
HIV	EMTRIVA	13.54%
HIV	EPIVIR	13.54%
HIV	EPIVIR HBV	13.54%
HIV	EPZICOM	13.54%
HIV	EVOTAZ	13.54%
HIV	INTELENCE	11.45%
HIV	INVIRASE	13.54%
HIV	ISENTRESS	13.54%
HIV	KALETRA	13.54%
HIV	LEXIVA	13.54%
HIV	NORVIR	13.54%
HIV	PREZCOBIX	13.54%
HIV	PREZISTA	13.54%
HIV	RESCRIPTOR	13.54%
HIV	RETROVIR	11.45%
HIV	REYATAZ	13.54%
HIV	SELZENTRY	13.54%
HIV	STRIBILD	13.54%
HIV	SUSTIVA	13.54%
HIV	TIVICAY	13.54%
HIV	TRIUMEQ	13.54%
HIV	TRIZIVIR	13.54%

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HIV	TRUVADA	13.54%
HIV	TYBOST	13.54%
HIV	VIDEX	13.54%
HIV	VIDEX EC	13.54%
HIV	VIRACEPT	13.54%
HIV	VIRAMUNE	13.54%
HIV	VIRAMUNE XR	13.54%
HIV	VIREAD	13.54%
HIV	VITEKTA	13.54%
HIV	ZERIT	13.54%
HIV	ZIAGEN	13.54%
Homocystinuria	CYSTADANE	13.54%
IMIG	BAYGAM	11.45%
INFERTILITY	BRAVELLE	11.45%
INFERTILITY	CETROTIDE	13.00%
INFERTILITY	FERTINEX	17.00%
INFERTILITY	FOLLISTIM AQ	13.00%
INFERTILITY	GONAL-F	13.00%
INFERTILITY	GONAL-F RFF	13.00%
INFERTILITY	LUTREPULSE	11.45%
INFERTILITY	LUVERIS	11.45%
INFERTILITY	MENOPUR	13.00%
INFERTILITY	NOVAREL	13.00%
INFERTILITY	OVIDREL	13.00%
INFERTILITY	PREGNYL	13.00%
INFERTILITY	PROFASI	17.00%
INFERTILITY	REPRONEX	13.00%
IVIG	BIVIGAM	27.08%
IVIG	CARIMUNE NF NANOFILTERED	30.00%
IVIG	FLEBOGAMMA	27.08%
IVIG	FLEBOGAMMA DIF	20.00%
IVIG	GAMASTAN S-D	11.45%
IVIG	GAMMAGARD	37.00%
IVIG	GAMMAGARD LIQUID	33.00%
IVIG	GAMMAGARD S-D	37.00%
IVIG	GAMMAKED	32.50%
IVIG	GAMMAPLEX	27.08%
IVIG	GAMUNEX	27.08%
IVIG	GAMUNEX-C	24.00%
IVIG	HIZENTRA	28.00%
IVIG	HYQVIA	27.00%
IVIG	OCTAGAM	27.08%
IVIG	OCTAGAM	40.00%

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IVIG	PRIVIGEN	35.00%
IVIG	VIVAGLOBIN	11.45%
MULTIPLE SCLEROSIS	AMPYRA	12.00%
MULTIPLE SCLEROSIS	AUBAGIO	12.00%
MULTIPLE SCLEROSIS	AVONEX	11.45%
MULTIPLE SCLEROSIS	BETASERON	11.45%
MULTIPLE SCLEROSIS	COPAXONE	11.45%
MULTIPLE SCLEROSIS	EXTAVIA	11.45%
MULTIPLE SCLEROSIS	GILENYA	11.89%
MULTIPLE SCLEROSIS	LEMTRADA	11.45%
MULTIPLE SCLEROSIS	PLEGRIDY	11.45%
MULTIPLE SCLEROSIS	REBIF	11.45%
MULTIPLE SCLEROSIS	REBIF REBIDOSE	11.46%
MULTIPLE SCLEROSIS	TECFIDERA	12.00%
MULTIPLE SCLEROSIS	TYSABRI	15.00%
MYELOFIBROSIS	JAKAFI	13.54%
OTHER	ACTHAR H.P.	8.55%
OTHER	ACTHREL	11.45%
OTHER	ACTIMMUNE	11.45%
OTHER	ARCALYST	11.45%
OTHER	AREDIA	13.54%
OTHER	ARIXTRA	11.45%
OTHER	BERINERT	11.45%
OTHER	BONIVA	11.45%
OTHER	BOTOX	11.45%
OTHER	BOTOX COSMETIC	11.45%
OTHER	CINRYZE	11.45%
OTHER	DDAVP	11.45%
OTHER	DYSPORE	11.45%
OTHER	ESBRIET	13.54%
OTHER	EXJADE	13.54%
OTHER	FORTEO	11.45%
OTHER	FRAGMIN	11.45%
OTHER	HP ACTHAR	8.55%
OTHER	HYALGAN	11.45%
OTHER	HYLENEX	0.00%
OTHER	HYPERRAB S-D	11.45%
OTHER	ILARIS	11.45%
OTHER	ILUVIEN	11.45%
OTHER	IMOGAM RABIES-HT	11.45%
OTHER	IPRIVASK	11.45%
OTHER	JETREA	11.45%
OTHER	JUXTAPID	13.54%

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OTHER	KALBITOR	11.45%
OTHER	KCENTRA	11.45%
OTHER	KCENTRA KIT	11.45%
OTHER	KRYSTEXXA	11.45%
OTHER	KUVAN	11.45%
OTHER	KYNAMRO	11.45%
OTHER	LOVENOX	11.45%
OTHER	LUCENTIS	11.45%
OTHER	MACUGEN	11.45%
OTHER	MIRCERA	11.45%
OTHER	MONOVISC	11.45%
OTHER	MOZOBIL	11.45%
OTHER	MYALEPT	11.45%
OTHER	MYOBLOC	11.45%
OTHER	NATRECOR	11.45%
Other	NORTHERA	13.54%
OTHER	NPLATE	11.45%
OTHER	OFEV	13.54%
OTHER	ORFADIN	13.54%
OTHER	ORTHOVISC	11.45%
OTHER	PHOTOFRIN	11.45%
OTHER	PRIALT	11.45%
OTHER	PROLIA	11.45%
OTHER	PROMACTA	13.54%
OTHER	PULMOZYME	11.45%
OTHER	RECLAST	11.45%
OTHER	REFLUDAN	11.45%
OTHER	RIASTAP	11.45%
OTHER	RUCONEST	11.45%
OTHER	SABRIL	13.54%
OTHER	SANDOSTATIN	11.45%
OTHER	SANDOSTATIN LAR	12.50%
OTHER	SENSIPAR	13.54%
OTHER	SIGNIFOR	11.45%
OTHER	SOLIRIS	12.83%
OTHER	SOMATULINE DEPOT	11.45%
OTHER	SOMAVERT	11.45%
OTHER	SYNAREL	11.45%
OTHER	SYNVISC	14.80%
OTHER	SYNVISC-ONE	14.80%
OTHER	THYROGEN	11.45%
OTHER	VIRAZOLE	11.45%
OTHER	VISUDYNE	11.45%

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OTHER	VIVITROL	11.45%
OTHER	XENAZINE	13.54%
OTHER	XEOMIN	11.45%
OTHER	XGEVA	11.45%
OTHER	XIAFLEX	11.45%
OTHER	XYREM	13.54%
OTHER	ZEMPLAR	11.45%
OTHER	ZOMETA	11.45%
OTHER - Immunomodulator	AZASAN	13.54%
OTHER - Immunomodulator	IMURAN	13.54%
OTHER - Immunomodulator	OTREXUP	11.45%
OTHER - Immunomodulator	RASUVO	11.45%
OTHER - Immunomodulator	RHEUMATREX	13.54%
OTHER - Immunomodulator	THERACYS	11.45%
OTHER - Immunomodulator	TREXALL	13.54%
Parkinson's disease	APOKYN	11.45%
Protein C deficiency	CEPROTIN	11.45%
PSORIASIS	AMEVIVE	11.45%
PSORIASIS	COSENTYX	10.00%
PSORIASIS	STELARA	9.00%
PULMONARY ARTERIAL HYPERTENSION	ADCIRCA	13.54%
PULMONARY ARTERIAL HYPERTENSION	ADEMPAS	13.54%
PULMONARY ARTERIAL HYPERTENSION	FLOLAN	11.45%
PULMONARY ARTERIAL HYPERTENSION	LETAIRIS	11.45%
PULMONARY ARTERIAL HYPERTENSION	OPSUMIT	13.54%
PULMONARY ARTERIAL HYPERTENSION	ORENITRAM ER	13.54%
PULMONARY ARTERIAL HYPERTENSION	REMODULIN	11.45%
PULMONARY ARTERIAL HYPERTENSION	REVATIO	11.45%
PULMONARY ARTERIAL HYPERTENSION	TRACLEER	11.46%
PULMONARY ARTERIAL HYPERTENSION	TYVASO	11.45%
PULMONARY ARTERIAL HYPERTENSION	VELETRI	2.50%
PULMONARY ARTERIAL HYPERTENSION	VENTAVIS	6.25%
RA	KINERET	11.45%
RA	ORENCIA	11.45%
RA	XELJANZ	13.54%
RA/IBD	CIMZIA	11.45%
RA/JIA/PSOA/AS/PSORIASIS	ACTEMRA	11.45%
RA/JIA/PSOA/AS/PSORIASIS	ENBREL	11.45%
RA/JIA/PSOA/AS/PSORIASIS	ENTYVIO	11.45%
RA/JIA/PSOA/AS/PSORIASIS	OTEZLA	13.54%
RA/JIA/PSOA/AS/PSORIASIS/IBD	HUMIRA	11.45%
RA/PSOA/AS	SIMPONI ARIA	11.45%
RA/PSOA/AS	SIMPONI	11.45%

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RA/PSOA/AS/PSORIASIS/IBD	REMICADE	14.50%
RESPIRATORY SYNCYTIAL VIRUS	SYNAGIS	12.50%
RHO(D) IMMUNE GLOBULIN	HYPERRHO	11.45%
RHO(D) IMMUNE GLOBULIN	HYPERRHO S-D	11.45%
RHO(D) IMMUNE GLOBULIN	MICRHOGAM	11.45%
RHO(D) IMMUNE GLOBULIN	MICRHOGAM PLUS	11.45%
RHO(D) IMMUNE GLOBULIN	RHOGAM	11.45%
RHO(D) IMMUNE GLOBULIN	RHOGAM PLUS	11.45%
RHO(D) IMMUNE GLOBULIN	RHOPHYLAC	11.45%
RHO(D) IMMUNE GLOBULIN	WINRHO SDF	11.45%
Systemic lupus erythematosus	BENLYSTA	11.45%
TRANSPLANT	ASTAGRAF XL	13.54%
TRANSPLANT	ATGAM	11.45%
TRANSPLANT	CELLCEPT	13.54%
TRANSPLANT	KEPIVANCE	11.45%
TRANSPLANT	MYFORTIC	13.54%
TRANSPLANT	NEORAL	13.54%
TRANSPLANT	NULOJIX	11.45%
TRANSPLANT	ORTHOCLONE OKT-3	11.45%
TRANSPLANT	PROGRAF	13.54%
TRANSPLANT	RAPAMUNE	13.54%
TRANSPLANT	SANDIMMUNE	11.45%
TRANSPLANT	SIMULECT	11.45%
TRANSPLANT	THYMOGLOBULIN	11.45%
TRANSPLANT	ZORTRESS	13.54%

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Cigna Home Delivery and Retail - Specialty Generics Drug Discounts

NDC_NUM	Label Name	GENRC_NM	AWP Discount
00378410591	ABACAVIR 300 MG TABLET	ABACAVIR SULFATE	15.00%
31722055760	ABACAVIR 300 MG TABLET	ABACAVIR SULFATE	15.00%
51079020401	ABACAVIR 300 MG TABLET	ABACAVIR SULFATE	15.00%
51079020406	ABACAVIR 300 MG TABLET	ABACAVIR SULFATE	15.00%
54569635100	ABACAVIR 300 MG TABLET	ABACAVIR SULFATE	15.00%
60505358306	ABACAVIR 300 MG TABLET	ABACAVIR SULFATE	15.00%
65862007360	ABACAVIR 300 MG TABLET	ABACAVIR SULFATE	15.00%
68084002121	ABACAVIR 300 MG TABLET	ABACAVIR SULFATE	15.00%
68180028607	ABACAVIR-LAMIVUDINE-ZIDOV TAB	ABACAVIR/LAMIVUDINE/ZIDOVUDINE	15.00%
42794000308	ADEFOVIR DIPIVOXIL 10 MG TAB	ADEFOVIR DIPIVOXIL	15.00%
55390023110	ADRIAMYCIN 10 MG VIAL	DOXORUBICIN HCL	11.45%
55390023510	ADRIAMYCIN 2 MG/ML VIAL	DOXORUBICIN HCL	15.00%
55390023610	ADRIAMYCIN 2 MG/ML VIAL	DOXORUBICIN HCL	15.00%
55390023701	ADRIAMYCIN 2 MG/ML VIAL	DOXORUBICIN HCL	15.00%
55390023210	ADRIAMYCIN 20 MG VIAL	DOXORUBICIN HCL	11.45%
55390023801	ADRIAMYCIN 200 MG/100 ML VIAL	DOXORUBICIN HCL	15.00%
00703301912	ADRUCIL 5 GRAM/100 ML VIAL	FLUOROURACIL	19.62%
00703301513	ADRUCIL 50 MG/ML VIAL	FLUOROURACIL	19.18%
00703301812	ADRUCIL 50 MG/ML VIAL	FLUOROURACIL	14.00%
47335058140	AMIFOSTINE 500 MG VIAL	AMIFOSTINE CRYSTALLINE	40.00%
47335058142	AMIFOSTINE 500 MG VIAL	AMIFOSTINE CRYSTALLINE	40.00%
55390030803	AMIFOSTINE 500 MG VIAL	AMIFOSTINE CRYSTALLINE	40.00%
62756058140	AMIFOSTINE 500 MG VIAL	AMIFOSTINE CRYSTALLINE	40.00%
62756058142	AMIFOSTINE 500 MG VIAL	AMIFOSTINE CRYSTALLINE	40.00%
61748004601	AMINOCAPROIC ACID 1,000 MG TAB	AMINOCAPROIC ACID	21.35%
61748004408	AMINOCAPROIC ACID 25% SOLUTION	AMINOCAPROIC ACID	53.76%
61748004416	AMINOCAPROIC ACID 25% SOLUTION	AMINOCAPROIC ACID	53.76%
00409434673	AMINOCAPROIC ACID 5 G/20 ML VL	AMINOCAPROIC ACID	53.76%
00517912025	AMINOCAPROIC ACID 5 G/20 ML VL	AMINOCAPROIC ACID	53.76%
61748004501	AMINOCAPROIC ACID 500 MG TAB	AMINOCAPROIC ACID	70.94%
61748004511	AMINOCAPROIC ACID 500 MG TAB	AMINOCAPROIC ACID	70.94%
00172524160	ANAGRELIDE HCL 0.5 MG CAPSULE	ANAGRELIDE HCL	94.81%
54868544300	ANAGRELIDE HCL 0.5 MG CAPSULE	ANAGRELIDE HCL	94.81%
54868544301	ANAGRELIDE HCL 0.5 MG CAPSULE	ANAGRELIDE HCL	94.81%
54868544302	ANAGRELIDE HCL 0.5 MG CAPSULE	ANAGRELIDE HCL	94.81%
00172524060	ANAGRELIDE HCL 1 MG CAPSULE	ANAGRELIDE HCL	96.13%
54868538500	ANAGRELIDE HCL 1 MG CAPSULE	ANAGRELIDE HCL	96.13%
54868538501	ANAGRELIDE HCL 1 MG CAPSULE	ANAGRELIDE HCL	96.13%

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00007440701	ARGATROBAN 250 MG/2.5 ML VIAL	ARGATROBAN	40.00%
00007440754	ARGATROBAN 250 MG/2.5 ML VIAL	ARGATROBAN	40.00%
00143967401	ARGATROBAN 250 MG/2.5 ML VIAL	ARGATROBAN	40.00%
00781325394	AZACITIDINE 100 MG VIAL	AZACITIDINE	16.71%
00781925394	AZACITIDINE 100 MG VIAL	AZACITIDINE	16.71%
43598030562	AZACITIDINE 100 MG VIAL	AZACITIDINE	16.71%
00054408425	AZATHIOPRINE 50 MG TABLET	AZATHIOPRINE	58.29%
00054808425	AZATHIOPRINE 50 MG TABLET	AZATHIOPRINE	58.29%
00378100501	AZATHIOPRINE 50 MG TABLET	AZATHIOPRINE	58.29%
21695048475	AZATHIOPRINE 50 MG TABLET	AZATHIOPRINE	58.29%
23490511009	AZATHIOPRINE 50 MG TABLET	AZATHIOPRINE	58.29%
43353068660	AZATHIOPRINE 50 MG TABLET	AZATHIOPRINE	58.29%
43353074560	AZATHIOPRINE 50 MG TABLET	AZATHIOPRINE	58.29%
51079062001	AZATHIOPRINE 50 MG TABLET	AZATHIOPRINE	58.29%
51079062006	AZATHIOPRINE 50 MG TABLET	AZATHIOPRINE	58.29%
54868531000	AZATHIOPRINE 50 MG TABLET	AZATHIOPRINE	58.29%
54868531001	AZATHIOPRINE 50 MG TABLET	AZATHIOPRINE	58.29%
54868531002	AZATHIOPRINE 50 MG TABLET	AZATHIOPRINE	58.29%
54868531003	AZATHIOPRINE 50 MG TABLET	AZATHIOPRINE	58.29%
54868531004	AZATHIOPRINE 50 MG TABLET	AZATHIOPRINE	58.29%
68084022901	AZATHIOPRINE 50 MG TABLET	AZATHIOPRINE	58.29%
68084022911	AZATHIOPRINE 50 MG TABLET	AZATHIOPRINE	58.29%
68382000301	AZATHIOPRINE 50 MG TABLET	AZATHIOPRINE	58.29%
68382000305	AZATHIOPRINE 50 MG TABLET	AZATHIOPRINE	58.29%
68462050201	AZATHIOPRINE 50 MG TABLET	AZATHIOPRINE	58.29%
00052060202	BCG VACCINE (TICE STRAIN) VIAL	BCG LIVE	40.00%
00052060302	BCG VACCINE (TICE STRAIN) VIAL	BCG VACCINE, LIVE/PF	40.00%
00093022001	BICALUTAMIDE 50 MG TABLET	BICALUTAMIDE	93.48%
00093022056	BICALUTAMIDE 50 MG TABLET	BICALUTAMIDE	93.48%
00378701705	BICALUTAMIDE 50 MG TABLET	BICALUTAMIDE	93.48%
00378701793	BICALUTAMIDE 50 MG TABLET	BICALUTAMIDE	93.48%
00781540901	BICALUTAMIDE 50 MG TABLET	BICALUTAMIDE	93.48%
00781540931	BICALUTAMIDE 50 MG TABLET	BICALUTAMIDE	93.48%
00781540964	BICALUTAMIDE 50 MG TABLET	BICALUTAMIDE	93.48%
00904601946	BICALUTAMIDE 50 MG TABLET	BICALUTAMIDE	93.48%
16714057101	BICALUTAMIDE 50 MG TABLET	BICALUTAMIDE	93.48%
16714057102	BICALUTAMIDE 50 MG TABLET	BICALUTAMIDE	93.48%
16729002301	BICALUTAMIDE 50 MG TABLET	BICALUTAMIDE	93.48%
16729002310	BICALUTAMIDE 50 MG TABLET	BICALUTAMIDE	93.48%
41616048583	BICALUTAMIDE 50 MG TABLET	BICALUTAMIDE	93.48%
41616048588	BICALUTAMIDE 50 MG TABLET	BICALUTAMIDE	93.48%
51079069201	BICALUTAMIDE 50 MG TABLET	BICALUTAMIDE	93.48%

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51079069203	BICALUTAMIDE 50 MG TABLET	BICALUTAMIDE	93.48%
51991056001	BICALUTAMIDE 50 MG TABLET	BICALUTAMIDE	93.48%
52152052602	BICALUTAMIDE 50 MG TABLET	BICALUTAMIDE	93.48%
52152052630	BICALUTAMIDE 50 MG TABLET	BICALUTAMIDE	93.48%
54868613300	BICALUTAMIDE 50 MG TABLET	BICALUTAMIDE	93.48%
60429022605	BICALUTAMIDE 50 MG TABLET	BICALUTAMIDE	93.48%
60429022630	BICALUTAMIDE 50 MG TABLET	BICALUTAMIDE	93.48%
60505264201	BICALUTAMIDE 50 MG TABLET	BICALUTAMIDE	93.48%
60505264203	BICALUTAMIDE 50 MG TABLET	BICALUTAMIDE	93.48%
62175013232	BICALUTAMIDE 50 MG TABLET	BICALUTAMIDE	93.48%
67253019103	BICALUTAMIDE 50 MG TABLET	BICALUTAMIDE	93.48%
67253019110	BICALUTAMIDE 50 MG TABLET	BICALUTAMIDE	93.48%
68084037411	BICALUTAMIDE 50 MG TABLET	BICALUTAMIDE	93.48%
68084037421	BICALUTAMIDE 50 MG TABLET	BICALUTAMIDE	93.48%
68084061211	BICALUTAMIDE 50 MG TABLET	BICALUTAMIDE	93.48%
68084061221	BICALUTAMIDE 50 MG TABLET	BICALUTAMIDE	93.48%
68382022401	BICALUTAMIDE 50 MG TABLET	BICALUTAMIDE	93.48%
68382022405	BICALUTAMIDE 50 MG TABLET	BICALUTAMIDE	93.48%
68382022406	BICALUTAMIDE 50 MG TABLET	BICALUTAMIDE	93.48%
68382022410	BICALUTAMIDE 50 MG TABLET	BICALUTAMIDE	93.48%
00703315401	BLEOMYCIN SULFATE 15 UNIT VIAL	BLEOMYCIN SULFATE	13.61%
55390000501	BLEOMYCIN SULFATE 15 UNIT VIAL	BLEOMYCIN SULFATE	13.61%
61703033218	BLEOMYCIN SULFATE 15 UNIT VIAL	BLEOMYCIN SULFATE	13.61%
63323013610	BLEOMYCIN SULFATE 15 UNIT VIAL	BLEOMYCIN SULFATE	13.61%
00703315501	BLEOMYCIN SULFATE 30 UNIT VIAL	BLEOMYCIN SULFATE	11.00%
55390000601	BLEOMYCIN SULFATE 30 UNIT VIAL	BLEOMYCIN SULFATE	11.00%
61703032322	BLEOMYCIN SULFATE 30 UNIT VIAL	BLEOMYCIN SULFATE	11.00%
63323013720	BLEOMYCIN SULFATE 30 UNIT VIAL	BLEOMYCIN SULFATE	11.00%
00093747306	CAPECITABINE 150 MG TABLET	CAPECITABINE	15.00%
00093747489	CAPECITABINE 500 MG TABLET	CAPECITABINE	20.51%
51079051005	CAPECITABINE 500 MG TABLET	CAPECITABINE	20.51%
55390015101	CARBOPLATIN 150 MG VIAL	CARBOPLATIN	16.66%
63323016721	CARBOPLATIN 150 MG VIAL	CARBOPLATIN	16.66%
00703424601	CARBOPLATIN 150 MG/15 ML VIAL	CARBOPLATIN	11.00%
10139006015	CARBOPLATIN 150 MG/15 ML VIAL	CARBOPLATIN	11.00%
25021020215	CARBOPLATIN 150 MG/15 ML VIAL	CARBOPLATIN	11.00%
47335015140	CARBOPLATIN 150 MG/15 ML VIAL	CARBOPLATIN	11.00%
55390015401	CARBOPLATIN 150 MG/15 ML VIAL	CARBOPLATIN	11.00%
55390022101	CARBOPLATIN 150 MG/15 ML VIAL	CARBOPLATIN	11.00%
61703033922	CARBOPLATIN 150 MG/15 ML VIAL	CARBOPLATIN	11.00%
61703033962	CARBOPLATIN 150 MG/15 ML VIAL	CARBOPLATIN	11.00%
61703036022	CARBOPLATIN 150 MG/15 ML VIAL	CARBOPLATIN	11.00%

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63323017215	CARBOPLATIN 150 MG/15 ML VIAL	CARBOPLATIN	11.00%
66758004702	CARBOPLATIN 150 MG/15 ML VIAL	CARBOPLATIN	11.00%
67457049215	CARBOPLATIN 150 MG/15 ML VIAL	CARBOPLATIN	11.00%
67457060820	CARBOPLATIN 150 MG/15 ML VIAL	CARBOPLATIN	11.00%
55390015201	CARBOPLATIN 450 MG VIAL	CARBOPLATIN	16.66%
00703424801	CARBOPLATIN 450 MG/45 ML VIAL	CARBOPLATIN	11.00%
10139006045	CARBOPLATIN 450 MG/45 ML VIAL	CARBOPLATIN	11.00%
25021020245	CARBOPLATIN 450 MG/45 ML VIAL	CARBOPLATIN	11.00%
47335030040	CARBOPLATIN 450 MG/45 ML VIAL	CARBOPLATIN	11.00%
55390015501	CARBOPLATIN 450 MG/45 ML VIAL	CARBOPLATIN	11.00%
55390022201	CARBOPLATIN 450 MG/45 ML VIAL	CARBOPLATIN	11.00%
61703033950	CARBOPLATIN 450 MG/45 ML VIAL	CARBOPLATIN	11.00%
61703033963	CARBOPLATIN 450 MG/45 ML VIAL	CARBOPLATIN	11.00%
61703036050	CARBOPLATIN 450 MG/45 ML VIAL	CARBOPLATIN	11.00%
63323017245	CARBOPLATIN 450 MG/45 ML VIAL	CARBOPLATIN	11.00%
66758004703	CARBOPLATIN 450 MG/45 ML VIAL	CARBOPLATIN	11.00%
67457049346	CARBOPLATIN 450 MG/45 ML VIAL	CARBOPLATIN	11.00%
55390015001	CARBOPLATIN 50 MG VIAL	CARBOPLATIN	16.66%
00703424401	CARBOPLATIN 50 MG/5 ML VIAL	CARBOPLATIN	11.00%
10139006005	CARBOPLATIN 50 MG/5 ML VIAL	CARBOPLATIN	11.00%
25021020205	CARBOPLATIN 50 MG/5 ML VIAL	CARBOPLATIN	11.00%
47335015040	CARBOPLATIN 50 MG/5 ML VIAL	CARBOPLATIN	11.00%
55390015301	CARBOPLATIN 50 MG/5 ML VIAL	CARBOPLATIN	11.00%
55390022001	CARBOPLATIN 50 MG/5 ML VIAL	CARBOPLATIN	11.00%
61703033918	CARBOPLATIN 50 MG/5 ML VIAL	CARBOPLATIN	11.00%
61703033961	CARBOPLATIN 50 MG/5 ML VIAL	CARBOPLATIN	11.00%
61703036018	CARBOPLATIN 50 MG/5 ML VIAL	CARBOPLATIN	11.00%
63323017205	CARBOPLATIN 50 MG/5 ML VIAL	CARBOPLATIN	11.00%
66758004701	CARBOPLATIN 50 MG/5 ML VIAL	CARBOPLATIN	11.00%
67457049154	CARBOPLATIN 50 MG/5 ML VIAL	CARBOPLATIN	11.00%
00703324911	CARBOPLATIN 600 MG/60 ML VIAL	CARBOPLATIN	11.00%
25021020251	CARBOPLATIN 600 MG/60 ML VIAL	CARBOPLATIN	11.00%
47335028440	CARBOPLATIN 600 MG/60 ML VIAL	CARBOPLATIN	11.00%
55390015601	CARBOPLATIN 600 MG/60 ML VIAL	CARBOPLATIN	11.00%
61703033956	CARBOPLATIN 600 MG/60 ML VIAL	CARBOPLATIN	11.00%
63323017260	CARBOPLATIN 600 MG/60 ML VIAL	CARBOPLATIN	11.00%
66758004704	CARBOPLATIN 600 MG/60 ML VIAL	CARBOPLATIN	11.00%
67457049461	CARBOPLATIN 600 MG/60 ML VIAL	CARBOPLATIN	11.00%
63323002510	CHORIONIC GONAD 10,000 UNIT VL	CHORIONIC GONADOTROPIN, HUMAN	15.00%
23155021631	CIDOFOVIR 375 MG/5 ML VIAL	CIDOFOVIR	40.00%
67457021005	CIDOFOVIR 375 MG/5 ML VIAL	CIDOFOVIR	40.00%
55390009901	CISPLATIN 1 MG/ML VIAL	CISPLATIN	1.04%

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55390011250	CISPLATIN 1 MG/ML VIAL	CISPLATIN	1.04%
55390011299	CISPLATIN 1 MG/ML VIAL	CISPLATIN	1.04%
55390018701	CISPLATIN 1 MG/ML VIAL	CISPLATIN	1.04%
55390041450	CISPLATIN 1 MG/ML VIAL	CISPLATIN	1.04%
55390041499	CISPLATIN 1 MG/ML VIAL	CISPLATIN	1.04%
00069008101	CISPLATIN 100 MG/100 ML VIAL	CISPLATIN	1.04%
00703574811	CISPLATIN 100 MG/100 ML VIAL	CISPLATIN	1.04%
44567051001	CISPLATIN 100 MG/100 ML VIAL	CISPLATIN	1.04%
63323010365	CISPLATIN 100 MG/100 ML VIAL	CISPLATIN	1.04%
67457042410	CISPLATIN 100 MG/100 ML VIAL	CISPLATIN	1.04%
63323010364	CISPLATIN 200 MG/200 ML VIAL	CISPLATIN	1.04%
00069008407	CISPLATIN 50 MG/50 ML VIAL	CISPLATIN	1.04%
00703574711	CISPLATIN 50 MG/50 ML VIAL	CISPLATIN	1.04%
44567050901	CISPLATIN 50 MG/50 ML VIAL	CISPLATIN	1.04%
63323010351	CISPLATIN 50 MG/50 ML VIAL	CISPLATIN	1.04%
67457042551	CISPLATIN 50 MG/50 ML VIAL	CISPLATIN	1.04%
00069008618	CLADRIBINE 10 MG/10 ML VIAL	CLADRIBINE	16.66%
00069020101	CLADRIBINE 10 MG/10 ML VIAL	CLADRIBINE	16.66%
55390011501	CLADRIBINE 10 MG/10 ML VIAL	CLADRIBINE	16.66%
55390012401	CLADRIBINE 10 MG/10 ML VIAL	CLADRIBINE	16.66%
63323014010	CLADRIBINE 10 MG/10 ML VIAL	CLADRIBINE	16.66%
67457045010	CLADRIBINE 10 MG/10 ML VIAL	CLADRIBINE	16.66%
00781324494	CYCLOPHOSPHAMIDE 1 GM VIAL	CYCLOPHOSPHAMIDE	97.39%
10019093601	CYCLOPHOSPHAMIDE 1 GM VIAL	CYCLOPHOSPHAMIDE	97.39%
10019093650	CYCLOPHOSPHAMIDE 1 GM VIAL	CYCLOPHOSPHAMIDE	97.39%
10019093901	CYCLOPHOSPHAMIDE 1 GM VIAL	CYCLOPHOSPHAMIDE	97.39%
10019094401	CYCLOPHOSPHAMIDE 1 GM VIAL	CYCLOPHOSPHAMIDE	97.39%
10019095601	CYCLOPHOSPHAMIDE 1 GM VIAL	CYCLOPHOSPHAMIDE	97.39%
10019095616	CYCLOPHOSPHAMIDE 1 GM VIAL	CYCLOPHOSPHAMIDE	97.39%
00781325594	CYCLOPHOSPHAMIDE 2 GM VIAL	CYCLOPHOSPHAMIDE	16.66%
10019093701	CYCLOPHOSPHAMIDE 2 GM VIAL	CYCLOPHOSPHAMIDE	16.66%
10019093710	CYCLOPHOSPHAMIDE 2 GM VIAL	CYCLOPHOSPHAMIDE	16.66%
10019094201	CYCLOPHOSPHAMIDE 2 GM VIAL	CYCLOPHOSPHAMIDE	16.66%
10019094501	CYCLOPHOSPHAMIDE 2 GM VIAL	CYCLOPHOSPHAMIDE	16.66%
10019095701	CYCLOPHOSPHAMIDE 2 GM VIAL	CYCLOPHOSPHAMIDE	16.66%
10019095711	CYCLOPHOSPHAMIDE 2 GM VIAL	CYCLOPHOSPHAMIDE	16.66%
00054038225	CYCLOPHOSPHAMIDE 25 MG CAPSULE	CYCLOPHOSPHAMIDE	40.00%
00054412925	CYCLOPHOSPHAMIDE 25 MG TAB	CYCLOPHOSPHAMIDE	17.08%
54868521800	CYCLOPHOSPHAMIDE 25 MG TAB	CYCLOPHOSPHAMIDE	17.08%
54868521801	CYCLOPHOSPHAMIDE 25 MG TAB	CYCLOPHOSPHAMIDE	17.08%
54868521802	CYCLOPHOSPHAMIDE 25 MG TAB	CYCLOPHOSPHAMIDE	17.08%

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00054038325	CYCLOPHOSPHAMIDE 50 MG CAPSULE	CYCLOPHOSPHAMIDE	40.00%
00054413025	CYCLOPHOSPHAMIDE 50 MG TABLET	CYCLOPHOSPHAMIDE	20.61%
54868500500	CYCLOPHOSPHAMIDE 50 MG TABLET	CYCLOPHOSPHAMIDE	20.61%
54868500501	CYCLOPHOSPHAMIDE 50 MG TABLET	CYCLOPHOSPHAMIDE	20.61%
00781323394	CYCLOPHOSPHAMIDE 500 MG VIAL	CYCLOPHOSPHAMIDE	16.66%
10019093501	CYCLOPHOSPHAMIDE 500 MG VIAL	CYCLOPHOSPHAMIDE	16.66%
10019093525	CYCLOPHOSPHAMIDE 500 MG VIAL	CYCLOPHOSPHAMIDE	16.66%
10019093801	CYCLOPHOSPHAMIDE 500 MG VIAL	CYCLOPHOSPHAMIDE	16.66%
10019094301	CYCLOPHOSPHAMIDE 500 MG VIAL	CYCLOPHOSPHAMIDE	16.66%
10019095501	CYCLOPHOSPHAMIDE 500 MG VIAL	CYCLOPHOSPHAMIDE	16.66%
10019095550	CYCLOPHOSPHAMIDE 500 MG VIAL	CYCLOPHOSPHAMIDE	16.66%
54868552200	CYCLOSPORINE 100 MG CAPSULE	CYCLOSPORINE	54.78%
60505013400	CYCLOSPORINE 100 MG CAPSULE	CYCLOSPORINE	54.78%
00172731320	CYCLOSPORINE 100 MG/ML SOLN	CYCLOSPORINE, MODIFIED	35.36%
00591222455	CYCLOSPORINE 100 MG/ML SOLN	CYCLOSPORINE, MODIFIED	35.36%
60432014050	CYCLOSPORINE 100 MG/ML SOLN	CYCLOSPORINE	17.44%
60505035401	CYCLOSPORINE 100 MG/ML SOLN	CYCLOSPORINE, MODIFIED	35.36%
60505013300	CYCLOSPORINE 25 MG CAPSULE	CYCLOSPORINE	17.44%
00574086610	CYCLOSPORINE 50 MG/ML AMPUL	CYCLOSPORINE	17.44%
55390012210	CYCLOSPORINE 50 MG/ML VIAL	CYCLOSPORINE	17.44%
00172731200	CYCLOSPORINE MODIFIED 100 MG	CYCLOSPORINE, MODIFIED	15.00%
00172731246	CYCLOSPORINE MODIFIED 100 MG	CYCLOSPORINE, MODIFIED	15.00%
00185093330	CYCLOSPORINE MODIFIED 100 MG	CYCLOSPORINE, MODIFIED	15.00%
00591222315	CYCLOSPORINE MODIFIED 100 MG	CYCLOSPORINE, MODIFIED	15.00%
54868623200	CYCLOSPORINE MODIFIED 100 MG	CYCLOSPORINE, MODIFIED	15.00%
00172731046	CYCLOSPORINE MODIFIED 25 MG	CYCLOSPORINE, MODIFIED	15.00%
00185093230	CYCLOSPORINE MODIFIED 25 MG	CYCLOSPORINE, MODIFIED	15.00%
00591222215	CYCLOSPORINE MODIFIED 25 MG	CYCLOSPORINE, MODIFIED	15.00%
00172731100	CYCLOSPORINE MODIFIED 50 MG	CYCLOSPORINE, MODIFIED	16.17%
00172731146	CYCLOSPORINE MODIFIED 50 MG	CYCLOSPORINE, MODIFIED	16.17%
55390013301	CYTARABINE 1 GM VIAL	CYTARABINE/PF	40.00%
55390080801	CYTARABINE 1 GM VIAL	CYTARABINE/PF	40.00%
55390013110	CYTARABINE 100 MG VIAL	CYTARABINE/PF	10.97%
55390080610	CYTARABINE 100 MG VIAL	CYTARABINE/PF	10.97%
00069015201	CYTARABINE 100 MG/5 ML VIAL	CYTARABINE/PF	40.00%
00069015202	CYTARABINE 100 MG/5 ML VIAL	CYTARABINE/PF	40.00%
00069015401	CYTARABINE 1000 MG/50 ML VIAL	CYTARABINE/PF	40.00%
67457045450	CYTARABINE 1000 MG/50 ML VIAL	CYTARABINE/PF	40.00%
00069015501	CYTARABINE 2 G/20 ML VIAL	CYTARABINE/PF	6.05%
61703031922	CYTARABINE 2 G/20 ML VIAL	CYTARABINE/PF	6.05%
63323012020	CYTARABINE 2 G/20 ML VIAL	CYTARABINE/PF	6.05%

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67457045220	CYTARABINE 2 G/20 ML VIAL	CYTARABINE/PF	6.05%
55390013401	CYTARABINE 2 GM VIAL	CYTARABINE/PF	40.00%
55390080901	CYTARABINE 2 GM VIAL	CYTARABINE/PF	40.00%
61703030346	CYTARABINE 20 MG/ML VIAL	CYTARABINE/PF	40.00%
61703030436	CYTARABINE 20 MG/ML VIAL	CYTARABINE	12.00%
61703030538	CYTARABINE 20 MG/ML VIAL	CYTARABINE/PF	40.00%
55390013210	CYTARABINE 500 MG VIAL	CYTARABINE/PF	40.00%
55390080710	CYTARABINE 500 MG VIAL	CYTARABINE/PF	40.00%
00069015301	CYTARABINE 500 MG/25 ML VIAL	CYTARABINE	12.00%
00069015302	CYTARABINE 500 MG/25 ML VIAL	CYTARABINE	12.00%
63323012710	DACARBAZINE 100 MG VIAL	DACARBAZINE	40.00%
00703507501	DACARBAZINE 200 MG VIAL	DACARBAZINE	40.00%
00703507503	DACARBAZINE 200 MG VIAL	DACARBAZINE	40.00%
55390009010	DACARBAZINE 200 MG VIAL	DACARBAZINE	40.00%
55390033910	DACARBAZINE 200 MG VIAL	DACARBAZINE	40.00%
61703032722	DACARBAZINE 200 MG VIAL	DACARBAZINE	40.00%
63323012820	DACARBAZINE 200 MG VIAL	DACARBAZINE	40.00%
55390033701	DACTINOMYCIN 0.5 MG VIAL	DACTINOMYCIN	40.00%
63323011908	DAUNORUBICIN 20 MG VIAL	DAUNORUBICIN HCL	40.00%
00703523313	DAUNORUBICIN 20 MG/4 ML VIAL	DAUNORUBICIN HCL	40.00%
00703523393	DAUNORUBICIN 20 MG/4 ML VIAL	DAUNORUBICIN HCL	40.00%
55390010810	DAUNORUBICIN 20 MG/4 ML VIAL	DAUNORUBICIN HCL	40.00%
55390014210	DAUNORUBICIN 20 MG/4 ML VIAL	DAUNORUBICIN HCL	40.00%
55390010801	DAUNORUBICIN 50 MG/10 ML VIAL	DAUNORUBICIN HCL	40.00%
00781313980	DECITABINE 50 MG VIAL	DECITABINE	16.66%
43598034837	DECITABINE 50 MG VIAL	DECITABINE	16.66%
43598042737	DECITABINE 50 MG VIAL	DECITABINE	16.66%
47335036141	DECITABINE 50 MG VIAL	DECITABINE	16.66%
55111055610	DECITABINE 50 MG VIAL	DECITABINE	16.66%
62756052926	DESMOPRESSIN 40 MCG/10 ML VIAL	DESMOPRESSIN ACETATE	15.00%
62756052940	DESMOPRESSIN 40 MCG/10 ML VIAL	DESMOPRESSIN ACETATE	15.00%
00409226501	DESMOPRESSIN AC 4 MCG/ML AMPUL	DESMOPRESSIN ACETATE	15.00%
55566503001	DESMOPRESSIN AC 4 MCG/ML AMPUL	DESMOPRESSIN ACETATE	15.00%
00703505101	DESMOPRESSIN AC 4 MCG/ML VIAL	DESMOPRESSIN ACETATE	15.00%
00703505103	DESMOPRESSIN AC 4 MCG/ML VIAL	DESMOPRESSIN ACETATE	15.00%
00703505401	DESMOPRESSIN AC 4 MCG/ML VIAL	DESMOPRESSIN ACETATE	15.00%
55566504001	DESMOPRESSIN AC 4 MCG/ML VIAL	DESMOPRESSIN ACETATE	15.00%
00378888693	DIDANOSINE DR 125 MG CAPSULE	DIDANOSINE	15.00%
65862031030	DIDANOSINE DR 125 MG CAPSULE	DIDANOSINE	15.00%
00378888793	DIDANOSINE DR 200 MG CAPSULE	DIDANOSINE	15.00%

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00555058801	DIDANOSINE DR 200 MG CAPSULE	DIDANOSINE	15.00%
65862031130	DIDANOSINE DR 200 MG CAPSULE	DIDANOSINE	15.00%
00378888893	DIDANOSINE DR 250 MG CAPSULE	DIDANOSINE	15.00%
00555058901	DIDANOSINE DR 250 MG CAPSULE	DIDANOSINE	15.00%
54569564200	DIDANOSINE DR 250 MG CAPSULE	DIDANOSINE	15.00%
54868546400	DIDANOSINE DR 250 MG CAPSULE	DIDANOSINE	15.00%
65862031230	DIDANOSINE DR 250 MG CAPSULE	DIDANOSINE	15.00%
68084043111	DIDANOSINE DR 250 MG CAPSULE	DIDANOSINE	15.00%
68084043121	DIDANOSINE DR 250 MG CAPSULE	DIDANOSINE	15.00%
00378888993	DIDANOSINE DR 400 MG CAPSULE	DIDANOSINE	15.00%
00555059001	DIDANOSINE DR 400 MG CAPSULE	DIDANOSINE	15.00%
35356025930	DIDANOSINE DR 400 MG CAPSULE	DIDANOSINE	15.00%
54569564300	DIDANOSINE DR 400 MG CAPSULE	DIDANOSINE	15.00%
65862031330	DIDANOSINE DR 400 MG CAPSULE	DIDANOSINE	15.00%
68084043211	DIDANOSINE DR 400 MG CAPSULE	DIDANOSINE	15.00%
68084043221	DIDANOSINE DR 400 MG CAPSULE	DIDANOSINE	15.00%
25021022207	DOCETAXEL 140 MG/7 ML VIAL	DOCETAXEL	40.00%
45963073474	DOCETAXEL 140 MG/7 ML VIAL	DOCETAXEL	40.00%
00409020120	DOCETAXEL 160 MG/16 ML VIAL	DOCETAXEL	40.00%
00409020127	DOCETAXEL 160 MG/16 ML VIAL	DOCETAXEL	40.00%
66758005003	DOCETAXEL 160 MG/16 ML VIAL	DOCETAXEL	40.00%
16729023165	DOCETAXEL 160 MG/8 ML VIAL	DOCETAXEL	40.00%
16729026765	DOCETAXEL 160 MG/8 ML VIAL	DOCETAXEL	40.00%
16729012049	DOCETAXEL 20 MG/0.5 ML VIAL	DOCETAXEL	40.00%
60505603506	DOCETAXEL 20 MG/0.5 ML VIAL	DOCETAXEL	40.00%
00069914122	DOCETAXEL 20 MG/2 ML VIAL	DOCETAXEL	40.00%
00409020102	DOCETAXEL 20 MG/2 ML VIAL	DOCETAXEL	40.00%
00409020125	DOCETAXEL 20 MG/2 ML VIAL	DOCETAXEL	40.00%
66758005001	DOCETAXEL 20 MG/2 ML VIAL	DOCETAXEL	40.00%
00955102001	DOCETAXEL 20 MG/ML VIAL	DOCETAXEL	11.00%
16729023163	DOCETAXEL 20 MG/ML VIAL	DOCETAXEL	11.00%
16729026763	DOCETAXEL 20 MG/ML VIAL	DOCETAXEL	11.00%
25021022201	DOCETAXEL 20 MG/ML VIAL	DOCETAXEL	11.00%
43598025811	DOCETAXEL 20 MG/ML VIAL	DOCETAXEL	11.00%
45963073454	DOCETAXEL 20 MG/ML VIAL	DOCETAXEL	11.00%
16729022850	DOCETAXEL 80 MG/2 ML VIAL	DOCETAXEL	40.00%
60505603706	DOCETAXEL 80 MG/2 ML VIAL	DOCETAXEL	40.00%
00955102104	DOCETAXEL 80 MG/4 ML VIAL	DOCETAXEL	40.00%
16729023164	DOCETAXEL 80 MG/4 ML VIAL	DOCETAXEL	40.00%
16729026764	DOCETAXEL 80 MG/4 ML VIAL	DOCETAXEL	40.00%
25021022204	DOCETAXEL 80 MG/4 ML VIAL	DOCETAXEL	40.00%
43598025940	DOCETAXEL 80 MG/4 ML VIAL	DOCETAXEL	40.00%

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45963073452	DOCETAXEL 80 MG/4 ML VIAL	DOCETAXEL	40.00%
00069914222	DOCETAXEL 80 MG/8 ML VIAL	DOCETAXEL	40.00%
00409020110	DOCETAXEL 80 MG/8 ML VIAL	DOCETAXEL	40.00%
00409020126	DOCETAXEL 80 MG/8 ML VIAL	DOCETAXEL	40.00%
66758005002	DOCETAXEL 80 MG/8 ML VIAL	DOCETAXEL	40.00%
00069017001	DOXORUBICIN 10 MG VIAL	DOXORUBICIN HCL	11.45%
55390024110	DOXORUBICIN 10 MG VIAL	DOXORUBICIN HCL	11.45%
67457047810	DOXORUBICIN 10 MG VIAL	DOXORUBICIN HCL	11.45%
00069303020	DOXORUBICIN 10 MG/5 ML VIAL	DOXORUBICIN HCL	15.00%
00069400405	DOXORUBICIN 10 MG/5 ML VIAL	DOXORUBICIN HCL	15.00%
00069403001	DOXORUBICIN 10 MG/5 ML VIAL	DOXORUBICIN HCL	15.00%
00703504303	DOXORUBICIN 10 MG/5 ML VIAL	DOXORUBICIN HCL	15.00%
25021020705	DOXORUBICIN 10 MG/5 ML VIAL	DOXORUBICIN HCL	15.00%
45963073355	DOXORUBICIN 10 MG/5 ML VIAL	DOXORUBICIN HCL	15.00%
53150032010	DOXORUBICIN 10 MG/5 ML VIAL	DOXORUBICIN HCL	15.00%
55390024510	DOXORUBICIN 10 MG/5 ML VIAL	DOXORUBICIN HCL	15.00%
63323088305	DOXORUBICIN 10 MG/5 ML VIAL	DOXORUBICIN HCL	15.00%
67457039354	DOXORUBICIN 10 MG/5 ML VIAL	DOXORUBICIN HCL	15.00%
00069303320	DOXORUBICIN 150 MG/75 ML VIAL	DOXORUBICIN HCL	15.00%
00069403301	DOXORUBICIN 150 MG/75 ML VIAL	DOXORUBICIN HCL	15.00%
00069303120	DOXORUBICIN 20 MG/10 ML VIAL	DOXORUBICIN HCL	15.00%
00069401510	DOXORUBICIN 20 MG/10 ML VIAL	DOXORUBICIN HCL	15.00%
00069403101	DOXORUBICIN 20 MG/10 ML VIAL	DOXORUBICIN HCL	15.00%
45963073357	DOXORUBICIN 20 MG/10 ML VIAL	DOXORUBICIN HCL	15.00%
53150031410	DOXORUBICIN 20 MG/10 ML VIAL	DOXORUBICIN HCL	15.00%
55390024610	DOXORUBICIN 20 MG/10 ML VIAL	DOXORUBICIN HCL	15.00%
63323088310	DOXORUBICIN 20 MG/10 ML VIAL	DOXORUBICIN HCL	15.00%
67457039410	DOXORUBICIN 20 MG/10 ML VIAL	DOXORUBICIN HCL	15.00%
00069303420	DOXORUBICIN 200 MG/100 ML VIAL	DOXORUBICIN HCL	15.00%
00069403401	DOXORUBICIN 200 MG/100 ML VIAL	DOXORUBICIN HCL	15.00%
00069403701	DOXORUBICIN 200 MG/100 ML VIAL	DOXORUBICIN HCL	15.00%
00703504001	DOXORUBICIN 200 MG/100 ML VIAL	DOXORUBICIN HCL	15.00%
25021020751	DOXORUBICIN 200 MG/100 ML VIAL	DOXORUBICIN HCL	15.00%
45963073360	DOXORUBICIN 200 MG/100 ML VIAL	DOXORUBICIN HCL	15.00%
53150031701	DOXORUBICIN 200 MG/100 ML VIAL	DOXORUBICIN HCL	15.00%
55390024801	DOXORUBICIN 200 MG/100 ML VIAL	DOXORUBICIN HCL	15.00%
62756082740	DOXORUBICIN 200 MG/100 ML VIAL	DOXORUBICIN HCL	15.00%
63323010161	DOXORUBICIN 200 MG/100 ML VIAL	DOXORUBICIN HCL	15.00%
67457039610	DOXORUBICIN 200 MG/100 ML VIAL	DOXORUBICIN HCL	15.00%
00069017101	DOXORUBICIN 50 MG VIAL	DOXORUBICIN HCL	15.00%
67457043650	DOXORUBICIN 50 MG VIAL	DOXORUBICIN HCL	15.00%
00069303220	DOXORUBICIN 50 MG/25 ML VIAL	DOXORUBICIN HCL	15.00%

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00069402625	DOXORUBICIN 50 MG/25 ML VIAL	DOXORUBICIN HCL	15.00%
00069403201	DOXORUBICIN 50 MG/25 ML VIAL	DOXORUBICIN HCL	15.00%
00703504601	DOXORUBICIN 50 MG/25 ML VIAL	DOXORUBICIN HCL	15.00%
25021020725	DOXORUBICIN 50 MG/25 ML VIAL	DOXORUBICIN HCL	15.00%
45963073368	DOXORUBICIN 50 MG/25 ML VIAL	DOXORUBICIN HCL	15.00%
53150031501	DOXORUBICIN 50 MG/25 ML VIAL	DOXORUBICIN HCL	15.00%
55390024701	DOXORUBICIN 50 MG/25 ML VIAL	DOXORUBICIN HCL	15.00%
62756082640	DOXORUBICIN 50 MG/25 ML VIAL	DOXORUBICIN HCL	15.00%
63323088330	DOXORUBICIN 50 MG/25 ML VIAL	DOXORUBICIN HCL	15.00%
67457039525	DOXORUBICIN 50 MG/25 ML VIAL	DOXORUBICIN HCL	15.00%
47335004940	DOXORUBICIN LIPOSOME 20MG/10ML	DOXORUBICIN HCL	15.00%
47335005040	DOXORUBICIN LIPOSOME 50MG/25ML	DOXORUBICIN HCL	15.00%
00781311969	ENOXAPARIN 100 MG/ML SYR	ENOXAPARIN SODIUM	56.14%
00548560500	ENOXAPARIN 100 MG/ML SYRINGE	ENOXAPARIN SODIUM	56.14%
00548563500	ENOXAPARIN 100 MG/ML SYRINGE	ENOXAPARIN SODIUM	56.14%
00703858021	ENOXAPARIN 100 MG/ML SYRINGE	ENOXAPARIN SODIUM	56.14%
00703858023	ENOXAPARIN 100 MG/ML SYRINGE	ENOXAPARIN SODIUM	56.14%
00781350005	ENOXAPARIN 100 MG/ML SYRINGE	ENOXAPARIN SODIUM	56.14%
00781350069	ENOXAPARIN 100 MG/ML SYRINGE	ENOXAPARIN SODIUM	56.14%
00955101010	ENOXAPARIN 100 MG/ML SYRINGE	ENOXAPARIN SODIUM	56.14%
62037086320	ENOXAPARIN 100 MG/ML SYRINGE	ENOXAPARIN SODIUM	56.14%
00548560600	ENOXAPARIN 120 MG/0.8 ML SYR	ENOXAPARIN SODIUM	57.53%
00548563600	ENOXAPARIN 120 MG/0.8 ML SYR	ENOXAPARIN SODIUM	57.53%
00703861021	ENOXAPARIN 120 MG/0.8 ML SYR	ENOXAPARIN SODIUM	57.53%
00703861023	ENOXAPARIN 120 MG/0.8 ML SYR	ENOXAPARIN SODIUM	57.53%
00781312168	ENOXAPARIN 120 MG/0.8 ML SYR	ENOXAPARIN SODIUM	57.53%
00781361204	ENOXAPARIN 120 MG/0.8 ML SYR	ENOXAPARIN SODIUM	57.53%
00781361268	ENOXAPARIN 120 MG/0.8 ML SYR	ENOXAPARIN SODIUM	57.53%
00955101210	ENOXAPARIN 120 MG/0.8 ML SYR	ENOXAPARIN SODIUM	57.53%
62037086420	ENOXAPARIN 120 MG/0.8 ML SYR	ENOXAPARIN SODIUM	57.53%
00781312169	ENOXAPARIN 150 MG/ML SYR	ENOXAPARIN SODIUM	61.90%
00548560700	ENOXAPARIN 150 MG/ML SYRINGE	ENOXAPARIN SODIUM	61.90%
00548563700	ENOXAPARIN 150 MG/ML SYRINGE	ENOXAPARIN SODIUM	61.90%
00703851021	ENOXAPARIN 150 MG/ML SYRINGE	ENOXAPARIN SODIUM	61.90%
00703851023	ENOXAPARIN 150 MG/ML SYRINGE	ENOXAPARIN SODIUM	61.90%
00781365505	ENOXAPARIN 150 MG/ML SYRINGE	ENOXAPARIN SODIUM	61.90%
00781365569	ENOXAPARIN 150 MG/ML SYRINGE	ENOXAPARIN SODIUM	61.90%
00955101510	ENOXAPARIN 150 MG/ML SYRINGE	ENOXAPARIN SODIUM	61.90%
62037086620	ENOXAPARIN 150 MG/ML SYRINGE	ENOXAPARIN SODIUM	61.90%
00548560100	ENOXAPARIN 30 MG/0.3 ML SYR	ENOXAPARIN SODIUM	33.51%

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00548563100	ENOXAPARIN 30 MG/0.3 ML SYR	ENOXAPARIN SODIUM	33.51%
00703853021	ENOXAPARIN 30 MG/0.3 ML SYR	ENOXAPARIN SODIUM	40.00%
00703853023	ENOXAPARIN 30 MG/0.3 ML SYR	ENOXAPARIN SODIUM	40.00%
00781311963	ENOXAPARIN 30 MG/0.3 ML SYR	ENOXAPARIN SODIUM	33.51%
00781313301	ENOXAPARIN 30 MG/0.3 ML SYR	ENOXAPARIN SODIUM	33.51%
00781313363	ENOXAPARIN 30 MG/0.3 ML SYR	ENOXAPARIN SODIUM	33.51%
00955100310	ENOXAPARIN 30 MG/0.3 ML SYR	ENOXAPARIN SODIUM	33.51%
62037083920	ENOXAPARIN 30 MG/0.3 ML SYR	ENOXAPARIN SODIUM	33.51%
00781312293	ENOXAPARIN 300 MG/3 ML VIAL	ENOXAPARIN SODIUM	12.74%
00955101601	ENOXAPARIN 300 MG/3 ML VIAL	ENOXAPARIN SODIUM	12.74%
00548560200	ENOXAPARIN 40 MG/0.4 ML SYR	ENOXAPARIN SODIUM	48.61%
00548563200	ENOXAPARIN 40 MG/0.4 ML SYR	ENOXAPARIN SODIUM	48.61%
00703854021	ENOXAPARIN 40 MG/0.4 ML SYR	ENOXAPARIN SODIUM	48.61%
00703854023	ENOXAPARIN 40 MG/0.4 ML SYR	ENOXAPARIN SODIUM	48.61%
00781311964	ENOXAPARIN 40 MG/0.4 ML SYR	ENOXAPARIN SODIUM	48.61%
00781322402	ENOXAPARIN 40 MG/0.4 ML SYR	ENOXAPARIN SODIUM	48.61%
00781322464	ENOXAPARIN 40 MG/0.4 ML SYR	ENOXAPARIN SODIUM	48.61%
00955100410	ENOXAPARIN 40 MG/0.4 ML SYR	ENOXAPARIN SODIUM	48.61%
62037084920	ENOXAPARIN 40 MG/0.4 ML SYR	ENOXAPARIN SODIUM	48.61%
00548560300	ENOXAPARIN 60 MG/0.6 ML SYR	ENOXAPARIN SODIUM	50.74%
00548563300	ENOXAPARIN 60 MG/0.6 ML SYR	ENOXAPARIN SODIUM	50.74%
00703856021	ENOXAPARIN 60 MG/0.6 ML SYR	ENOXAPARIN SODIUM	50.74%
00703856023	ENOXAPARIN 60 MG/0.6 ML SYR	ENOXAPARIN SODIUM	50.74%
00781311966	ENOXAPARIN 60 MG/0.6 ML SYR	ENOXAPARIN SODIUM	50.74%
00781335603	ENOXAPARIN 60 MG/0.6 ML SYR	ENOXAPARIN SODIUM	50.74%
00781335666	ENOXAPARIN 60 MG/0.6 ML SYR	ENOXAPARIN SODIUM	50.74%
00955100610	ENOXAPARIN 60 MG/0.6 ML SYR	ENOXAPARIN SODIUM	50.74%
62037086120	ENOXAPARIN 60 MG/0.6 ML SYR	ENOXAPARIN SODIUM	50.74%
00548560400	ENOXAPARIN 80 MG/0.8 ML SYR	ENOXAPARIN SODIUM	49.90%
00548563400	ENOXAPARIN 80 MG/0.8 ML SYR	ENOXAPARIN SODIUM	49.90%
00703868021	ENOXAPARIN 80 MG/0.8 ML SYR	ENOXAPARIN SODIUM	49.90%
00703868023	ENOXAPARIN 80 MG/0.8 ML SYR	ENOXAPARIN SODIUM	49.90%
00781311968	ENOXAPARIN 80 MG/0.8 ML SYR	ENOXAPARIN SODIUM	49.90%
00781342804	ENOXAPARIN 80 MG/0.8 ML SYR	ENOXAPARIN SODIUM	49.90%
00781342868	ENOXAPARIN 80 MG/0.8 ML SYR	ENOXAPARIN SODIUM	49.90%
00955100810	ENOXAPARIN 80 MG/0.8 ML SYR	ENOXAPARIN SODIUM	49.90%
62037086220	ENOXAPARIN 80 MG/0.8 ML SYR	ENOXAPARIN SODIUM	49.90%
00093578656	ENTECAVIR 0.5 MG TABLET	ENTECAVIR	40.00%
00093578698	ENTECAVIR 0.5 MG TABLET	ENTECAVIR	40.00%
49884010411	ENTECAVIR 0.5 MG TABLET	ENTECAVIR	40.00%
00093578756	ENTECAVIR 1 MG TABLET	ENTECAVIR	40.00%
49884010511	ENTECAVIR 1 MG TABLET	ENTECAVIR	40.00%

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00703306911	EPIRUBICIN 200 MG/100 ML VIAL	EPIRUBICIN HCL	40.00%
25021020351	EPIRUBICIN 200 MG/100 ML VIAL	EPIRUBICIN HCL	40.00%
45963060860	EPIRUBICIN 200 MG/100 ML VIAL	EPIRUBICIN HCL	40.00%
53150024701	EPIRUBICIN 200 MG/100 ML VIAL	EPIRUBICIN HCL	40.00%
55390020801	EPIRUBICIN 200 MG/100 ML VIAL	EPIRUBICIN HCL	40.00%
59762509301	EPIRUBICIN 200 MG/100 ML VIAL	EPIRUBICIN HCL	40.00%
59923070100	EPIRUBICIN 200 MG/100 ML VIAL	EPIRUBICIN HCL	40.00%
61703035902	EPIRUBICIN 200 MG/100 ML VIAL	EPIRUBICIN HCL	40.00%
61703035959	EPIRUBICIN 200 MG/100 ML VIAL	EPIRUBICIN HCL	40.00%
63323015100	EPIRUBICIN 200 MG/100 ML VIAL	EPIRUBICIN HCL	40.00%
66758004202	EPIRUBICIN 200 MG/100 ML VIAL	EPIRUBICIN HCL	40.00%
00703306711	EPIRUBICIN 50 MG/25 ML VIAL	EPIRUBICIN HCL	40.00%
25021020325	EPIRUBICIN 50 MG/25 ML VIAL	EPIRUBICIN HCL	40.00%
53150025001	EPIRUBICIN 50 MG/25 ML VIAL	EPIRUBICIN HCL	40.00%
55390020701	EPIRUBICIN 50 MG/25 ML VIAL	EPIRUBICIN HCL	40.00%
59762509101	EPIRUBICIN 50 MG/25 ML VIAL	EPIRUBICIN HCL	40.00%
59923070125	EPIRUBICIN 50 MG/25 ML VIAL	EPIRUBICIN HCL	40.00%
61703035901	EPIRUBICIN 50 MG/25 ML VIAL	EPIRUBICIN HCL	40.00%
61703035993	EPIRUBICIN 50 MG/25 ML VIAL	EPIRUBICIN HCL	40.00%
63323015125	EPIRUBICIN 50 MG/25 ML VIAL	EPIRUBICIN HCL	40.00%
66758004201	EPIRUBICIN 50 MG/25 ML VIAL	EPIRUBICIN HCL	40.00%
61703034859	EPIRUBICIN HCL 200 MG VIAL	EPIRUBICIN HCL	40.00%
61703034735	EPIRUBICIN HCL 50 MG VIAL	EPIRUBICIN HCL	40.00%
00703198501	EPOPROSTENOL SODIUM 0.5 MG VL	EPOPROSTENOL SODIUM	40.00%
00703199501	EPOPROSTENOL SODIUM 1.5 MG VL	EPOPROSTENOL SODIUM	40.00%
55390029301	ETOPOSIDE 1,000 MG/50 ML VIAL	ETOPOSIDE	30.55%
55390049301	ETOPOSIDE 1,000 MG/50 ML VIAL	ETOPOSIDE	30.55%
63323010450	ETOPOSIDE 1,000 MG/50 ML VIAL	ETOPOSIDE	30.55%
16729011431	ETOPOSIDE 100 MG/5 ML VIAL	ETOPOSIDE	30.55%
55390029101	ETOPOSIDE 100 MG/5 ML VIAL	ETOPOSIDE	30.55%
55390049101	ETOPOSIDE 100 MG/5 ML VIAL	ETOPOSIDE	30.55%
63323010405	ETOPOSIDE 100 MG/5 ML VIAL	ETOPOSIDE	30.55%
00378326694	ETOPOSIDE 50 MG CAPSULE	ETOPOSIDE	15.00%
54868535500	ETOPOSIDE 50 MG CAPSULE	ETOPOSIDE	15.00%
54868535502	ETOPOSIDE 50 MG CAPSULE	ETOPOSIDE	15.00%
55390029201	ETOPOSIDE 500 MG/25 ML VIAL	ETOPOSIDE	30.55%
55390049201	ETOPOSIDE 500 MG/25 ML VIAL	ETOPOSIDE	30.55%
63323010425	ETOPOSIDE 500 MG/25 ML VIAL	ETOPOSIDE	30.55%
55566410001	EUFLEXXA 20 MG/2 ML SYRINGE	HYALURONATE SODIUM	9.38%
00078056961	EXTAVIA 0.3 MG VIAL	INTERFERON BETA-1B	11.45%
55390013501	FLOXURIDINE 500 MG VIAL	FLOXURIDINE	40.00%
63323014507	FLOXURIDINE 500 MG VIAL	FLOXURIDINE	40.00%

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00703585401	FLUDARABINE 50 MG VIAL	FLUDARABINE PHOSPHATE	40.00%
25021020505	FLUDARABINE 50 MG VIAL	FLUDARABINE PHOSPHATE	40.00%
25021023706	FLUDARABINE 50 MG VIAL	FLUDARABINE PHOSPHATE	40.00%
45963060955	FLUDARABINE 50 MG VIAL	FLUDARABINE PHOSPHATE	40.00%
61703034418	FLUDARABINE 50 MG VIAL	FLUDARABINE PHOSPHATE	40.00%
63323019606	FLUDARABINE 50 MG VIAL	FLUDARABINE PHOSPHATE	40.00%
00069932122	FLUDARABINE 50 MG/2 ML VIAL	FLUDARABINE PHOSPHATE	40.00%
00703485211	FLUDARABINE 50 MG/2 ML VIAL	FLUDARABINE PHOSPHATE	40.00%
00703485291	FLUDARABINE 50 MG/2 ML VIAL	FLUDARABINE PHOSPHATE	40.00%
63323019202	FLUDARABINE 50 MG/2 ML VIAL	FLUDARABINE PHOSPHATE	40.00%
66758004601	FLUDARABINE 50 MG/2 ML VIAL	FLUDARABINE PHOSPHATE	40.00%
67457023802	FLUDARABINE 50 MG/2 ML VIAL	FLUDARABINE PHOSPHATE	40.00%
10139006312	FLUOROURACIL 1,000 MG/20 ML VL	FLUOROURACIL	16.66%
10139006320	FLUOROURACIL 1,000 MG/20 ML VL	FLUOROURACIL	16.66%
16729027667	FLUOROURACIL 1,000 MG/20 ML VL	FLUOROURACIL	16.66%
63323011720	FLUOROURACIL 1,000 MG/20 ML VL	FLUOROURACIL	16.66%
63323011728	FLUOROURACIL 1,000 MG/20 ML VL	FLUOROURACIL	40.00%
10139006350	FLUOROURACIL 2,500 MG/50 ML VL	FLUOROURACIL	14.00%
16729027611	FLUOROURACIL 2,500 MG/50 ML VL	FLUOROURACIL	14.00%
63323011751	FLUOROURACIL 2,500 MG/50 ML VL	FLUOROURACIL	14.00%
63323011758	FLUOROURACIL 2,500 MG/50 ML VL	FLUOROURACIL	14.00%
63323011759	FLUOROURACIL 2,500 MG/50 ML VL	FLUOROURACIL	14.00%
10139006301	FLUOROURACIL 5,000 MG/100 ML	FLUOROURACIL	19.62%
16729027638	FLUOROURACIL 5,000 MG/100 ML	FLUOROURACIL	19.62%
63323011761	FLUOROURACIL 5,000 MG/100 ML	FLUOROURACIL	19.62%
63323011768	FLUOROURACIL 5,000 MG/100 ML	FLUOROURACIL	19.62%
63323011769	FLUOROURACIL 5,000 MG/100 ML	FLUOROURACIL	19.62%
10139006310	FLUOROURACIL 500 MG/10 ML VIAL	FLUOROURACIL	19.18%
10139006311	FLUOROURACIL 500 MG/10 ML VIAL	FLUOROURACIL	19.18%
16729027668	FLUOROURACIL 500 MG/10 ML VIAL	FLUOROURACIL	19.18%
63323011710	FLUOROURACIL 500 MG/10 ML VIAL	FLUOROURACIL	19.18%
63323011718	FLUOROURACIL 500 MG/10 ML VIAL	FLUOROURACIL	19.18%
63323011719	FLUOROURACIL 500 MG/10 ML VIAL	FLUOROURACIL	19.18%
66758004401	FLUOROURACIL 500 MG/10 ML VIAL	FLUOROURACIL	19.18%
66758004403	FLUOROURACIL 500 MG/10 ML VIAL	FLUOROURACIL	19.18%
00172496058	FLUTAMIDE 125 MG CAPSULE	FLUTAMIDE	41.33%
00172496070	FLUTAMIDE 125 MG CAPSULE	FLUTAMIDE	41.33%
00591246618	FLUTAMIDE 125 MG CAPSULE	FLUTAMIDE	41.33%
49884075313	FLUTAMIDE 125 MG CAPSULE	FLUTAMIDE	41.33%
58016017000	FLUTAMIDE 125 MG CAPSULE	FLUTAMIDE	41.33%
58016017030	FLUTAMIDE 125 MG CAPSULE	FLUTAMIDE	41.33%
58016017060	FLUTAMIDE 125 MG CAPSULE	FLUTAMIDE	41.33%

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58016017090	FLUTAMIDE 125 MG CAPSULE	FLUTAMIDE	41.33%
58016017099	FLUTAMIDE 125 MG CAPSULE	FLUTAMIDE	41.33%
60429027218	FLUTAMIDE 125 MG CAPSULE	FLUTAMIDE	41.33%
55111068102	FONDAPARINUX 10 MG/0.8 ML SYR	FONDAPARINUX SODIUM	13.92%
55111068110	FONDAPARINUX 10 MG/0.8 ML SYR	FONDAPARINUX SODIUM	13.92%
60505608100	FONDAPARINUX 10 MG/0.8 ML SYR	FONDAPARINUX SODIUM	13.92%
60505608104	FONDAPARINUX 10 MG/0.8 ML SYR	FONDAPARINUX SODIUM	13.92%
67457058508	FONDAPARINUX 10 MG/0.8 ML SYR	FONDAPARINUX SODIUM	13.92%
55111067802	FONDAPARINUX 2.5 MG/0.5 ML SYR	FONDAPARINUX SODIUM	16.55%
55111067810	FONDAPARINUX 2.5 MG/0.5 ML SYR	FONDAPARINUX SODIUM	16.55%
60505607800	FONDAPARINUX 2.5 MG/0.5 ML SYR	FONDAPARINUX SODIUM	16.55%
60505607804	FONDAPARINUX 2.5 MG/0.5 ML SYR	FONDAPARINUX SODIUM	16.55%
67457058210	FONDAPARINUX 2.5 MG/0.5 ML SYR	FONDAPARINUX SODIUM	16.55%
55111067902	FONDAPARINUX 5 MG/0.4 ML SYR	FONDAPARINUX SODIUM	17.15%
55111067910	FONDAPARINUX 5 MG/0.4 ML SYR	FONDAPARINUX SODIUM	17.15%
60505607900	FONDAPARINUX 5 MG/0.4 ML SYR	FONDAPARINUX SODIUM	17.15%
60505607904	FONDAPARINUX 5 MG/0.4 ML SYR	FONDAPARINUX SODIUM	17.15%
67457058304	FONDAPARINUX 5 MG/0.4 ML SYR	FONDAPARINUX SODIUM	17.15%
55111068002	FONDAPARINUX 7.5 MG/0.6 ML SYR	FONDAPARINUX SODIUM	13.93%
55111068010	FONDAPARINUX 7.5 MG/0.6 ML SYR	FONDAPARINUX SODIUM	13.93%
60505608000	FONDAPARINUX 7.5 MG/0.6 ML SYR	FONDAPARINUX SODIUM	13.93%
60505608004	FONDAPARINUX 7.5 MG/0.6 ML SYR	FONDAPARINUX SODIUM	13.93%
67457058406	FONDAPARINUX 7.5 MG/0.6 ML SYR	FONDAPARINUX SODIUM	13.93%
64208823404	GAMMAPLEX 5% VIAL	IMMUNE GLOBULIN,GAMMA (IGG)	40.00%
64208823405	GAMMAPLEX 5% VIAL	IMMUNE GLOBULIN,GAMMA (IGG)	40.00%
64208823406	GAMMAPLEX 5% VIAL	IMMUNE GLOBULIN,GAMMA (IGG)	40.00%
64208823407	GAMMAPLEX 5% VIAL	IMMUNE GLOBULIN,GAMMA (IGG)	40.00%
64208823408	GAMMAPLEX 5% VIAL	IMMUNE GLOBULIN,GAMMA (IGG)	40.00%
63323031510	GANCICLOVIR 500 MG VIAL	GANCICLOVIR SODIUM	40.00%
63323031594	GANCICLOVIR 500 MG VIAL	GANCICLOVIR SODIUM	40.00%
00052030151	GANIRELIX ACET 250 MCG/0.5 ML	GANIRELIX ACETATE	13.01%
85836015153	GEL-ONE 30 MG/3 ML SYRINGE	HYALURONATE SODIUM	9.38%
87541030091	GEL-ONE 30 MG/3 ML SYRINGE	HYALURONATE SODIUM	9.38%
00409018101	GEMCITABINE 1 GRAM/26.3 ML VL	GEMCITABINE HCL	40.00%
00409018125	GEMCITABINE 1 GRAM/26.3 ML VL	GEMCITABINE HCL	40.00%
00409018201	GEMCITABINE 2 GRAM/52.6 ML VL	GEMCITABINE HCL	40.00%
00409018225	GEMCITABINE 2 GRAM/52.6 ML VL	GEMCITABINE HCL	40.00%
00409018301	GEMCITABINE 200 MG/5.26 ML VL	GEMCITABINE HCL	40.00%
00409018325	GEMCITABINE 200 MG/5.26 ML VL	GEMCITABINE HCL	40.00%
00069385810	GEMCITABINE HCL 1 GRAM VIAL	GEMCITABINE HCL	40.00%
00409018601	GEMCITABINE HCL 1 GRAM VIAL	GEMCITABINE HCL	40.00%
00591356355	GEMCITABINE HCL 1 GRAM VIAL	GEMCITABINE HCL	40.00%

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00703577801	GEMCITABINE HCL 1 GRAM VIAL	GEMCITABINE HCL	40.00%
00781328379	GEMCITABINE HCL 1 GRAM VIAL	GEMCITABINE HCL	40.00%
16729011711	GEMCITABINE HCL 1 GRAM VIAL	GEMCITABINE HCL	40.00%
23155021431	GEMCITABINE HCL 1 GRAM VIAL	GEMCITABINE HCL	40.00%
25021020950	GEMCITABINE HCL 1 GRAM VIAL	GEMCITABINE HCL	40.00%
25021023550	GEMCITABINE HCL 1 GRAM VIAL	GEMCITABINE HCL	40.00%
45963061959	GEMCITABINE HCL 1 GRAM VIAL	GEMCITABINE HCL	40.00%
47335015440	GEMCITABINE HCL 1 GRAM VIAL	GEMCITABINE HCL	40.00%
55111068725	GEMCITABINE HCL 1 GRAM VIAL	GEMCITABINE HCL	40.00%
55390039150	GEMCITABINE HCL 1 GRAM VIAL	GEMCITABINE HCL	40.00%
63323012550	GEMCITABINE HCL 1 GRAM VIAL	GEMCITABINE HCL	40.00%
63323012553	GEMCITABINE HCL 1 GRAM VIAL	GEMCITABINE HCL	40.00%
67457046201	GEMCITABINE HCL 1 GRAM VIAL	GEMCITABINE HCL	40.00%
00069385910	GEMCITABINE HCL 2 GRAM VIAL	GEMCITABINE HCL	40.00%
00409018701	GEMCITABINE HCL 2 GRAM VIAL	GEMCITABINE HCL	40.00%
16729011838	GEMCITABINE HCL 2 GRAM VIAL	GEMCITABINE HCL	40.00%
63323012600	GEMCITABINE HCL 2 GRAM VIAL	GEMCITABINE HCL	40.00%
67457046302	GEMCITABINE HCL 2 GRAM VIAL	GEMCITABINE HCL	40.00%
00069385710	GEMCITABINE HCL 200 MG VIAL	GEMCITABINE HCL	40.00%
00409018501	GEMCITABINE HCL 200 MG VIAL	GEMCITABINE HCL	40.00%
00591356279	GEMCITABINE HCL 200 MG VIAL	GEMCITABINE HCL	40.00%
00703577501	GEMCITABINE HCL 200 MG VIAL	GEMCITABINE HCL	40.00%
00781328275	GEMCITABINE HCL 200 MG VIAL	GEMCITABINE HCL	40.00%
16729009203	GEMCITABINE HCL 200 MG VIAL	GEMCITABINE HCL	40.00%
23155021331	GEMCITABINE HCL 200 MG VIAL	GEMCITABINE HCL	40.00%
25021020810	GEMCITABINE HCL 200 MG VIAL	GEMCITABINE HCL	40.00%
25021023410	GEMCITABINE HCL 200 MG VIAL	GEMCITABINE HCL	40.00%
45963061257	GEMCITABINE HCL 200 MG VIAL	GEMCITABINE HCL	40.00%
47335015340	GEMCITABINE HCL 200 MG VIAL	GEMCITABINE HCL	40.00%
55111068607	GEMCITABINE HCL 200 MG VIAL	GEMCITABINE HCL	40.00%
55390039110	GEMCITABINE HCL 200 MG VIAL	GEMCITABINE HCL	40.00%
63323010210	GEMCITABINE HCL 200 MG VIAL	GEMCITABINE HCL	40.00%
63323010213	GEMCITABINE HCL 200 MG VIAL	GEMCITABINE HCL	40.00%
67457046420	GEMCITABINE HCL 200 MG VIAL	GEMCITABINE HCL	40.00%
00074647932	GENGRAF 100 MG CAPSULE	CYCLOSPORINE, MODIFIED	15.00%
00074726950	GENGRAF 100 MG/ML SOLUTION	CYCLOSPORINE, MODIFIED	35.36%
00074646332	GENGRAF 25 MG CAPSULE	CYCLOSPORINE, MODIFIED	15.00%
00078061605	HECORIA 0.5 MG CAPSULE	TACROLIMUS	15.00%
00078061705	HECORIA 1 MG CAPSULE	TACROLIMUS	33.57%
00078061805	HECORIA 5 MG CAPSULE	TACROLIMUS	51.89%
25021082761	IBANDRONATE 3 MG/3 ML SYRINGE	IBANDRONATE SODIUM	40.00%
67457052433	IBANDRONATE 3 MG/3 ML SYRINGE	IBANDRONATE SODIUM	40.00%

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62756021840	IBANDRONATE 3 MG/3 ML VIAL	IBANDRONATE SODIUM	40.00%
00703415511	IDARUBICIN HCL 10 MG/10 ML VL	IDARUBICIN HCL	40.00%
00703415591	IDARUBICIN HCL 10 MG/10 ML VL	IDARUBICIN HCL	40.00%
55390021601	IDARUBICIN HCL 10 MG/10 ML VL	IDARUBICIN HCL	40.00%
63323019410	IDARUBICIN HCL 10 MG/10 ML VL	IDARUBICIN HCL	40.00%
00703415611	IDARUBICIN HCL 20 MG/20 ML VL	IDARUBICIN HCL	40.00%
00703415691	IDARUBICIN HCL 20 MG/20 ML VL	IDARUBICIN HCL	40.00%
55390021701	IDARUBICIN HCL 20 MG/20 ML VL	IDARUBICIN HCL	40.00%
63323019420	IDARUBICIN HCL 20 MG/20 ML VL	IDARUBICIN HCL	40.00%
00703415411	IDARUBICIN HCL 5 MG/5 ML VIAL	IDARUBICIN HCL	40.00%
00703415491	IDARUBICIN HCL 5 MG/5 ML VIAL	IDARUBICIN HCL	40.00%
55390021501	IDARUBICIN HCL 5 MG/5 ML VIAL	IDARUBICIN HCL	40.00%
63323019405	IDARUBICIN HCL 5 MG/5 ML VIAL	IDARUBICIN HCL	40.00%
59762258601	IDARUBICIN PFS 10 MG/10 ML VL	IDARUBICIN HCL	40.00%
59762259601	IDARUBICIN PFS 20 MG/20 ML VL	IDARUBICIN HCL	40.00%
59762257601	IDARUBICIN PFS 5 MG/5 ML VIAL	IDARUBICIN HCL	40.00%
10019092501	IFOSFAMIDE 1 GM VIAL	IFOSFAMIDE	40.00%
10019092582	IFOSFAMIDE 1 GM VIAL	IFOSFAMIDE	40.00%
63323014210	IFOSFAMIDE 1 GM VIAL	IFOSFAMIDE	40.00%
63323014212	IFOSFAMIDE 1 GM VIAL	IFOSFAMIDE	40.00%
00069449522	IFOSFAMIDE 1 GM/20 ML VIAL	IFOSFAMIDE	40.00%
00703342711	IFOSFAMIDE 1 GM/20 ML VIAL	IFOSFAMIDE	40.00%
63323017420	IFOSFAMIDE 1 GM/20 ML VIAL	IFOSFAMIDE	40.00%
10019092602	IFOSFAMIDE 3 GM VIAL	IFOSFAMIDE	40.00%
10019092616	IFOSFAMIDE 3 GM VIAL	IFOSFAMIDE	40.00%
00069449622	IFOSFAMIDE 3 GM/ 60 ML VIAL	IFOSFAMIDE	40.00%
00703342911	IFOSFAMIDE 3 GM/ 60 ML VIAL	IFOSFAMIDE	40.00%
63323017460	IFOSFAMIDE 3 GM/ 60 ML VIAL	IFOSFAMIDE	40.00%
67457044360	IFOSFAMIDE 3 GM/ 60 ML VIAL	IFOSFAMIDE	40.00%
00703410048	IFOSFAMIDE-MESNA KIT	IFOSFAMIDE/MESNA	40.00%
00143970101	IRINOTECAN HCL 100 MG/5 ML VL	IRINOTECAN HCL	11.00%
00703443411	IRINOTECAN HCL 100 MG/5 ML VL	IRINOTECAN HCL	11.00%
00703443491	IRINOTECAN HCL 100 MG/5 ML VL	IRINOTECAN HCL	11.00%
18111000203	IRINOTECAN HCL 100 MG/5 ML VL	IRINOTECAN HCL	11.00%
23155017932	IRINOTECAN HCL 100 MG/5 ML VL	IRINOTECAN HCL	11.00%
25021021405	IRINOTECAN HCL 100 MG/5 ML VL	IRINOTECAN HCL	11.00%
25021023005	IRINOTECAN HCL 100 MG/5 ML VL	IRINOTECAN HCL	11.00%
45963061455	IRINOTECAN HCL 100 MG/5 ML VL	IRINOTECAN HCL	16.66%
55390029601	IRINOTECAN HCL 100 MG/5 ML VL	IRINOTECAN HCL	11.00%
57884300201	IRINOTECAN HCL 100 MG/5 ML VL	IRINOTECAN HCL	40.00%
59762752902	IRINOTECAN HCL 100 MG/5 ML VL	IRINOTECAN HCL	11.00%
59923070205	IRINOTECAN HCL 100 MG/5 ML VL	IRINOTECAN HCL	11.00%

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61703034909	IRINOTECAN HCL 100 MG/5 ML VL	IRINOTECAN HCL	11.00%
63323019305	IRINOTECAN HCL 100 MG/5 ML VL	IRINOTECAN HCL	11.00%
63323019355	IRINOTECAN HCL 100 MG/5 ML VL	IRINOTECAN HCL	11.00%
66758004802	IRINOTECAN HCL 100 MG/5 ML VL	IRINOTECAN HCL	11.00%
00143970201	IRINOTECAN HCL 40 MG/2 ML VIAL	IRINOTECAN HCL	16.66%
00703443211	IRINOTECAN HCL 40 MG/2 ML VIAL	IRINOTECAN HCL	16.66%
18111000202	IRINOTECAN HCL 40 MG/2 ML VIAL	IRINOTECAN HCL	16.66%
23155017931	IRINOTECAN HCL 40 MG/2 ML VIAL	IRINOTECAN HCL	16.66%
25021020002	IRINOTECAN HCL 40 MG/2 ML VIAL	IRINOTECAN HCL	16.66%
25021021402	IRINOTECAN HCL 40 MG/2 ML VIAL	IRINOTECAN HCL	16.66%
25021023002	IRINOTECAN HCL 40 MG/2 ML VIAL	IRINOTECAN HCL	16.66%
45963061451	IRINOTECAN HCL 40 MG/2 ML VIAL	IRINOTECAN HCL	16.66%
55390029501	IRINOTECAN HCL 40 MG/2 ML VIAL	IRINOTECAN HCL	16.66%
57884300101	IRINOTECAN HCL 40 MG/2 ML VIAL	IRINOTECAN HCL	40.00%
59762752901	IRINOTECAN HCL 40 MG/2 ML VIAL	IRINOTECAN HCL	16.66%
59923070202	IRINOTECAN HCL 40 MG/2 ML VIAL	IRINOTECAN HCL	16.66%
61703034916	IRINOTECAN HCL 40 MG/2 ML VIAL	IRINOTECAN HCL	16.66%
63323019302	IRINOTECAN HCL 40 MG/2 ML VIAL	IRINOTECAN HCL	16.66%
63323019352	IRINOTECAN HCL 40 MG/2 ML VIAL	IRINOTECAN HCL	16.66%
66758004801	IRINOTECAN HCL 40 MG/2 ML VIAL	IRINOTECAN HCL	16.66%
61703034936	IRINOTECAN HCL 500 MG/25 ML VL	IRINOTECAN HCL	16.66%
54838056670	LAMIVUDINE 10 MG/ML ORAL SOLN	LAMIVUDINE	40.00%
00378516893	LAMIVUDINE 100 MG TABLET	LAMIVUDINE	15.00%
31722075360	LAMIVUDINE 150 MG TABLET	LAMIVUDINE	15.00%
60429035360	LAMIVUDINE 150 MG TABLET	LAMIVUDINE	15.00%
60505325106	LAMIVUDINE 150 MG TABLET	LAMIVUDINE	15.00%
65862055260	LAMIVUDINE 150 MG TABLET	LAMIVUDINE	15.00%
68084057811	LAMIVUDINE 150 MG TABLET	LAMIVUDINE	15.00%
68084057821	LAMIVUDINE 150 MG TABLET	LAMIVUDINE	15.00%
31722075430	LAMIVUDINE 300 MG TABLET	LAMIVUDINE	15.00%
60429035430	LAMIVUDINE 300 MG TABLET	LAMIVUDINE	15.00%
60505325203	LAMIVUDINE 300 MG TABLET	LAMIVUDINE	15.00%
65862055330	LAMIVUDINE 300 MG TABLET	LAMIVUDINE	15.00%
31722075260	LAMIVUDINE HBV 100 MG TABLET	LAMIVUDINE	15.00%
00093538506	LAMIVUDINE-ZIDOVUDINE TABLET	LAMIVUDINE/ZIDOVUDINE	26.64%
00378518091	LAMIVUDINE-ZIDOVUDINE TABLET	LAMIVUDINE/ZIDOVUDINE	26.64%
21695099602	LAMIVUDINE-ZIDOVUDINE TABLET	LAMIVUDINE/ZIDOVUDINE	26.64%
21695099660	LAMIVUDINE-ZIDOVUDINE TABLET	LAMIVUDINE/ZIDOVUDINE	26.64%
31722073960	LAMIVUDINE-ZIDOVUDINE TABLET	LAMIVUDINE/ZIDOVUDINE	26.64%
42254038102	LAMIVUDINE-ZIDOVUDINE TABLET	LAMIVUDINE/ZIDOVUDINE	26.64%
42254038106	LAMIVUDINE-ZIDOVUDINE TABLET	LAMIVUDINE/ZIDOVUDINE	26.64%
42291036360	LAMIVUDINE-ZIDOVUDINE TABLET	LAMIVUDINE/ZIDOVUDINE	26.64%

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43063034606	LAMIVUDINE-ZIDOVUDINE TABLET	LAMIVUDINE/ZIDOVUDINE	26.64%
54569648400	LAMIVUDINE-ZIDOVUDINE TABLET	LAMIVUDINE/ZIDOVUDINE	26.64%
54569648401	LAMIVUDINE-ZIDOVUDINE TABLET	LAMIVUDINE/ZIDOVUDINE	26.64%
55700009604	LAMIVUDINE-ZIDOVUDINE TABLET	LAMIVUDINE/ZIDOVUDINE	26.64%
60760038514	LAMIVUDINE-ZIDOVUDINE TABLET	LAMIVUDINE/ZIDOVUDINE	26.64%
65862059760	LAMIVUDINE-ZIDOVUDINE TABLET	LAMIVUDINE/ZIDOVUDINE	26.64%
68071090806	LAMIVUDINE-ZIDOVUDINE TABLET	LAMIVUDINE/ZIDOVUDINE	26.64%
68084041621	LAMIVUDINE-ZIDOVUDINE TABLET	LAMIVUDINE/ZIDOVUDINE	26.64%
68180028407	LAMIVUDINE-ZIDOVUDINE TABLET	LAMIVUDINE/ZIDOVUDINE	26.64%
55390000901	LEUCOVORIN CAL 500 MG/50 ML VL	LEUCOVORIN CALCIUM	16.66%
55390082601	LEUCOVORIN CAL 500 MG/50 ML VL	LEUCOVORIN CALCIUM	16.66%
00054449705	LEUCOVORIN CALCIUM 10 MG TAB	LEUCOVORIN CALCIUM	15.00%
00054449710	LEUCOVORIN CALCIUM 10 MG TAB	LEUCOVORIN CALCIUM	15.00%
00703514001	LEUCOVORIN CALCIUM 100 MG VIAL	LEUCOVORIN CALCIUM	16.66%
25021081430	LEUCOVORIN CALCIUM 100 MG VIAL	LEUCOVORIN CALCIUM	16.66%
25021081467	LEUCOVORIN CALCIUM 100 MG VIAL	LEUCOVORIN CALCIUM	16.66%
55390005210	LEUCOVORIN CALCIUM 100 MG VIAL	LEUCOVORIN CALCIUM	16.66%
55390081810	LEUCOVORIN CALCIUM 100 MG VIAL	LEUCOVORIN CALCIUM	16.66%
00054449810	LEUCOVORIN CALCIUM 15 MG TAB	LEUCOVORIN CALCIUM	28.51%
54868591500	LEUCOVORIN CALCIUM 15 MG TAB	LEUCOVORIN CALCIUM	28.51%
25021081530	LEUCOVORIN CALCIUM 200 MG VIAL	LEUCOVORIN CALCIUM	14.69%
25021081567	LEUCOVORIN CALCIUM 200 MG VIAL	LEUCOVORIN CALCIUM	14.69%
55390005301	LEUCOVORIN CALCIUM 200 MG VIAL	LEUCOVORIN CALCIUM	14.69%
55390082401	LEUCOVORIN CALCIUM 200 MG VIAL	LEUCOVORIN CALCIUM	14.69%
63323071050	LEUCOVORIN CALCIUM 200 MG VIAL	LEUCOVORIN CALCIUM	14.69%
63323071059	LEUCOVORIN CALCIUM 200 MG VIAL	LEUCOVORIN CALCIUM	14.69%
00054449911	LEUCOVORIN CALCIUM 25 MG TAB	LEUCOVORIN CALCIUM	60.72%
00555048527	LEUCOVORIN CALCIUM 25 MG TAB	LEUCOVORIN CALCIUM	60.72%
51079058201	LEUCOVORIN CALCIUM 25 MG TAB	LEUCOVORIN CALCIUM	60.72%
51079058205	LEUCOVORIN CALCIUM 25 MG TAB	LEUCOVORIN CALCIUM	60.72%
00703514501	LEUCOVORIN CALCIUM 350 MG VIAL	LEUCOVORIN CALCIUM	16.66%
00703514591	LEUCOVORIN CALCIUM 350 MG VIAL	LEUCOVORIN CALCIUM	16.66%
25021081630	LEUCOVORIN CALCIUM 350 MG VIAL	LEUCOVORIN CALCIUM	16.66%
25021081667	LEUCOVORIN CALCIUM 350 MG VIAL	LEUCOVORIN CALCIUM	16.66%
55390005401	LEUCOVORIN CALCIUM 350 MG VIAL	LEUCOVORIN CALCIUM	16.66%
55390082501	LEUCOVORIN CALCIUM 350 MG VIAL	LEUCOVORIN CALCIUM	16.66%
00054449613	LEUCOVORIN CALCIUM 5 MG TAB	LEUCOVORIN CALCIUM	15.00%
00054449625	LEUCOVORIN CALCIUM 5 MG TAB	LEUCOVORIN CALCIUM	15.00%
00054849619	LEUCOVORIN CALCIUM 5 MG TAB	LEUCOVORIN CALCIUM	15.00%
00555048401	LEUCOVORIN CALCIUM 5 MG TAB	LEUCOVORIN CALCIUM	15.00%
00555048402	LEUCOVORIN CALCIUM 5 MG TAB	LEUCOVORIN CALCIUM	15.00%
51079058101	LEUCOVORIN CALCIUM 5 MG TAB	LEUCOVORIN CALCIUM	15.00%

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51079058106	LEUCOVORIN CALCIUM 5 MG TAB	LEUCOVORIN CALCIUM	15.00%
54868331000	LEUCOVORIN CALCIUM 5 MG TAB	LEUCOVORIN CALCIUM	15.00%
54868331001	LEUCOVORIN CALCIUM 5 MG TAB	LEUCOVORIN CALCIUM	15.00%
54868331003	LEUCOVORIN CALCIUM 5 MG TAB	LEUCOVORIN CALCIUM	15.00%
54868331004	LEUCOVORIN CALCIUM 5 MG TAB	LEUCOVORIN CALCIUM	15.00%
25021081310	LEUCOVORIN CALCIUM 50 MG VIAL	LEUCOVORIN CALCIUM	16.66%
25021081366	LEUCOVORIN CALCIUM 50 MG VIAL	LEUCOVORIN CALCIUM	16.66%
55390005110	LEUCOVORIN CALCIUM 50 MG VIAL	LEUCOVORIN CALCIUM	16.66%
63323071100	LEUCOVORIN CALCIUM 500 MG VL	LEUCOVORIN CALCIUM	16.66%
00703401418	LEUPROLIDE 2WK 1 MG/0.2 ML KIT	LEUPROLIDE ACETATE	40.02%
00781400332	LEUPROLIDE 2WK 1 MG/0.2 ML KIT	LEUPROLIDE ACETATE	40.02%
41616093640	LEUPROLIDE 2WK 1 MG/0.2 ML KIT	LEUPROLIDE ACETATE	40.02%
00185740085	LEUPROLIDE 2WK 1 MG/0.2 ML KT	LEUPROLIDE ACETATE	40.02%
47335008250	LIPODOX 2 MG/ML VIAL	DOXORUBICIN HCL LIPOSOMAL	15.00%
47335008350	LIPODOX 50 2 MG/ML VIAL	DOXORUBICIN HCL LIPOSOMAL	15.00%
67457019501	MELPHALAN HCL 50 MG VIAL	MELPHALAN HCL	40.00%
67457021501	MELPHALAN HCL 50 MG VIAL	MELPHALAN HCL	40.00%
67457057901	MELPHALAN HCL 50 MG VIAL	MELPHALAN HCL	40.00%
10019095301	MESNA 1 GRAM/10 ML VIAL	MESNA	40.00%
10019095302	MESNA 1 GRAM/10 ML VIAL	MESNA	40.00%
10019095362	MESNA 1 GRAM/10 ML VIAL	MESNA	40.00%
25021020166	MESNA 1 GRAM/10 ML VIAL	MESNA	40.00%
25021020167	MESNA 1 GRAM/10 ML VIAL	MESNA	40.00%
25021020168	MESNA 1 GRAM/10 ML VIAL	MESNA	40.00%
25021020169	MESNA 1 GRAM/10 ML VIAL	MESNA	40.00%
67457014800	MESNA 1 GRAM/10 ML VIAL	MESNA	40.00%
67457014810	MESNA 1 GRAM/10 ML VIAL	MESNA	40.00%
00703480503	MESNA 100 MG/ML VIAL	MESNA	40.00%
25021020110	MESNA 100 MG/ML VIAL	MESNA	40.00%
25021020111	MESNA 100 MG/ML VIAL	MESNA	40.00%
55390004501	MESNA 100 MG/ML VIAL	MESNA	40.00%
55390026601	MESNA 100 MG/ML VIAL	MESNA	40.00%
55390034701	MESNA 100 MG/ML VIAL	MESNA	40.00%
63323073310	MESNA 100 MG/ML VIAL	MESNA	40.00%
63323073311	MESNA 100 MG/ML VIAL	MESNA	40.00%
55390014301	METHOTREXATE 1 GM VIAL	METHOTREXATE SODIUM/PF	16.66%
63323012250	METHOTREXATE 1 GM VIAL	METHOTREXATE SODIUM/PF	16.66%
63323012259	METHOTREXATE 1 GM VIAL	METHOTREXATE SODIUM/PF	16.66%
00069014901	METHOTREXATE 1 GM/40 ML VIAL	METHOTREXATE SODIUM/PF	29.84%
10139006240	METHOTREXATE 1 GM/40 ML VIAL	METHOTREXATE SODIUM/PF	29.84%
00703367801	METHOTREXATE 1 GRAM/40 ML VIAL	METHOTREXATE SODIUM/PF	29.84%
16729027735	METHOTREXATE 1 GRAM/40 ML VIAL	METHOTREXATE SODIUM/PF	29.84%

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61703040825	METHOTREXATE 1 GRAM/40 ML VIAL	METHOTREXATE SODIUM/PF	29.84%
61703040841	METHOTREXATE 1 GRAM/40 ML VIAL	METHOTREXATE SODIUM/PF	29.84%
66758004101	METHOTREXATE 1 GRAM/40 ML VIAL	METHOTREXATE SODIUM/PF	29.84%
67457022140	METHOTREXATE 1 GRAM/40 ML VIAL	METHOTREXATE SODIUM/PF	29.84%
67457048040	METHOTREXATE 1 GRAM/40 ML VIAL	METHOTREXATE SODIUM/PF	29.84%
00069014701	METHOTREXATE 100 MG/4 ML VIAL	METHOTREXATE SODIUM/PF	29.84%
00069014702	METHOTREXATE 100 MG/4 ML VIAL	METHOTREXATE SODIUM/PF	29.84%
00703367301	METHOTREXATE 100 MG/4 ML VIAL	METHOTREXATE SODIUM/PF	29.84%
55390003210	METHOTREXATE 100 MG/4 ML VIAL	METHOTREXATE SODIUM/PF	29.84%
00054455015	METHOTREXATE 2.5 MG TABLET	METHOTREXATE SODIUM	50.06%
00054455025	METHOTREXATE 2.5 MG TABLET	METHOTREXATE SODIUM	50.06%
00054855025	METHOTREXATE 2.5 MG TABLET	METHOTREXATE SODIUM	50.06%
00378001401	METHOTREXATE 2.5 MG TABLET	METHOTREXATE SODIUM	50.06%
00378001450	METHOTREXATE 2.5 MG TABLET	METHOTREXATE SODIUM	50.06%
00555057202	METHOTREXATE 2.5 MG TABLET	METHOTREXATE SODIUM	50.06%
00555057235	METHOTREXATE 2.5 MG TABLET	METHOTREXATE SODIUM	50.06%
00904601260	METHOTREXATE 2.5 MG TABLET	METHOTREXATE SODIUM	50.06%
21695011100	METHOTREXATE 2.5 MG TABLET	METHOTREXATE SODIUM	50.06%
21695011130	METHOTREXATE 2.5 MG TABLET	METHOTREXATE SODIUM	50.06%
23490588900	METHOTREXATE 2.5 MG TABLET	METHOTREXATE SODIUM	50.06%
42254011030	METHOTREXATE 2.5 MG TABLET	METHOTREXATE SODIUM	50.06%
49999038024	METHOTREXATE 2.5 MG TABLET	METHOTREXATE SODIUM	50.06%
49999038036	METHOTREXATE 2.5 MG TABLET	METHOTREXATE SODIUM	50.06%
51079067001	METHOTREXATE 2.5 MG TABLET	METHOTREXATE SODIUM	50.06%
51079067005	METHOTREXATE 2.5 MG TABLET	METHOTREXATE SODIUM	50.06%
52959024400	METHOTREXATE 2.5 MG TABLET	METHOTREXATE SODIUM	50.06%
54569181809	METHOTREXATE 2.5 MG TABLET	METHOTREXATE SODIUM	50.06%
54868382601	METHOTREXATE 2.5 MG TABLET	METHOTREXATE SODIUM	88.50%
54868382603	METHOTREXATE 2.5 MG TABLET	METHOTREXATE SODIUM	50.06%
54868382604	METHOTREXATE 2.5 MG TABLET	METHOTREXATE SODIUM	50.06%
54868382605	METHOTREXATE 2.5 MG TABLET	METHOTREXATE SODIUM	50.06%
54868382606	METHOTREXATE 2.5 MG TABLET	METHOTREXATE SODIUM	50.06%
54868382607	METHOTREXATE 2.5 MG TABLET	METHOTREXATE SODIUM	50.06%
54868382608	METHOTREXATE 2.5 MG TABLET	METHOTREXATE SODIUM	50.06%
54868382609	METHOTREXATE 2.5 MG TABLET	METHOTREXATE SODIUM	50.06%
55289092430	METHOTREXATE 2.5 MG TABLET	METHOTREXATE SODIUM	50.06%
63629147201	METHOTREXATE 2.5 MG TABLET	METHOTREXATE SODIUM	50.06%
63629147202	METHOTREXATE 2.5 MG TABLET	METHOTREXATE SODIUM	50.06%
67253032010	METHOTREXATE 2.5 MG TABLET	METHOTREXATE SODIUM	50.06%
67253032036	METHOTREXATE 2.5 MG TABLET	METHOTREXATE SODIUM	50.06%
00069018101	METHOTREXATE 200 MG/8 ML VIAL	METHOTREXATE SODIUM/PF	29.84%
00069018102	METHOTREXATE 200 MG/8 ML VIAL	METHOTREXATE SODIUM/PF	29.84%

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00069020410	METHOTREXATE 200 MG/8 ML VIAL	METHOTREXATE SODIUM/PF	29.84%
55390003310	METHOTREXATE 200 MG/8 ML VIAL	METHOTREXATE SODIUM/PF	29.84%
67457048599	METHOTREXATE 200 MG/8 ML VIAL	METHOTREXATE SODIUM/PF	29.84%
63323012102	METHOTREXATE 25 MG/ML VIAL	METHOTREXATE SODIUM/PF	29.84%
63323012104	METHOTREXATE 25 MG/ML VIAL	METHOTREXATE SODIUM/PF	29.84%
63323012108	METHOTREXATE 25 MG/ML VIAL	METHOTREXATE SODIUM/PF	29.84%
63323012110	METHOTREXATE 25 MG/ML VIAL	METHOTREXATE SODIUM/PF	29.84%
00069014801	METHOTREXATE 250 MG/10 ML VIAL	METHOTREXATE SODIUM/PF	29.84%
00703367501	METHOTREXATE 250 MG/10 ML VIAL	METHOTREXATE SODIUM/PF	29.84%
00703367591	METHOTREXATE 250 MG/10 ML VIAL	METHOTREXATE SODIUM/PF	29.84%
10139006210	METHOTREXATE 250 MG/10 ML VIAL	METHOTREXATE SODIUM/PF	29.84%
16729027703	METHOTREXATE 250 MG/10 ML VIAL	METHOTREXATE SODIUM/PF	29.84%
55390003410	METHOTREXATE 250 MG/10 ML VIAL	METHOTREXATE SODIUM/PF	29.84%
63323012310	METHOTREXATE 250 MG/10 ML VIAL	METHOTREXATE SODIUM	15.00%
67457022110	METHOTREXATE 250 MG/10 ML VIAL	METHOTREXATE SODIUM/PF	29.84%
67457046610	METHOTREXATE 250 MG/10 ML VIAL	METHOTREXATE SODIUM/PF	29.84%
00069014601	METHOTREXATE 50 MG/2 ML VIAL	METHOTREXATE SODIUM/PF	29.84%
00069014602	METHOTREXATE 50 MG/2 ML VIAL	METHOTREXATE SODIUM/PF	29.84%
00703367101	METHOTREXATE 50 MG/2 ML VIAL	METHOTREXATE SODIUM/PF	29.84%
00703367103	METHOTREXATE 50 MG/2 ML VIAL	METHOTREXATE SODIUM/PF	29.84%
00703367193	METHOTREXATE 50 MG/2 ML VIAL	METHOTREXATE SODIUM/PF	29.84%
10139006202	METHOTREXATE 50 MG/2 ML VIAL	METHOTREXATE SODIUM/PF	29.84%
16729027730	METHOTREXATE 50 MG/2 ML VIAL	METHOTREXATE SODIUM/PF	29.84%
55390003110	METHOTREXATE 50 MG/2 ML VIAL	METHOTREXATE SODIUM/PF	29.84%
61703035038	METHOTREXATE 50 MG/2 ML VIAL	METHOTREXATE SODIUM	15.00%
67457022102	METHOTREXATE 50 MG/2 ML VIAL	METHOTREXATE SODIUM/PF	29.84%
16729010811	MITOMYCIN 20 MG VIAL	MITOMYCIN	40.00%
16729024711	MITOMYCIN 20 MG VIAL	MITOMYCIN	40.00%
55390025201	MITOMYCIN 20 MG VIAL	MITOMYCIN	40.00%
55390045201	MITOMYCIN 20 MG VIAL	MITOMYCIN	40.00%
16729011638	MITOMYCIN 40 MG VIAL	MITOMYCIN	40.00%
16729024838	MITOMYCIN 40 MG VIAL	MITOMYCIN	40.00%
55390025301	MITOMYCIN 40 MG VIAL	MITOMYCIN	40.00%
55390045301	MITOMYCIN 40 MG VIAL	MITOMYCIN	40.00%
16729011505	MITOMYCIN 5 MG VIAL	MITOMYCIN	40.00%
16729024605	MITOMYCIN 5 MG VIAL	MITOMYCIN	40.00%
55390025101	MITOMYCIN 5 MG VIAL	MITOMYCIN	40.00%
55390045101	MITOMYCIN 5 MG VIAL	MITOMYCIN	40.00%
00703468501	MITOXANTRONE 20 MG/10 ML VIAL	MITOXANTRONE HCL	40.00%
55390008301	MITOXANTRONE 20 MG/10 ML VIAL	MITOXANTRONE HCL	40.00%
61703034318	MITOXANTRONE 20 MG/10 ML VIAL	MITOXANTRONE HCL	40.00%
63323013210	MITOXANTRONE 20 MG/10 ML VIAL	MITOXANTRONE HCL	40.00%

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00703468001	MITOXANTRONE 25 MG/12.5 ML VL	MITOXANTRONE HCL	40.00%
55390008401	MITOXANTRONE 25 MG/12.5 ML VL	MITOXANTRONE HCL	40.00%
61703034365	MITOXANTRONE 25 MG/12.5 ML VL	MITOXANTRONE HCL	40.00%
63323013212	MITOXANTRONE 25 MG/12.5 ML VL	MITOXANTRONE HCL	40.00%
00703468601	MITOXANTRONE 30 MG/15 ML VIAL	MITOXANTRONE HCL	40.00%
55390008501	MITOXANTRONE 30 MG/15 ML VIAL	MITOXANTRONE HCL	40.00%
61703034366	MITOXANTRONE 30 MG/15 ML VIAL	MITOXANTRONE HCL	40.00%
63323013215	MITOXANTRONE 30 MG/15 ML VIAL	MITOXANTRONE HCL	40.00%
00074319716	MODERIBA 200 MG TABLET	RIBAVIRIN	88.63%
00074322456	MODERIBA 200-400 MG DOSEPACK	RIBAVIRIN	15.00%
00074323956	MODERIBA 400-400 MG DOSEPACK	RIBAVIRIN	15.00%
00074327156	MODERIBA 600-400 MG DOSEPACK	RIBAVIRIN	19.28%
00074328256	MODERIBA 600-600 MG DOSEPACK	RIBAVIRIN	21.05%
67877023022	MYCOPHENOLATE 200 MG/ML SUSP	MYCOPHENOLATE MOFETIL	86.85%
00054016325	MYCOPHENOLATE 250 MG CAPSULE	MYCOPHENOLATE MOFETIL	86.85%
00054016329	MYCOPHENOLATE 250 MG CAPSULE	MYCOPHENOLATE MOFETIL	86.85%
00093733401	MYCOPHENOLATE 250 MG CAPSULE	MYCOPHENOLATE MOFETIL	86.85%
00093733405	MYCOPHENOLATE 250 MG CAPSULE	MYCOPHENOLATE MOFETIL	86.85%
00093733419	MYCOPHENOLATE 250 MG CAPSULE	MYCOPHENOLATE MOFETIL	86.85%
00093733493	MYCOPHENOLATE 250 MG CAPSULE	MYCOPHENOLATE MOFETIL	86.85%
00378225001	MYCOPHENOLATE 250 MG CAPSULE	MYCOPHENOLATE MOFETIL	86.85%
00378225005	MYCOPHENOLATE 250 MG CAPSULE	MYCOPHENOLATE MOFETIL	86.85%
00781206701	MYCOPHENOLATE 250 MG CAPSULE	MYCOPHENOLATE MOFETIL	86.85%
00781206705	MYCOPHENOLATE 250 MG CAPSULE	MYCOPHENOLATE MOFETIL	86.85%
00781206789	MYCOPHENOLATE 250 MG CAPSULE	MYCOPHENOLATE MOFETIL	86.85%
16729009401	MYCOPHENOLATE 250 MG CAPSULE	MYCOPHENOLATE MOFETIL	86.85%
16729009416	MYCOPHENOLATE 250 MG CAPSULE	MYCOPHENOLATE MOFETIL	86.85%
51079072101	MYCOPHENOLATE 250 MG CAPSULE	MYCOPHENOLATE MOFETIL	86.85%
51079072120	MYCOPHENOLATE 250 MG CAPSULE	MYCOPHENOLATE MOFETIL	86.85%
59762070301	MYCOPHENOLATE 250 MG CAPSULE	MYCOPHENOLATE MOFETIL	86.85%
59762070302	MYCOPHENOLATE 250 MG CAPSULE	MYCOPHENOLATE MOFETIL	86.85%
59762070303	MYCOPHENOLATE 250 MG CAPSULE	MYCOPHENOLATE MOFETIL	86.85%
60505296801	MYCOPHENOLATE 250 MG CAPSULE	MYCOPHENOLATE MOFETIL	86.85%
60505296805	MYCOPHENOLATE 250 MG CAPSULE	MYCOPHENOLATE MOFETIL	86.85%
60505296807	MYCOPHENOLATE 250 MG CAPSULE	MYCOPHENOLATE MOFETIL	86.85%
60951073470	MYCOPHENOLATE 250 MG CAPSULE	MYCOPHENOLATE MOFETIL	86.85%
60951073485	MYCOPHENOLATE 250 MG CAPSULE	MYCOPHENOLATE MOFETIL	86.85%
64380072606	MYCOPHENOLATE 250 MG CAPSULE	MYCOPHENOLATE MOFETIL	86.85%
64380072607	MYCOPHENOLATE 250 MG CAPSULE	MYCOPHENOLATE MOFETIL	86.85%
67877026601	MYCOPHENOLATE 250 MG CAPSULE	MYCOPHENOLATE MOFETIL	86.85%
67877026605	MYCOPHENOLATE 250 MG CAPSULE	MYCOPHENOLATE MOFETIL	86.85%
68084017701	MYCOPHENOLATE 250 MG CAPSULE	MYCOPHENOLATE MOFETIL	86.85%

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68084017711	MYCOPHENOLATE 250 MG CAPSULE	MYCOPHENOLATE MOFETIL	86.85%
68084058701	MYCOPHENOLATE 250 MG CAPSULE	MYCOPHENOLATE MOFETIL	86.85%
68084058711	MYCOPHENOLATE 250 MG CAPSULE	MYCOPHENOLATE MOFETIL	86.85%
68382013001	MYCOPHENOLATE 250 MG CAPSULE	MYCOPHENOLATE MOFETIL	86.85%
68382013005	MYCOPHENOLATE 250 MG CAPSULE	MYCOPHENOLATE MOFETIL	86.85%
00054016625	MYCOPHENOLATE 500 MG TABLET	MYCOPHENOLATE MOFETIL	88.70%
00054016629	MYCOPHENOLATE 500 MG TABLET	MYCOPHENOLATE MOFETIL	88.70%
00093747701	MYCOPHENOLATE 500 MG TABLET	MYCOPHENOLATE MOFETIL	88.70%
00093747705	MYCOPHENOLATE 500 MG TABLET	MYCOPHENOLATE MOFETIL	88.70%
00378447201	MYCOPHENOLATE 500 MG TABLET	MYCOPHENOLATE MOFETIL	88.70%
00378447205	MYCOPHENOLATE 500 MG TABLET	MYCOPHENOLATE MOFETIL	88.70%
00781517501	MYCOPHENOLATE 500 MG TABLET	MYCOPHENOLATE MOFETIL	88.70%
00781517505	MYCOPHENOLATE 500 MG TABLET	MYCOPHENOLATE MOFETIL	88.70%
16729001901	MYCOPHENOLATE 500 MG TABLET	MYCOPHENOLATE MOFETIL	88.70%
16729001916	MYCOPHENOLATE 500 MG TABLET	MYCOPHENOLATE MOFETIL	88.70%
51079037901	MYCOPHENOLATE 500 MG TABLET	MYCOPHENOLATE MOFETIL	88.70%
51079037920	MYCOPHENOLATE 500 MG TABLET	MYCOPHENOLATE MOFETIL	88.70%
59762070201	MYCOPHENOLATE 500 MG TABLET	MYCOPHENOLATE MOFETIL	88.70%
59762070203	MYCOPHENOLATE 500 MG TABLET	MYCOPHENOLATE MOFETIL	88.70%
60505296701	MYCOPHENOLATE 500 MG TABLET	MYCOPHENOLATE MOFETIL	88.70%
60505296705	MYCOPHENOLATE 500 MG TABLET	MYCOPHENOLATE MOFETIL	88.70%
60505296707	MYCOPHENOLATE 500 MG TABLET	MYCOPHENOLATE MOFETIL	88.70%
60951073570	MYCOPHENOLATE 500 MG TABLET	MYCOPHENOLATE MOFETIL	88.70%
60951073585	MYCOPHENOLATE 500 MG TABLET	MYCOPHENOLATE MOFETIL	88.70%
64380072506	MYCOPHENOLATE 500 MG TABLET	MYCOPHENOLATE MOFETIL	88.70%
64380072507	MYCOPHENOLATE 500 MG TABLET	MYCOPHENOLATE MOFETIL	88.70%
67877022501	MYCOPHENOLATE 500 MG TABLET	MYCOPHENOLATE MOFETIL	88.70%
67877022505	MYCOPHENOLATE 500 MG TABLET	MYCOPHENOLATE MOFETIL	88.70%
68084017801	MYCOPHENOLATE 500 MG TABLET	MYCOPHENOLATE MOFETIL	88.70%
68084017811	MYCOPHENOLATE 500 MG TABLET	MYCOPHENOLATE MOFETIL	88.70%
68084058801	MYCOPHENOLATE 500 MG TABLET	MYCOPHENOLATE MOFETIL	88.70%
68084058811	MYCOPHENOLATE 500 MG TABLET	MYCOPHENOLATE MOFETIL	88.70%
68382013101	MYCOPHENOLATE 500 MG TABLET	MYCOPHENOLATE MOFETIL	88.70%
68382013105	MYCOPHENOLATE 500 MG TABLET	MYCOPHENOLATE MOFETIL	88.70%
00378420178	MYCOPHENOLIC ACID DR 180 MG TB	MYCOPHENOLATE SODIUM	15.00%
51079050820	MYCOPHENOLIC ACID DR 180 MG TB	MYCOPHENOLATE SODIUM	15.00%
60505296507	MYCOPHENOLIC ACID DR 180 MG TB	MYCOPHENOLATE SODIUM	15.00%
00378420278	MYCOPHENOLIC ACID DR 360 MG TB	MYCOPHENOLATE SODIUM	15.00%
51079050920	MYCOPHENOLIC ACID DR 360 MG TB	MYCOPHENOLATE SODIUM	15.00%
60505296607	MYCOPHENOLIC ACID DR 360 MG TB	MYCOPHENOLATE SODIUM	15.00%
00054045921	NEVIRAPINE 200 MG TABLET	NEVIRAPINE	92.31%
00378405091	NEVIRAPINE 200 MG TABLET	NEVIRAPINE	92.31%

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13925050060	NEVIRAPINE 200 MG TABLET	NEVIRAPINE	92.31%
31722050560	NEVIRAPINE 200 MG TABLET	NEVIRAPINE	92.31%
47781010060	NEVIRAPINE 200 MG TABLET	NEVIRAPINE	92.31%
51991033106	NEVIRAPINE 200 MG TABLET	NEVIRAPINE	92.31%
60429029860	NEVIRAPINE 200 MG TABLET	NEVIRAPINE	92.31%
60505378806	NEVIRAPINE 200 MG TABLET	NEVIRAPINE	92.31%
65162020906	NEVIRAPINE 200 MG TABLET	NEVIRAPINE	92.31%
65862002760	NEVIRAPINE 200 MG TABLET	NEVIRAPINE	92.31%
00054045058	NEVIRAPINE 50 MG/5 ML SUSP	NEVIRAPINE	15.00%
00378489093	NEVIRAPINE ER 400 MG TABLET	NEVIRAPINE	14.86%
00781589331	NEVIRAPINE ER 400 MG TABLET	NEVIRAPINE	14.86%
60505405803	NEVIRAPINE ER 400 MG TABLET	NEVIRAPINE	40.00%
25021045405	OCTREOTIDE 1,000 MCG/5 ML VIAL	OCTREOTIDE ACETATE	47.51%
00703334301	OCTREOTIDE 1,000 MCG/ML VIAL	OCTREOTIDE ACETATE	37.97%
00781316475	OCTREOTIDE 1,000 MCG/ML VIAL	OCTREOTIDE ACETATE	37.97%
00781916475	OCTREOTIDE 1,000 MCG/ML VIAL	OCTREOTIDE ACETATE	37.97%
55390016401	OCTREOTIDE 1,000 MCG/ML VIAL	OCTREOTIDE ACETATE	37.97%
62756035240	OCTREOTIDE 1,000 MCG/ML VIAL	OCTREOTIDE ACETATE	37.97%
63323037905	OCTREOTIDE 1,000 MCG/ML VIAL	OCTREOTIDE ACETATE	37.97%
64679063201	OCTREOTIDE 1,000 MCG/ML VIAL	OCTREOTIDE ACETATE	37.97%
25021045505	OCTREOTIDE 5,000 MCG/5 ML VIAL	OCTREOTIDE ACETATE	37.97%
00781916771	OCTREOTIDE ACET 100 MCG/ML AMP	OCTREOTIDE ACETATE	26.20%
00781916795	OCTREOTIDE ACET 100 MCG/ML AMP	OCTREOTIDE ACETATE	26.20%
62756034944	OCTREOTIDE ACET 100 MCG/ML AMP	OCTREOTIDE ACETATE	26.20%
67457024500	OCTREOTIDE ACET 100 MCG/ML SYR	OCTREOTIDE ACETATE	15.00%
67457024501	OCTREOTIDE ACET 100 MCG/ML SYR	OCTREOTIDE ACETATE	15.00%
00703331104	OCTREOTIDE ACET 100 MCG/ML VL	OCTREOTIDE ACETATE	15.00%
25021045201	OCTREOTIDE ACET 100 MCG/ML VL	OCTREOTIDE ACETATE	15.00%
55390016110	OCTREOTIDE ACET 100 MCG/ML VL	OCTREOTIDE ACETATE	15.00%
55390037510	OCTREOTIDE ACET 100 MCG/ML VL	OCTREOTIDE ACETATE	15.00%
62756009444	OCTREOTIDE ACET 100 MCG/ML VL	OCTREOTIDE ACETATE	15.00%
63323037601	OCTREOTIDE ACET 100 MCG/ML VL	OCTREOTIDE ACETATE	15.00%
63323037604	OCTREOTIDE ACET 100 MCG/ML VL	OCTREOTIDE ACETATE	15.00%
64679063302	OCTREOTIDE ACET 100 MCG/ML VL	OCTREOTIDE ACETATE	15.00%
00703333301	OCTREOTIDE ACET 200 MCG/ML VL	OCTREOTIDE ACETATE	47.51%
00781316575	OCTREOTIDE ACET 200 MCG/ML VL	OCTREOTIDE ACETATE	47.51%
00781916575	OCTREOTIDE ACET 200 MCG/ML VL	OCTREOTIDE ACETATE	47.51%
55390016301	OCTREOTIDE ACET 200 MCG/ML VL	OCTREOTIDE ACETATE	47.51%
55390037701	OCTREOTIDE ACET 200 MCG/ML VL	OCTREOTIDE ACETATE	47.51%
62756035040	OCTREOTIDE ACET 200 MCG/ML VL	OCTREOTIDE ACETATE	47.51%
63323037805	OCTREOTIDE ACET 200 MCG/ML VL	OCTREOTIDE ACETATE	47.51%
64679063401	OCTREOTIDE ACET 200 MCG/ML VL	OCTREOTIDE ACETATE	47.51%

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00781916671	OCTREOTIDE ACET 50 MCG/ML AMP	OCTREOTIDE ACETATE	15.00%
00781916695	OCTREOTIDE ACET 50 MCG/ML AMP	OCTREOTIDE ACETATE	15.00%
62756034844	OCTREOTIDE ACET 50 MCG/ML AMP	OCTREOTIDE ACETATE	15.00%
67457023900	OCTREOTIDE ACET 50 MCG/ML SYR	OCTREOTIDE ACETATE	15.00%
67457023901	OCTREOTIDE ACET 50 MCG/ML SYR	OCTREOTIDE ACETATE	15.00%
00703330104	OCTREOTIDE ACET 50 MCG/ML VIAL	OCTREOTIDE ACETATE	15.00%
25021045101	OCTREOTIDE ACET 50 MCG/ML VIAL	OCTREOTIDE ACETATE	15.00%
55390016010	OCTREOTIDE ACET 50 MCG/ML VIAL	OCTREOTIDE ACETATE	15.00%
63323036501	OCTREOTIDE ACET 50 MCG/ML VIAL	OCTREOTIDE ACETATE	15.00%
63323036504	OCTREOTIDE ACET 50 MCG/ML VIAL	OCTREOTIDE ACETATE	15.00%
00781916871	OCTREOTIDE ACET 500 MCG/ML AMP	OCTREOTIDE ACETATE	15.00%
00781916895	OCTREOTIDE ACET 500 MCG/ML AMP	OCTREOTIDE ACETATE	15.00%
62756035144	OCTREOTIDE ACET 500 MCG/ML AMP	OCTREOTIDE ACETATE	15.00%
67457024600	OCTREOTIDE ACET 500 MCG/ML SYR	OCTREOTIDE ACETATE	15.00%
67457024601	OCTREOTIDE ACET 500 MCG/ML SYR	OCTREOTIDE ACETATE	15.00%
00703332104	OCTREOTIDE ACET 500 MCG/ML VL	OCTREOTIDE ACETATE	15.00%
00703332194	OCTREOTIDE ACET 500 MCG/ML VL	OCTREOTIDE ACETATE	15.00%
25021045301	OCTREOTIDE ACET 500 MCG/ML VL	OCTREOTIDE ACETATE	15.00%
55390016210	OCTREOTIDE ACET 500 MCG/ML VL	OCTREOTIDE ACETATE	15.00%
55390037610	OCTREOTIDE ACET 500 MCG/ML VL	OCTREOTIDE ACETATE	15.00%
63323037701	OCTREOTIDE ACET 500 MCG/ML VL	OCTREOTIDE ACETATE	15.00%
63323037704	OCTREOTIDE ACET 500 MCG/ML VL	OCTREOTIDE ACETATE	15.00%
64679063502	OCTREOTIDE ACET 500 MCG/ML VL	OCTREOTIDE ACETATE	15.00%
00069101001	OXALIPLATIN 100 MG VIAL	OXALIPLATIN	16.66%
25021021250	OXALIPLATIN 100 MG VIAL	OXALIPLATIN	16.66%
41616017840	OXALIPLATIN 100 MG VIAL	OXALIPLATIN	16.66%
45963061159	OXALIPLATIN 100 MG VIAL	OXALIPLATIN	16.66%
47335017840	OXALIPLATIN 100 MG VIAL	OXALIPLATIN	16.66%
00069007001	OXALIPLATIN 100 MG/20 ML VIAL	OXALIPLATIN	47.19%
00703398601	OXALIPLATIN 100 MG/20 ML VIAL	OXALIPLATIN	47.19%
00955172720	OXALIPLATIN 100 MG/20 ML VIAL	OXALIPLATIN	47.19%
25021023320	OXALIPLATIN 100 MG/20 ML VIAL	OXALIPLATIN	47.19%
47335004740	OXALIPLATIN 100 MG/20 ML VIAL	OXALIPLATIN	47.19%
61703036322	OXALIPLATIN 100 MG/20 ML VIAL	OXALIPLATIN	47.19%
63323021220	OXALIPLATIN 100 MG/20 ML VIAL	OXALIPLATIN	47.19%
63323065020	OXALIPLATIN 100 MG/20 ML VIAL	OXALIPLATIN	47.19%
63323065027	OXALIPLATIN 100 MG/20 ML VIAL	OXALIPLATIN	47.19%
67457044220	OXALIPLATIN 100 MG/20 ML VIAL	OXALIPLATIN	47.19%
00069006701	OXALIPLATIN 50 MG VIAL	OXALIPLATIN	16.66%
25021021120	OXALIPLATIN 50 MG VIAL	OXALIPLATIN	16.66%
41616017640	OXALIPLATIN 50 MG VIAL	OXALIPLATIN	16.66%
45963061153	OXALIPLATIN 50 MG VIAL	OXALIPLATIN	16.66%

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47335017640	OXALIPLATIN 50 MG VIAL	OXALIPLATIN	16.66%
00069007401	OXALIPLATIN 50 MG/10 ML VIAL	OXALIPLATIN	46.85%
00703398501	OXALIPLATIN 50 MG/10 ML VIAL	OXALIPLATIN	46.85%
00955172510	OXALIPLATIN 50 MG/10 ML VIAL	OXALIPLATIN	46.85%
25021023310	OXALIPLATIN 50 MG/10 ML VIAL	OXALIPLATIN	46.85%
47335004640	OXALIPLATIN 50 MG/10 ML VIAL	OXALIPLATIN	46.85%
61703036318	OXALIPLATIN 50 MG/10 ML VIAL	OXALIPLATIN	46.85%
63323021110	OXALIPLATIN 50 MG/10 ML VIAL	OXALIPLATIN	46.85%
63323065010	OXALIPLATIN 50 MG/10 ML VIAL	OXALIPLATIN	46.85%
63323065017	OXALIPLATIN 50 MG/10 ML VIAL	OXALIPLATIN	46.85%
00069007601	PACLITAXEL 100 MG/16.7 ML VIAL	PACLITAXEL	11.00%
00703476601	PACLITAXEL 100 MG/16.7 ML VIAL	PACLITAXEL	11.00%
25021021317	PACLITAXEL 100 MG/16.7 ML VIAL	PACLITAXEL	11.00%
44567050501	PACLITAXEL 100 MG/16.7 ML VIAL	PACLITAXEL	11.00%
45963061353	PACLITAXEL 100 MG/16.7 ML VIAL	PACLITAXEL	11.00%
55390011420	PACLITAXEL 100 MG/16.7 ML VIAL	PACLITAXEL	11.00%
55390030420	PACLITAXEL 100 MG/16.7 ML VIAL	PACLITAXEL	11.00%
55390031420	PACLITAXEL 100 MG/16.7 ML VIAL	PACLITAXEL	11.00%
61703034222	PACLITAXEL 100 MG/16.7 ML VIAL	PACLITAXEL	11.00%
63323076316	PACLITAXEL 100 MG/16.7 ML VIAL	PACLITAXEL	11.00%
63323076317	PACLITAXEL 100 MG/16.7 ML VIAL	PACLITAXEL	11.00%
66758004302	PACLITAXEL 100 MG/16.7 ML VIAL	PACLITAXEL	11.00%
00703476701	PACLITAXEL 150 MG/25 ML VIAL	PACLITAXEL	11.00%
00069007901	PACLITAXEL 30 MG/5 ML VIAL	PACLITAXEL	11.00%
00703476401	PACLITAXEL 30 MG/5 ML VIAL	PACLITAXEL	11.00%
25021021305	PACLITAXEL 30 MG/5 ML VIAL	PACLITAXEL	11.00%
45963061356	PACLITAXEL 30 MG/5 ML VIAL	PACLITAXEL	11.00%
55390011405	PACLITAXEL 30 MG/5 ML VIAL	PACLITAXEL	11.00%
55390030405	PACLITAXEL 30 MG/5 ML VIAL	PACLITAXEL	11.00%
55390031405	PACLITAXEL 30 MG/5 ML VIAL	PACLITAXEL	11.00%
61703034209	PACLITAXEL 30 MG/5 ML VIAL	PACLITAXEL	11.00%
63323076305	PACLITAXEL 30 MG/5 ML VIAL	PACLITAXEL	11.00%
63323076306	PACLITAXEL 30 MG/5 ML VIAL	PACLITAXEL	11.00%
66758004301	PACLITAXEL 30 MG/5 ML VIAL	PACLITAXEL	11.00%
00069007801	PACLITAXEL 300 MG/50 ML VIAL	PACLITAXEL	11.00%
00703476801	PACLITAXEL 300 MG/50 ML VIAL	PACLITAXEL	11.00%
25021021350	PACLITAXEL 300 MG/50 ML VIAL	PACLITAXEL	11.00%
44567050601	PACLITAXEL 300 MG/50 ML VIAL	PACLITAXEL	11.00%
45963061359	PACLITAXEL 300 MG/50 ML VIAL	PACLITAXEL	11.00%
55390011450	PACLITAXEL 300 MG/50 ML VIAL	PACLITAXEL	11.00%
55390030450	PACLITAXEL 300 MG/50 ML VIAL	PACLITAXEL	11.00%
55390031450	PACLITAXEL 300 MG/50 ML VIAL	PACLITAXEL	11.00%

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61703034250	PACLITAXEL 300 MG/50 ML VIAL	PACLITAXEL	11.00%
63323076350	PACLITAXEL 300 MG/50 ML VIAL	PACLITAXEL	11.00%
63323076352	PACLITAXEL 300 MG/50 ML VIAL	PACLITAXEL	11.00%
66758004303	PACLITAXEL 300 MG/50 ML VIAL	PACLITAXEL	11.00%
00069010701	PAMIDRONATE 30 MG/10 ML VIAL	PAMIDRONATE DISODIUM	40.00%
00069018601	PAMIDRONATE 30 MG/10 ML VIAL	PAMIDRONATE DISODIUM	40.00%
00517074501	PAMIDRONATE 30 MG/10 ML VIAL	PAMIDRONATE DISODIUM	40.00%
00703407559	PAMIDRONATE 30 MG/10 ML VIAL	PAMIDRONATE DISODIUM	40.00%
23360002310	PAMIDRONATE 30 MG/10 ML VIAL	PAMIDRONATE DISODIUM	40.00%
25021080210	PAMIDRONATE 30 MG/10 ML VIAL	PAMIDRONATE DISODIUM	40.00%
55390020401	PAMIDRONATE 30 MG/10 ML VIAL	PAMIDRONATE DISODIUM	40.00%
55390060401	PAMIDRONATE 30 MG/10 ML VIAL	PAMIDRONATE DISODIUM	40.00%
61703032418	PAMIDRONATE 30 MG/10 ML VIAL	PAMIDRONATE DISODIUM	40.00%
63323073410	PAMIDRONATE 30 MG/10 ML VIAL	PAMIDRONATE DISODIUM	40.00%
67457043010	PAMIDRONATE 30 MG/10 ML VIAL	PAMIDRONATE DISODIUM	40.00%
61703032518	PAMIDRONATE 60 MG/10 ML VIAL	PAMIDRONATE DISODIUM	40.00%
00069010901	PAMIDRONATE 90 MG/10 ML VIAL	PAMIDRONATE DISODIUM	40.00%
00517074601	PAMIDRONATE 90 MG/10 ML VIAL	PAMIDRONATE DISODIUM	40.00%
00703408551	PAMIDRONATE 90 MG/10 ML VIAL	PAMIDRONATE DISODIUM	40.00%
23360002410	PAMIDRONATE 90 MG/10 ML VIAL	PAMIDRONATE DISODIUM	40.00%
25021080310	PAMIDRONATE 90 MG/10 ML VIAL	PAMIDRONATE DISODIUM	40.00%
61703032618	PAMIDRONATE 90 MG/10 ML VIAL	PAMIDRONATE DISODIUM	40.00%
61703035618	PAMIDRONATE 90 MG/10 ML VIAL	PAMIDRONATE DISODIUM	40.00%
63323073510	PAMIDRONATE 90 MG/10 ML VIAL	PAMIDRONATE DISODIUM	40.00%
67457044610	PAMIDRONATE 90 MG/10 ML VIAL	PAMIDRONATE DISODIUM	40.00%
55390012701	PAMIDRONATE DISOD 30 MG VIAL	PAMIDRONATE DISODIUM	40.00%
55390015701	PAMIDRONATE DISOD 30 MG VIAL	PAMIDRONATE DISODIUM	40.00%
59923060110	PAMIDRONATE DISOD 30 MG VIAL	PAMIDRONATE DISODIUM	40.00%
55390012901	PAMIDRONATE DISOD 90 MG VIAL	PAMIDRONATE DISODIUM	40.00%
55390015901	PAMIDRONATE DISOD 90 MG VIAL	PAMIDRONATE DISODIUM	40.00%
59923060310	PAMIDRONATE DISOD 90 MG VIAL	PAMIDRONATE DISODIUM	40.00%
00093765656	PARICALCITOL 1 MCG CAPSULE	PARICALCITOL	15.00%
10888500102	PARICALCITOL 1 MCG CAPSULE	PARICALCITOL	15.00%
55111066330	PARICALCITOL 1 MCG CAPSULE	PARICALCITOL	15.00%
68382026606	PARICALCITOL 1 MCG CAPSULE	PARICALCITOL	15.00%
00409100802	PARICALCITOL 10 MCG/2 ML VIAL	PARICALCITOL	15.00%
00093765756	PARICALCITOL 2 MCG CAPSULE	PARICALCITOL	15.00%
10888500202	PARICALCITOL 2 MCG CAPSULE	PARICALCITOL	15.00%
55111066430	PARICALCITOL 2 MCG CAPSULE	PARICALCITOL	15.00%
68382026706	PARICALCITOL 2 MCG CAPSULE	PARICALCITOL	15.00%
00093765856	PARICALCITOL 4 MCG CAPSULE	PARICALCITOL	15.00%
10888500302	PARICALCITOL 4 MCG CAPSULE	PARICALCITOL	15.00%

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55111066530	PARICALCITOL 4 MCG CAPSULE	PARICALCITOL	15.00%
00409100801	PARICALCITOL 5 MCG/ML VIAL	PARICALCITOL	15.00%
55390024401	PENTOSTATIN 10 MG VIAL	PENTOSTATIN	40.00%
44206043940	PRIVIGEN 10% VIAL	IMMUNE GLOBULIN,GAMMA (IGG)	40.00%
43353017853	PROGRAF 1 MG CAPSULE	TACROLIMUS	33.57%
43353017860	PROGRAF 1 MG CAPSULE	TACROLIMUS	33.57%
43353017880	PROGRAF 1 MG CAPSULE	TACROLIMUS	33.57%
08065183004	PROVISC 10 MG/ML DISP SYRNG	HYALURONATE SODIUM	19.09%
08065183055	PROVISC 10 MG/ML DISP SYRNG	HYALURONATE SODIUM	19.09%
08065183085	PROVISC 10 MG/ML DISP SYRNG	HYALURONATE SODIUM	19.09%
66435010556	RIBAPAK 400-400 MG DOSEPACK	RIBAVIRIN	15.00%
66435010599	RIBAPAK 400-400 MG DOSEPACK	RIBAVIRIN	15.00%
66435010656	RIBAPAK 600-400 MG DOSEPACK	RIBAVIRIN	19.28%
66435010699	RIBAPAK 600-400 MG DOSEPACK	RIBAVIRIN	19.28%
66435010756	RIBAPAK 600-600 MG DOSEPACK	RIBAVIRIN	21.05%
66435010799	RIBAPAK 600-600 MG DOSEPACK	RIBAVIRIN	21.05%
54868452100	RIBASPHERE 200 MG CAPSULE	RIBAVIRIN	91.78%
66435010118	RIBASPHERE 200 MG CAPSULE	RIBAVIRIN	91.78%
66435010142	RIBASPHERE 200 MG CAPSULE	RIBAVIRIN	91.78%
66435010156	RIBASPHERE 200 MG CAPSULE	RIBAVIRIN	91.78%
66435010170	RIBASPHERE 200 MG CAPSULE	RIBAVIRIN	91.78%
66435010184	RIBASPHERE 200 MG CAPSULE	RIBAVIRIN	91.78%
66435010216	RIBASPHERE 200 MG TABLET	RIBAVIRIN	88.63%
00093722758	RIBAVIRIN 200 MG CAPSULE	RIBAVIRIN	91.78%
00093722763	RIBAVIRIN 200 MG CAPSULE	RIBAVIRIN	91.78%
00093722772	RIBAVIRIN 200 MG CAPSULE	RIBAVIRIN	91.78%
00093722777	RIBAVIRIN 200 MG CAPSULE	RIBAVIRIN	91.78%
00781204304	RIBAVIRIN 200 MG CAPSULE	RIBAVIRIN	91.78%
00781204316	RIBAVIRIN 200 MG CAPSULE	RIBAVIRIN	91.78%
00781204342	RIBAVIRIN 200 MG CAPSULE	RIBAVIRIN	91.78%
00781204367	RIBAVIRIN 200 MG CAPSULE	RIBAVIRIN	91.78%
54738095318	RIBAVIRIN 200 MG CAPSULE	RIBAVIRIN	91.78%
54738095342	RIBAVIRIN 200 MG CAPSULE	RIBAVIRIN	91.78%
54738095356	RIBAVIRIN 200 MG CAPSULE	RIBAVIRIN	91.78%
54738095370	RIBAVIRIN 200 MG CAPSULE	RIBAVIRIN	91.78%
54738095384	RIBAVIRIN 200 MG CAPSULE	RIBAVIRIN	91.78%
54868452101	RIBAVIRIN 200 MG CAPSULE	RIBAVIRIN	91.78%
54868452102	RIBAVIRIN 200 MG CAPSULE	RIBAVIRIN	91.78%
54868452103	RIBAVIRIN 200 MG CAPSULE	RIBAVIRIN	91.78%
65862029018	RIBAVIRIN 200 MG CAPSULE	RIBAVIRIN	91.78%
65862029042	RIBAVIRIN 200 MG CAPSULE	RIBAVIRIN	91.78%
65862029056	RIBAVIRIN 200 MG CAPSULE	RIBAVIRIN	91.78%

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65862029070	RIBAVIRIN 200 MG CAPSULE	RIBAVIRIN	91.78%
65862029084	RIBAVIRIN 200 MG CAPSULE	RIBAVIRIN	91.78%
68084017911	RIBAVIRIN 200 MG CAPSULE	RIBAVIRIN	91.78%
68084017965	RIBAVIRIN 200 MG CAPSULE	RIBAVIRIN	91.78%
68382026004	RIBAVIRIN 200 MG CAPSULE	RIBAVIRIN	91.78%
68382026007	RIBAVIRIN 200 MG CAPSULE	RIBAVIRIN	91.78%
68382026009	RIBAVIRIN 200 MG CAPSULE	RIBAVIRIN	91.78%
68382026012	RIBAVIRIN 200 MG CAPSULE	RIBAVIRIN	91.78%
00093723281	RIBAVIRIN 200 MG TABLET	RIBAVIRIN	88.63%
00781517728	RIBAVIRIN 200 MG TABLET	RIBAVIRIN	88.63%
49884004532	RIBAVIRIN 200 MG TABLET	RIBAVIRIN	88.63%
54738095016	RIBAVIRIN 200 MG TABLET	RIBAVIRIN	88.63%
65862020768	RIBAVIRIN 200 MG TABLET	RIBAVIRIN	88.63%
68084015011	RIBAVIRIN 200 MG TABLET	RIBAVIRIN	88.63%
68084015065	RIBAVIRIN 200 MG TABLET	RIBAVIRIN	88.63%
68382004603	RIBAVIRIN 200 MG TABLET	RIBAVIRIN	88.63%
68382004610	RIBAVIRIN 200 MG TABLET	RIBAVIRIN	88.63%
68382004628	RIBAVIRIN 200 MG TABLET	RIBAVIRIN	88.63%
00115300013	RILUZOLE 50 MG TABLET	RILUZOLE	83.02%
00378414591	RILUZOLE 50 MG TABLET	RILUZOLE	83.02%
60505328506	RILUZOLE 50 MG TABLET	RILUZOLE	83.02%
62756053886	RILUZOLE 50 MG TABLET	RILUZOLE	83.02%
64980019106	RILUZOLE 50 MG TABLET	RILUZOLE	83.02%
68462038160	RILUZOLE 50 MG TABLET	RILUZOLE	83.02%
00093551798	SILDENAFIL 20 MG TABLET	SILDENAFIL CITRATE	90.98%
00378165777	SILDENAFIL 20 MG TABLET	SILDENAFIL CITRATE	90.98%
00591378019	SILDENAFIL 20 MG TABLET	SILDENAFIL CITRATE	90.98%
13668018505	SILDENAFIL 20 MG TABLET	SILDENAFIL CITRATE	90.98%
13668018590	SILDENAFIL 20 MG TABLET	SILDENAFIL CITRATE	90.98%
16714033801	SILDENAFIL 20 MG TABLET	SILDENAFIL CITRATE	90.98%
33342012110	SILDENAFIL 20 MG TABLET	SILDENAFIL CITRATE	90.98%
55111037290	SILDENAFIL 20 MG TABLET	SILDENAFIL CITRATE	90.98%
59762003301	SILDENAFIL 20 MG TABLET	SILDENAFIL CITRATE	90.98%
60505340405	SILDENAFIL 20 MG TABLET	SILDENAFIL CITRATE	90.98%
60505340409	SILDENAFIL 20 MG TABLET	SILDENAFIL CITRATE	90.98%
65162035109	SILDENAFIL 20 MG TABLET	SILDENAFIL CITRATE	90.98%
68001017605	SILDENAFIL 20 MG TABLET	SILDENAFIL CITRATE	90.98%
68084062221	SILDENAFIL 20 MG TABLET	SILDENAFIL CITRATE	90.98%
59762100101	SIROLIMUS 0.5 MG TABLET	SIROLIMUS	15.00%
68382052001	SIROLIMUS 0.5 MG TABLET	SIROLIMUS	15.00%
55111065301	SIROLIMUS 1 MG TABLET	SIROLIMUS	15.00%
59762100201	SIROLIMUS 1 MG TABLET	SIROLIMUS	20.00%

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55111065401	SIROLIMUS 2 MG TABLET	SIROLIMUS	15.00%
59762100301	SIROLIMUS 2 MG TABLET	SIROLIMUS	20.00%
42799011301	STAVUDINE 1 MG/ML SOLUTION	STAVUDINE	15.00%
64376013302	STAVUDINE 1 MG/ML SOLUTION	STAVUDINE	40.00%
00378504091	STAVUDINE 15 MG CAPSULE	STAVUDINE	37.64%
31722051560	STAVUDINE 15 MG CAPSULE	STAVUDINE	37.64%
59762119001	STAVUDINE 15 MG CAPSULE	STAVUDINE	37.64%
65862011160	STAVUDINE 15 MG CAPSULE	STAVUDINE	37.64%
00378504191	STAVUDINE 20 MG CAPSULE	STAVUDINE	57.90%
31722051660	STAVUDINE 20 MG CAPSULE	STAVUDINE	57.90%
59762119101	STAVUDINE 20 MG CAPSULE	STAVUDINE	57.90%
65862011260	STAVUDINE 20 MG CAPSULE	STAVUDINE	57.90%
00378504291	STAVUDINE 30 MG CAPSULE	STAVUDINE	51.45%
31722051760	STAVUDINE 30 MG CAPSULE	STAVUDINE	51.45%
54569620600	STAVUDINE 30 MG CAPSULE	STAVUDINE	51.45%
59762119201	STAVUDINE 30 MG CAPSULE	STAVUDINE	51.45%
65862004660	STAVUDINE 30 MG CAPSULE	STAVUDINE	51.45%
00378504391	STAVUDINE 40 MG CAPSULE	STAVUDINE	67.72%
31722051860	STAVUDINE 40 MG CAPSULE	STAVUDINE	67.72%
54569612300	STAVUDINE 40 MG CAPSULE	STAVUDINE	67.72%
59762119301	STAVUDINE 40 MG CAPSULE	STAVUDINE	67.72%
65862004760	STAVUDINE 40 MG CAPSULE	STAVUDINE	67.72%
68084046011	STAVUDINE 40 MG CAPSULE	STAVUDINE	67.72%
68084046021	STAVUDINE 40 MG CAPSULE	STAVUDINE	67.72%
08363776101	SUPARTZ 10 MG/ML SYRINGE	HYALURONATE SODIUM	9.38%
89130555501	SUPARTZ 25 MG/2.5 ML SYRINGE	HYALURONATE SODIUM	9.38%
00378204501	TACROLIMUS 0.5 MG CAPSULE	TACROLIMUS	15.00%
00378204505	TACROLIMUS 0.5 MG CAPSULE	TACROLIMUS	15.00%
00781210201	TACROLIMUS 0.5 MG CAPSULE	TACROLIMUS	15.00%
00781930201	TACROLIMUS 0.5 MG CAPSULE	TACROLIMUS	15.00%
16729004101	TACROLIMUS 0.5 MG CAPSULE	TACROLIMUS	15.00%
50742020701	TACROLIMUS 0.5 MG CAPSULE	TACROLIMUS	15.00%
51079081701	TACROLIMUS 0.5 MG CAPSULE	TACROLIMUS	15.00%
51079081720	TACROLIMUS 0.5 MG CAPSULE	TACROLIMUS	15.00%
55111052501	TACROLIMUS 0.5 MG CAPSULE	TACROLIMUS	15.00%
62175038037	TACROLIMUS 0.5 MG CAPSULE	TACROLIMUS	15.00%
68084044901	TACROLIMUS 0.5 MG CAPSULE	TACROLIMUS	15.00%
68084044911	TACROLIMUS 0.5 MG CAPSULE	TACROLIMUS	15.00%
00378204601	TACROLIMUS 1 MG CAPSULE	TACROLIMUS	33.57%
00378204605	TACROLIMUS 1 MG CAPSULE	TACROLIMUS	33.57%
00781210301	TACROLIMUS 1 MG CAPSULE	TACROLIMUS	33.57%
00781930301	TACROLIMUS 1 MG CAPSULE	TACROLIMUS	33.57%

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16729004201	TACROLIMUS 1 MG CAPSULE	TACROLIMUS	33.57%
50742020801	TACROLIMUS 1 MG CAPSULE	TACROLIMUS	33.57%
51079081801	TACROLIMUS 1 MG CAPSULE	TACROLIMUS	33.57%
51079081820	TACROLIMUS 1 MG CAPSULE	TACROLIMUS	33.57%
55111052601	TACROLIMUS 1 MG CAPSULE	TACROLIMUS	33.57%
62175038137	TACROLIMUS 1 MG CAPSULE	TACROLIMUS	33.57%
68084045001	TACROLIMUS 1 MG CAPSULE	TACROLIMUS	33.57%
68084045011	TACROLIMUS 1 MG CAPSULE	TACROLIMUS	33.57%
00378204701	TACROLIMUS 5 MG CAPSULE	TACROLIMUS	51.89%
00378204705	TACROLIMUS 5 MG CAPSULE	TACROLIMUS	51.89%
00591335901	TACROLIMUS 5 MG CAPSULE	TACROLIMUS	51.89%
00781210401	TACROLIMUS 5 MG CAPSULE	TACROLIMUS	51.89%
00781930401	TACROLIMUS 5 MG CAPSULE	TACROLIMUS	51.89%
16729004301	TACROLIMUS 5 MG CAPSULE	TACROLIMUS	51.89%
50742020901	TACROLIMUS 5 MG CAPSULE	TACROLIMUS	51.89%
51079002801	TACROLIMUS 5 MG CAPSULE	TACROLIMUS	51.89%
51079002820	TACROLIMUS 5 MG CAPSULE	TACROLIMUS	51.89%
55111052701	TACROLIMUS 5 MG CAPSULE	TACROLIMUS	51.89%
62175038237	TACROLIMUS 5 MG CAPSULE	TACROLIMUS	51.89%
68084045101	TACROLIMUS 5 MG CAPSULE	TACROLIMUS	51.89%
68084045111	TACROLIMUS 5 MG CAPSULE	TACROLIMUS	51.89%
00093760141	TEMOZOLOMIDE 100 MG CAPSULE	TEMOZOLOMIDE	26.90%
00093760157	TEMOZOLOMIDE 100 MG CAPSULE	TEMOZOLOMIDE	26.90%
00781269344	TEMOZOLOMIDE 100 MG CAPSULE	TEMOZOLOMIDE	26.90%
00781269375	TEMOZOLOMIDE 100 MG CAPSULE	TEMOZOLOMIDE	26.90%
47335089221	TEMOZOLOMIDE 100 MG CAPSULE	TEMOZOLOMIDE	26.90%
47335089280	TEMOZOLOMIDE 100 MG CAPSULE	TEMOZOLOMIDE	26.90%
00093763841	TEMOZOLOMIDE 140 MG CAPSULE	TEMOZOLOMIDE	24.74%
00093763857	TEMOZOLOMIDE 140 MG CAPSULE	TEMOZOLOMIDE	24.74%
00781269444	TEMOZOLOMIDE 140 MG CAPSULE	TEMOZOLOMIDE	24.74%
00781269475	TEMOZOLOMIDE 140 MG CAPSULE	TEMOZOLOMIDE	24.74%
47335092921	TEMOZOLOMIDE 140 MG CAPSULE	TEMOZOLOMIDE	24.74%
47335092980	TEMOZOLOMIDE 140 MG CAPSULE	TEMOZOLOMIDE	24.74%
00093763941	TEMOZOLOMIDE 180 MG CAPSULE	TEMOZOLOMIDE	29.35%
00093763957	TEMOZOLOMIDE 180 MG CAPSULE	TEMOZOLOMIDE	29.35%
00781269544	TEMOZOLOMIDE 180 MG CAPSULE	TEMOZOLOMIDE	29.35%
00781269575	TEMOZOLOMIDE 180 MG CAPSULE	TEMOZOLOMIDE	29.35%
47335093021	TEMOZOLOMIDE 180 MG CAPSULE	TEMOZOLOMIDE	29.35%
47335093080	TEMOZOLOMIDE 180 MG CAPSULE	TEMOZOLOMIDE	29.35%
00093760041	TEMOZOLOMIDE 20 MG CAPSULE	TEMOZOLOMIDE	15.00%
00093760057	TEMOZOLOMIDE 20 MG CAPSULE	TEMOZOLOMIDE	15.00%
00781269244	TEMOZOLOMIDE 20 MG CAPSULE	TEMOZOLOMIDE	15.00%

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00781269275	TEMOZOLOMIDE 20 MG CAPSULE	TEMOZOLOMIDE	15.00%
47335089121	TEMOZOLOMIDE 20 MG CAPSULE	TEMOZOLOMIDE	15.00%
47335089180	TEMOZOLOMIDE 20 MG CAPSULE	TEMOZOLOMIDE	15.00%
00093760257	TEMOZOLOMIDE 250 MG CAPSULE	TEMOZOLOMIDE	25.70%
00781269675	TEMOZOLOMIDE 250 MG CAPSULE	TEMOZOLOMIDE	25.70%
47335089380	TEMOZOLOMIDE 250 MG CAPSULE	TEMOZOLOMIDE	25.70%
00093759941	TEMOZOLOMIDE 5 MG CAPSULE	TEMOZOLOMIDE	15.00%
00093759957	TEMOZOLOMIDE 5 MG CAPSULE	TEMOZOLOMIDE	15.00%
00781269144	TEMOZOLOMIDE 5 MG CAPSULE	TEMOZOLOMIDE	15.00%
00781269175	TEMOZOLOMIDE 5 MG CAPSULE	TEMOZOLOMIDE	15.00%
47335089021	TEMOZOLOMIDE 5 MG CAPSULE	TEMOZOLOMIDE	15.00%
47335089080	TEMOZOLOMIDE 5 MG CAPSULE	TEMOZOLOMIDE	15.00%
44567050701	TENIPOSIDE 50 MG/5 ML AMPULE	TENIPOSIDE	40.00%
55390003010	THIOTEPA 15 MG VIAL	THIOTEPA	40.00%
00093408563	TOBRAMYCIN 300 MG/5 ML AMPULE	TOBRAMYCIN/0.25 NORMAL SALINE	22.87%
00781717156	TOBRAMYCIN 300 MG/5 ML AMPULE	TOBRAMYCIN/0.25 NORMAL SALINE	22.87%
17478034038	TOBRAMYCIN 300 MG/5 ML AMPULE	TOBRAMYCIN/0.25 NORMAL SALINE	22.87%
00703565701	TOPOSAR 1,000 MG/50 ML VIAL	ETOPOSIDE	30.55%
00703565791	TOPOSAR 1,000 MG/50 ML VIAL	ETOPOSIDE	30.55%
00703565301	TOPOSAR 100 MG/5 ML VIAL	ETOPOSIDE	30.55%
00703565601	TOPOSAR 500 MG/25 ML VIAL	ETOPOSIDE	30.55%
00703565691	TOPOSAR 500 MG/25 ML VIAL	ETOPOSIDE	30.55%
00069007501	TOPOTECAN HCL 4 MG VIAL	TOPOTECAN HCL	40.00%
16729015131	TOPOTECAN HCL 4 MG VIAL	TOPOTECAN HCL	40.00%
25021020606	TOPOTECAN HCL 4 MG VIAL	TOPOTECAN HCL	40.00%
25021020661	TOPOTECAN HCL 4 MG VIAL	TOPOTECAN HCL	40.00%
25021082406	TOPOTECAN HCL 4 MG VIAL	TOPOTECAN HCL	40.00%
45963061556	TOPOTECAN HCL 4 MG VIAL	TOPOTECAN HCL	40.00%
55390037010	TOPOTECAN HCL 4 MG VIAL	TOPOTECAN HCL	40.00%
62756002340	TOPOTECAN HCL 4 MG VIAL	TOPOTECAN HCL	40.00%
63323076210	TOPOTECAN HCL 4 MG VIAL	TOPOTECAN HCL	40.00%
63323076217	TOPOTECAN HCL 4 MG VIAL	TOPOTECAN HCL	40.00%
63323076294	TOPOTECAN HCL 4 MG VIAL	TOPOTECAN HCL	40.00%
66435041005	TOPOTECAN HCL 4 MG VIAL	TOPOTECAN HCL	40.00%
00409030225	TOPOTECAN HCL 4 MG/4 ML VIAL	TOPOTECAN HCL	40.00%
00703471401	TOPOTECAN HCL 4 MG/4 ML VIAL	TOPOTECAN HCL	40.00%
00703471471	TOPOTECAN HCL 4 MG/4 ML VIAL	TOPOTECAN HCL	40.00%
25021023604	TOPOTECAN HCL 4 MG/4 ML VIAL	TOPOTECAN HCL	40.00%
63323056397	TRANEXAMIC ACID 1,000 MG/10 ML	TRANEXAMIC ACID	13.00%
60505363801	TRANEXAMIC ACID 650 MG TABLET	TRANEXAMIC ACID	15.00%
60505363803	TRANEXAMIC ACID 650 MG TABLET	TRANEXAMIC ACID	15.00%
00310781030	VANDETANIB 100 MG TABLET	VANDETANIB	40.00%

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00310783030	VANDETANIB 300 MG TABLET	VANDETANIB	40.00%
63323027810	VINBLASTINE 1 MG/ML VIAL	VINBLASTINE SULFATE	40.00%
55390009110	VINBLASTINE SULF 10 MG VIAL	VINBLASTINE SULFATE	40.00%
00703440211	VINCASAR PFS 1 MG/ML VIAL	VINCRISTINE SULFATE	40.00%
00703441211	VINCASAR PFS 2 MG/2 ML VIAL	VINCRISTINE SULFATE	11.98%
61703030906	VINCRISTINE 1 MG/ML VIAL	VINCRISTINE SULFATE	40.00%
61703030926	VINCRISTINE 1 MG/ML VIAL	VINCRISTINE SULFATE	40.00%
61703030916	VINCRISTINE 2 MG/2 ML VIAL	VINCRISTINE SULFATE	11.98%
61703030925	VINCRISTINE 2 MG/2 ML VIAL	VINCRISTINE SULFATE	11.98%
00069009901	VINORELBINE 10 MG/ML VIAL	VINORELBINE TARTRATE	40.00%
00069020510	VINORELBINE 10 MG/ML VIAL	VINORELBINE TARTRATE	40.00%
00703418201	VINORELBINE 10 MG/ML VIAL	VINORELBINE TARTRATE	40.00%
00703418291	VINORELBINE 10 MG/ML VIAL	VINORELBINE TARTRATE	40.00%
25021020401	VINORELBINE 10 MG/ML VIAL	VINORELBINE TARTRATE	40.00%
55390006901	VINORELBINE 10 MG/ML VIAL	VINORELBINE TARTRATE	40.00%
55390026701	VINORELBINE 10 MG/ML VIAL	VINORELBINE TARTRATE	40.00%
61703034106	VINORELBINE 10 MG/ML VIAL	VINORELBINE TARTRATE	40.00%
63323014801	VINORELBINE 10 MG/ML VIAL	VINORELBINE TARTRATE	40.00%
64370021001	VINORELBINE 10 MG/ML VIAL	VINORELBINE TARTRATE	40.00%
66758004501	VINORELBINE 10 MG/ML VIAL	VINORELBINE TARTRATE	40.00%
67457043111	VINORELBINE 10 MG/ML VIAL	VINORELBINE TARTRATE	40.00%
00069010303	VINORELBINE 50 MG/5 ML VIAL	VINORELBINE TARTRATE	40.00%
00069020550	VINORELBINE 50 MG/5 ML VIAL	VINORELBINE TARTRATE	40.00%
00703418301	VINORELBINE 50 MG/5 ML VIAL	VINORELBINE TARTRATE	40.00%
00703418391	VINORELBINE 50 MG/5 ML VIAL	VINORELBINE TARTRATE	40.00%
25021020405	VINORELBINE 50 MG/5 ML VIAL	VINORELBINE TARTRATE	40.00%
55390007001	VINORELBINE 50 MG/5 ML VIAL	VINORELBINE TARTRATE	40.00%
55390026801	VINORELBINE 50 MG/5 ML VIAL	VINORELBINE TARTRATE	40.00%
61703034109	VINORELBINE 50 MG/5 ML VIAL	VINORELBINE TARTRATE	40.00%
63323014805	VINORELBINE 50 MG/5 ML VIAL	VINORELBINE TARTRATE	40.00%
64370025001	VINORELBINE 50 MG/5 ML VIAL	VINORELBINE TARTRATE	40.00%
66758004502	VINORELBINE 50 MG/5 ML VIAL	VINORELBINE TARTRATE	40.00%
42799040301	ZIDOVUDINE 100 MG CAPSULE	ZIDOVUDINE	15.07%
52343004401	ZIDOVUDINE 100 MG CAPSULE	ZIDOVUDINE	15.07%
64376012801	ZIDOVUDINE 100 MG CAPSULE	ZIDOVUDINE	40.00%
65862010701	ZIDOVUDINE 100 MG CAPSULE	ZIDOVUDINE	15.07%
67253010910	ZIDOVUDINE 100 MG CAPSULE	ZIDOVUDINE	15.07%
68084046111	ZIDOVUDINE 100 MG CAPSULE	ZIDOVUDINE	15.07%
68084046121	ZIDOVUDINE 100 MG CAPSULE	ZIDOVUDINE	15.07%
00054005221	ZIDOVUDINE 300 MG TABLET	ZIDOVUDINE	88.36%
00378610691	ZIDOVUDINE 300 MG TABLET	ZIDOVUDINE	88.36%
21695036918	ZIDOVUDINE 300 MG TABLET	ZIDOVUDINE	88.36%

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31722050960	ZIDOVUDINE 300 MG TABLET	ZIDOVUDINE	88.36%
52343004560	ZIDOVUDINE 300 MG TABLET	ZIDOVUDINE	88.36%
54569617100	ZIDOVUDINE 300 MG TABLET	ZIDOVUDINE	88.36%
65862002460	ZIDOVUDINE 300 MG TABLET	ZIDOVUDINE	88.36%
68084046211	ZIDOVUDINE 300 MG TABLET	ZIDOVUDINE	88.36%
68084046221	ZIDOVUDINE 300 MG TABLET	ZIDOVUDINE	88.36%
42799040401	ZIDOVUDINE 50 MG/5 ML SYRUP	ZIDOVUDINE	15.00%
64376012923	ZIDOVUDINE 50 MG/5 ML SYRUP	ZIDOVUDINE	40.00%
65862004824	ZIDOVUDINE 50 MG/5 ML SYRUP	ZIDOVUDINE	15.00%
25021082682	ZOLEDRONIC ACID 4 MG/100 ML	ZOLEDRONIC ACID/MANNITOL&WATER	15.00%
00143964201	ZOLEDRONIC ACID 4 MG/5 ML VIAL	ZOLEDRONIC ACID	15.00%
23155017031	ZOLEDRONIC ACID 4 MG/5 ML VIAL	ZOLEDRONIC ACID	15.00%
25021080166	ZOLEDRONIC ACID 4 MG/5 ML VIAL	ZOLEDRONIC ACID	15.00%
42023015101	ZOLEDRONIC ACID 4 MG/5 ML VIAL	ZOLEDRONIC ACID	15.00%
43598033011	ZOLEDRONIC ACID 4 MG/5 ML VIAL	ZOLEDRONIC ACID	15.00%
45963044055	ZOLEDRONIC ACID 4 MG/5 ML VIAL	ZOLEDRONIC ACID	15.00%
47335003540	ZOLEDRONIC ACID 4 MG/5 ML VIAL	ZOLEDRONIC ACID	15.00%
53150087101	ZOLEDRONIC ACID 4 MG/5 ML VIAL	ZOLEDRONIC ACID	15.00%
55111068507	ZOLEDRONIC ACID 4 MG/5 ML VIAL	ZOLEDRONIC ACID	15.00%
60505611000	ZOLEDRONIC ACID 4 MG/5 ML VIAL	ZOLEDRONIC ACID	15.00%
23155018631	ZOLEDRONIC ACID 5 MG/100 ML	ZOLEDRONIC ACID/MANNITOL/WATER	15.00%
42023016301	ZOLEDRONIC ACID 5 MG/100 ML	ZOLEDRONIC ACID/MANNITOL/WATER	15.00%
43598033111	ZOLEDRONIC ACID 5 MG/100 ML	ZOLEDRONIC ACID/MANNITOL/WATER	15.00%
55111068852	ZOLEDRONIC ACID 5 MG/100 ML	ZOLEDRONIC ACID/MANNITOL/WATER	15.00%



Management Wellness Program



Whose Eligible?

- All permanent full time employees under the following categories are eligible:
 - Management
 - Confidential
 - Supervisory
 - Professional
- Temporary full time employees are not eligible unless they are in the City Management Fellowship program
- ** Eligible employees are able to participate effective the 1st month following the date of eligibility. **

Requirements to Earn \$500

(less taxes)

- Complete a biometric screening
- Complete a health risk assessment
- Complete a one-on-one coaching session



- Earn a minimum of 100 points per quarter in approved wellness activities for a minimum of 400 points per year



Breakdown of Quarters

(Points Based on a Rolling 12 Month Period)

- 1st Quarter: October - December
 - 2nd Quarter: January - March
 - 3rd Quarter: April - June
 - 4th Quarter: July - September
-
- ** Employees will not receive incentive payment more than once in a twelve month period. **

Points per Activity

- Onsite Events: (lunch & learns, walks) 50 points
- Tobacco Cessation: 100 points
- Weight Management Coaching: 100 points
- Stress Management Coaching: 100 points
- Physical Activity: (i.e. gym work outs) 50 points
- Two Health Coaching Calls: 100 points
- Flu Shots: 50 points
- PSA Cancer Screening: 50 points
- Breast Cancer Screening: 50 points
- Cervical Cancer Screening: 50 points
- Colon Cancer Screening: 100 points
- Physical (annual exam): 50 points



How to Track Points

- A Wellness Tracker form is used to track points and can be found at www.fortlauderdale.gov/benefits
- All Wellness Activities must be tracked on the Wellness Tracker form
- When due for payment and the minimum requirements have been met, the Wellness Tracker form should be submitted to the Cigna Wellness Coordinator

Questions?

- For assistance, please contact the City's Cigna Wellness Coordinator
 - 954-652-1306



Date (12/20/2011)

SIMMS Customer Service Unit
Citibank Delaware
One Penn's Way
New Castle, DE 19720


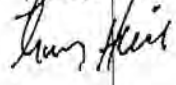
CIGNA Name: City of Fort Lauderdale CGLIC as Admin.
CIGNA TIN Number: 060303370 (CGLIC)
Citibank/DDA Account #: 30875422

1. CIGNA ("CIGNA" refers to various subsidiaries of CIGNA Corporation including, without limitation, Connecticut General Life Insurance Company, CIGNA Health and Life Insurance Company, Life Insurance Company of North America, CIGNA Life Insurance Company of New York and CIGNA HealthCare of California, Inc., however, it does not include CIGNA Corporation, wishes to establish a demand deposit, also known as a "Program", account ("Account") to be utilized solely in connection with the welfare benefit plan sponsored by City of Fort Lauderdale ("Client") and administered by CIGNA (the "Plan"). The Account will be utilized as the depository/funding account for the payment of benefits under the Plan, and will be non-compensating and non-interest bearing. A copy of CIGNA's incumbency certificate and resolution governing banking authorities is on file at Citibank.
2. City of Fort Lauderdale will fund an initial imprest balance of \$100,000.00 on January 01, 2012 for credit to the Account. The Client agrees to fund the initial imprest balance and to increase the imprest balance weekly as claims increase in an amount directed by Cigna. If at anytime the account becomes overdrawn it will be necessary to increase imprest to the full amount of \$499,000.00. You are authorized to request additional imprest funds 15 days after the Client is notified by CIGNA.
3. Balances in excess of the established imprest amount are acceptable to the Client. The Client will notify the CIGNA Bank Specialist if there is a need to adjust the amount of excess funds transferred to Citibank DDA Account Number 30875422.
4. You are authorized to debit the Account on a daily or other periodic basis, even if an overdraft is created by such debit, by amounts equal to the aggregate amount paid by CIGNA on behalf of the Client or the Plan from the Benefit Plan Agent Account 40008488 ("Agent Account") and you are further authorized to transfer such funds to the Agent Account. The Client is responsible for all amounts paid by CIGNA on their behalf and for any overdrafts, including fees thereon, created by such payments.
5. The Client will fund the Account on the first business day of every week via ACH, and any other time the Account is overdrawn. Funding amounts will be equal to the aggregate amount paid and in an amount sufficient to bring the balance to the imprest level.

The Client will fund the Account via Email Notification

Email Address is	<u>dstone@fortlauderdale.gov</u>	Contact Person/Phone Number	<u>Denny Stone 954.828.5436</u>
Email Address is	<u>ghine@fortlauderdale.gov</u>	Contact Person/Phone Number	<u>Guy Hine 954.828.5494</u>
Email Address is		Contact Person/Phone Number	

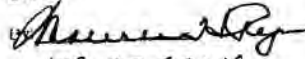
6. The Client will notify Citibank promptly and in writing signed by one of the following duly authorized officers of any change in the instructions set forth in this letter. In addition, Citibank is hereby authorized to follow CIGNA's instructions with respect to the Account.

a) Name	Denny Stone	Title	Benefit Coordinator	Signature	
b) Name	Guy Hine	Title	Risk Manager	Signature	
c) Name		Title		Signature	

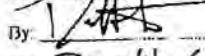
7. The Client will give you at least five business days prior written notification of any revocation or modification of these authorizations.

Sincerely,

CIGNA


Title: VP-AT, CGLICDate: 12/28/11By: Title: VP + TreasurerDate: 12/28/2011

(Customer Name)

By:  (Name must appear from section 6) Denny StoneTitle: Benefit CoordinatorDate: 12/20/2011

BANKING, FUNDING AND PAYMENT OF CLAIMS

- a. The Contractor shall establish a benefit plan account ("Account") with a bank agreed upon between City and Contractor. Such bank must be a Qualified Public Depository. The account shall be in the name of the City for the exclusive use of the City's plan. An initial imprest balance in the amount of \$100,000 will be deposited into the Account no later than xx/xx/xx. Should it become necessary to increase the imprest amount, the City will agree to do so based on satisfactory evidence from the Contractor of insufficient funds. The Account shall be funded monthly by the City based on an average monthly claims balance. . The City will issue payments via wire transfer. The Contractor shall provide a monthly reconciliation. Any interest earned in the Account shall be accrued to the City and any banking fees will be charged to the Account.
- b. Contractor, on behalf of the City, shall issue checks from the Account for Medical and Pharmacy Plan benefits and-related expensed in the amount Contractor determines to be proper under the Medical and Pharmacy Program and/or under the Agreement.
- c. In the event that sufficient funds are not available in the account to pay all Medical Plan benefits and Medical Plan-related expenses when due, then Contractor shall notify the City accordingly.
- d. In the event Contractor pays any person less than the amount to which he or she is entitled under the Medical Program, Contractor will promptly adjust the underpayment by drawing the additional funds from the City's Account. In the event Contractor overpays any person entitled to benefits under the Medical Program, or pays benefits to any person not entitled to them, Contractor shall take all reasonable steps to recover the overpayment and credit the Account accordingly; however, Contractor shall not be required to initiate court proceedings to recover an overpayment resulted from acts or omissions of the City, its officers, directors, or employees.
- e. Following termination of this Agreement, the City shall remain liable for payment of all Plan benefits or fees due any provider or entity for services rendered prior to termination. City shall reimburse Contractor to the extent Contractor makes any such payment. In no event shall any payment of Medical and Pharmacy Plan benefits or fees by Contractor be construed to oblige Contractor to assume any liability of the City for the payment of such benefits or fees. This provision shall survive the termination of the Agreement.

CITY OF FORT LAUDERDALE
MONTHLY HEALTHCARE DETAIL EXPERIENCE REPORT

January 2016 thru March 2016

RAT : RETROSPECTIVELY RATED - PARTICIPATING

Reported Premium: ASO Fees

Reported Claims: All Claims, Med-Drug Elig, Med Elig

Note: Paid claim dollars include amounts deducted from your account and paid to vendors for cost containment services.

BENEFIT OPTION	BRANCH	YTD/MONTH	FIXED CHARGES	IN NETWORK	OUT OF NETWORK	DRUG	GROSS CLAIMS	STOP LOSS	TOTAL CLAIMS NET OF STOP LOSS	HRA MED DRUG ELIGIBLE	HRA MED ELIGIBLE	TOTAL HRA & CLAIMS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRS
HDHP RETIREE	CONU65-RETIRED CONFIDENTIAL -65	Jan-16	\$0	(\$472)	\$0	\$0	(\$472)	\$0	(\$472)	\$0	\$0	(\$472)	\$0	0	0
	BRANCH Total		\$0	(\$472)	\$0	\$0	(\$472)	\$0	(\$472)	\$0	\$0	(\$472)	\$0	0	0
	FIRU65-RETIRED FIRE -65	Jan-16	\$14	\$0	\$0	\$7	\$21	\$0	\$21	\$0	\$0	\$21	\$42	1	1
		Feb-16	\$18	\$0	\$0	\$0	\$18	\$0	\$18	\$0	\$0	\$18	\$24	2	3
		Mar-16	\$51	\$0	\$0	\$0	\$51	\$0	\$51	\$0	\$0	\$51	\$84	2	3
	BRANCH Total		\$82	\$0	\$0	\$7	\$89	\$0	\$89	\$0	\$0	\$89	\$211	5	7
	GENU65-RETIRED TEAMSTER -65	Jan-16	\$62	\$4,356	\$0	\$400	\$4,819	\$0	\$4,819	\$0	\$0	\$4,819	\$42	1	1
		Feb-16	\$34	\$5,967	\$289	\$86	\$6,376	\$0	\$6,376	\$0	\$0	\$6,376	\$42	1	1
		Mar-16	\$0	\$1,275	\$82	\$70	\$1,427	\$0	\$1,427	\$0	\$0	\$1,427	\$42	1	1
	BRANCH Total		\$96	\$11,599	\$371	\$566	\$12,622	\$0	\$12,622	\$0	\$0	\$12,622	\$126	3	3
HRA	GEN650-RETIRED TEAMSTER 65+	Jan-16	\$11	\$0	\$0	\$0	\$11	\$0	\$11	\$0	\$0	\$11	\$0	0	0
	BRANCH Total		\$11	\$0	\$0	\$0	\$11	\$0	\$11	\$0	\$0	\$11	\$0	0	0
	MGTU65-RETIRED MGMT -65	Jan-16	\$139	\$632	\$0	\$6	\$777	\$0	\$777	\$0	\$0	\$777	\$126	3	7
		Feb-16	\$124	\$425	\$0	\$337	\$886	\$0	\$886	\$0	\$0	\$886	\$126	3	7
		Mar-16	\$115	\$0	\$0	\$6	\$121	\$0	\$121	\$0	\$0	\$121	\$126	3	7
	BRANCH Total		\$378	\$1,057	\$0	\$349	\$1,785	\$0	\$1,785	\$0	\$0	\$1,785	\$379	9	21
	BENEFIT OPTION Total		\$568	\$12,184	\$371	\$912	\$14,035	\$0	\$14,035	\$0	\$0	\$14,035	\$716	17	31
	ADCH-ADULT/CHILD EES	Jan-16	\$35	\$0	\$0	\$0	\$35	\$0	\$35	\$0	\$0	\$35	\$94	2	2
		Feb-16	\$35	\$0	\$0	\$0	\$35	\$0	\$35	\$0	\$0	\$35	\$94	2	2
	BRANCH Total		\$100	\$0	\$0	\$0	\$100	\$0	\$100	\$0	\$0	\$100	\$282	6	6
HRA	CONA-ACTIVE CONFIDENTIAL EES	Jan-16	\$596	\$1,158	\$22	\$213	\$1,989	\$0	\$1,989	\$1,724	\$1,391	\$5,104	\$847	18	32
		Feb-16	\$604	\$2,800	(\$74)	\$296	\$3,626	\$0	\$3,626	\$338	\$937	\$4,802	\$800	17	30
		Mar-16	\$420	\$11,713	\$2,402	\$249	\$14,784	\$0	\$14,784	\$83	\$2,163	\$17,030	\$800	17	30
	BRANCH Total		\$1,620	\$15,671	\$2,350	\$759	\$20,399	\$0	\$20,399	\$2,145	\$4,391	\$26,936	\$2,446	52	92
	FIRA-FIRE EES	Jan-16	\$8,432	\$63,250	\$0	\$2,522	\$74,205	\$0	\$74,205	\$10,409	\$21,009	\$105,622	\$9,079	191	513
		Feb-16	\$9,251	\$80,633	\$1,440	\$4,247	\$95,571	\$0	\$95,571	\$11,706	\$27,270	\$134,547	\$8,891	189	507
		Mar-16	\$7,777	\$91,192	(\$188)	\$3,365	\$102,146	\$0	\$102,146	\$8,965	\$24,537	\$135,648	\$8,938	190	512
	BRANCH Total		\$25,460	\$235,075	\$1,252	\$10,134	\$271,921	\$0	\$271,921	\$31,081	\$72,815	\$375,817	\$26,907	570	1,532
	GENA-TEAMSTER EES	Jan-16	\$12,921	\$58,366	\$702	\$3,057	\$75,047	\$0	\$75,047	\$8,641	\$27,222	\$110,910	\$15,805	335	765
		Feb-16	\$13,505	\$88,227	(\$1,127)	\$3,378	\$103,984	\$0	\$103,984	\$13,140	\$36,340	\$153,464	\$15,852	337	767
	BRANCH Total		\$11,497	\$141,365	\$995	\$13,742	\$167,599	\$0	\$167,599	\$36,873	\$71,110	\$211,582	\$15,994	340	769
HRA	MGTA-ACTIVE MGMT EES	Jan-16	\$3,337	\$16,359	\$323	\$1,465	\$21,483	\$0	\$21,483	\$1,882	\$8,409	\$31,774	\$3,951	87	208
		Feb-16	\$4,339	\$44,581	\$0	\$5,306	\$54,226	\$0	\$54,226	\$4,131	\$10,301	\$68,658	\$4,140	88	214
		Mar-16	\$3,053	\$50,701	\$0	\$1,699	\$55,453	\$0	\$55,453	\$2,120	\$6,872	\$64,445	\$4,187	89	216
	BRANCH Total		\$10,729	\$111,641	\$323	\$8,469	\$131,161	\$0	\$131,161	\$8,132	\$25,583	\$164,877	\$12,277	264	638
	PASA-ACTIVE PROF & SUPV EES	Jan-16	\$3,756	\$300,822	\$0	\$543	\$305,120	(\$42,737)	\$262,383	\$4,441	\$8,137	\$274,962	\$4,140	88	220
		Feb-16	\$3,911	\$3,780	\$0	\$2,348	\$10,039	\$0	\$10,039	\$6,596	\$15,984	\$32,619	\$4,140	88	220
		Mar-16	\$3,292	\$4,740	\$0	\$1,329	\$9,360	\$0	\$9,360	\$275	\$8,963	\$16,598	\$4,281	91	224
	BRANCH Total		\$10,959	\$309,341	\$0	\$4,219	\$324,519	(\$42,737)	\$281,782	\$11,311	\$33,085	\$326,178	\$12,560	267	664
	PTACA-PART-TIME EES/ACA	Jan-16	\$38	\$269	\$0	\$0	\$307	\$0	\$307	\$35	\$327	\$669	\$0	0	0
		Feb-16	\$49	\$2,369	\$0	\$123	\$2,542	\$0	\$2,542	\$0	\$388	\$2,542	\$0	0	0
	BRANCH Total		\$88	\$1,779	\$0	\$123	\$1,990	\$0	\$1,990	\$35	\$715	\$2,740	\$0	0	0
BENEFIT OPTION Total			\$86,878	\$961,464	\$4,495	\$43,882	\$1,096,720	(\$42,737)	\$1,053,983	\$81,596	\$237,025	\$1,372,604	\$102,124	2,171	5,233
OAPIN1	ADCH-ADULT/CHILD EES	Jan-16	\$61	\$840	\$0	\$0	\$901	\$0	\$901	\$0	\$0	\$901	\$84	2	2
		Feb-16	\$39	\$1,648	\$0	\$0	\$1,687	\$0	\$1,687	\$0	\$0	\$1,687	\$84	2	2
		Mar-16	\$41	\$9,282	\$0	\$24	\$9,348	\$0	\$9,348	\$0	\$0	\$9,348	\$84	2	2
	BRANCH Total		\$141	\$11,771	\$0	\$24	\$11,936	\$0	\$11,936	\$0	\$0	\$11,936	\$253	6	6
	CONA-ACTIVE CONFIDENTIAL EES	Jan-16	\$378	\$9,734	\$0	\$710	\$10,822	\$0	\$10,822	\$0	\$0	\$10,822	\$463	11	22
		Feb-16	\$386	\$19,565	\$0	\$1,892	\$21,843	\$0	\$21,843	\$0	\$0	\$21,843	\$421	10	21
		Mar-16	\$434	\$2,108	\$756	\$475	\$3,773	\$0	\$3,773	\$0	\$0	\$3,773	\$463	11	22
	BRANCH Total		\$1,198	\$31,407	\$756	\$3,077	\$36,439	\$0	\$36,439	\$0	\$0	\$36,439	\$1,347	32	65
	CONU65-RETIRED CONFIDENTIAL -65	Jan-16	\$144	\$1,906	\$0	\$184	\$2,234	\$0	\$2,234	\$0	\$0	\$2,234	\$295	7	7
		Feb-16	\$124	\$393	\$0	\$1,318	\$1,835	\$0	\$1,835	\$0	\$0	\$1,835	\$295	7	7
	BRANCH Total		\$143	\$2,573	\$0	\$189	\$2,905	\$0	\$2,905	\$0	\$0	\$2,905	\$295	7	7
OAPIN1	BRANCH Total		\$412	\$4,871	\$0	\$1,691	\$6,974	\$0	\$6,974	\$0	\$0	\$6,974	\$884	21	21
	FIRA-FIRE EES	Jan-16	\$4,247	\$32,160	\$0	\$12,505	\$48,912	\$0	\$48,912	\$0	\$0	\$48,912	\$3,158	75	190
		Feb-16	\$3,366	\$75,339	\$0	\$18,379	\$97,085	\$0	\$97,085	\$0	\$0	\$97,085	\$3,158	75	190

CITY OF FORT LAUDERDALE
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Reported Claims: All Claims, Med-Drug Elig, Med Elig

Note: Paid claim dollars include amounts deducted from your account and paid to vendors for cost containment services.

BENEFIT OPTION	BRANCH	YTD/MONTH	FIXED CHARGES	IN NETWORK	OUT OF NETWORK	DRUG	GROSS CLAIMS	STOP LOSS	TOTAL CLAIMS NET OF STOP LOSS	HRA MED DRUG ELIGIBLE	HRA MED ELIGIBLE	TOTAL HRA & CLAIMS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRS
BRANCH Total		Mar-16	\$3,889	\$42,799	\$762	\$8,531	\$55,981	\$0	\$55,981	\$0	\$0	\$55,981	\$3,158	75	190
			\$11,502	\$150,298	\$762	\$39,415	\$201,977	\$0	\$201,977	\$0	\$0	\$201,977	\$9,473	225	570
FIRC-COBRA FIRE PARTICIPANTS		Jan-16	\$19	\$52	\$0	\$140	\$210	\$0	\$210	\$0	\$0	\$210	\$0	0	0
BRANCH Total			\$19	\$52	\$0	\$140	\$210	\$0	\$210	\$0	\$0	\$210	\$0	0	0
FIRU65-RETIRED FIRE -65		Jan-16	\$496	\$9,768	\$156	\$6,942	\$17,362	\$0	\$17,362	\$0	\$0	\$17,362	\$547	13	22
		Feb-16	\$390	\$2,560	\$0	\$3,621	\$6,570	\$0	\$6,570	\$0	\$0	\$6,570	\$547	13	22
		Mar-16	\$450	\$5,974	\$30	\$3,777	\$10,232	\$0	\$10,232	\$0	\$0	\$10,232	\$547	13	22
BRANCH Total			\$1,336	\$18,302	\$186	\$14,340	\$34,164	\$0	\$34,164	\$0	\$0	\$34,164	\$1,642	39	66
FIR65O-RETIRED FIRE 65+		Jan-16	\$19	\$205	\$0	\$418	\$641	\$0	\$641	\$0	\$0	\$641	\$0	0	0
		Feb-16	\$0	\$42	\$0	\$0	\$42	\$0	\$42	\$0	\$0	\$42	\$0	0	0
		Mar-16	\$0	\$123	\$0	\$0	\$123	\$0	\$123	\$0	\$0	\$123	\$0	0	0
BRANCH Total			\$19	\$369	\$0	\$418	\$806	\$0	\$806	\$0	\$0	\$806	\$0	0	0
GENA-TEAMSTER EES		Jan-16	\$15,032	\$224,336	\$1,463	\$83,105	\$323,936	\$0	\$323,936	\$0	\$0	\$323,936	\$14,272	339	691
		Feb-16	\$12,380	\$270,238	(\$690)	\$96,266	\$378,194	(\$18,068)	\$360,126	\$0	\$0	\$360,126	\$14,272	339	691
		Mar-16	\$14,045	\$413,024	\$2,230	\$85,178	\$514,477	\$0	\$514,477	\$0	\$0	\$514,477	\$14,230	339	690
BRANCH Total			\$41,456	\$907,598	\$3,014	\$264,539	\$1,216,607	(\$18,068)	\$1,198,539	\$0	\$0	\$1,198,539	\$42,774	1,017	2,072
GENC-COBRA TEAMSTER PARTICIPANTS		Jan-16	\$26	\$0	\$0	\$4,935	\$4,961	\$0	\$4,961	\$0	\$0	\$4,961	\$42	1	1
		Feb-16	\$18	\$0	\$0	\$4,934	\$4,951	\$0	\$4,951	\$0	\$0	\$4,951	\$42	1	1
		Mar-16	\$20	\$0	\$0	\$4,924	\$4,945	\$0	\$4,945	\$0	\$0	\$4,945	\$42	1	1
BRANCH Total			\$64	\$0	\$0	\$14,793	\$14,857	\$0	\$14,857	\$0	\$0	\$14,857	\$126	3	3
GENU65-RETIRED TEAMSTER -65		Jan-16	\$394	\$3,956	\$0	\$4,536	\$8,887	(\$281)	\$8,606	\$0	\$0	\$8,606	\$716	17	18
		Feb-16	\$336	\$4,054	\$0	\$2,346	\$6,737	\$0	\$6,737	\$0	\$0	\$6,737	\$716	17	18
		Mar-16	\$345	\$6,305	\$0	(\$23,857)	(\$17,207)	\$0	(\$17,207)	\$0	\$0	(\$17,207)	\$674	16	17
BRANCH Total			\$1,076	\$14,316	\$0	(\$16,975)	(\$1,584)	(\$281)	(\$1,864)	\$0	\$0	(\$1,864)	\$2,105	50	53
GEN65O-RETIRED TEAMSTER 65+		Jan-16	\$75	(\$1,736)	\$0	\$44	(\$1,617)	\$0	(\$1,617)	\$0	\$0	(\$1,617)	\$126	3	4
		Feb-16	\$71	\$1,110	\$0	\$1,638	\$2,820	\$0	\$2,820	\$0	\$0	\$2,820	\$126	3	4
		Mar-16	\$82	\$2,744	\$0	\$337	\$3,162	\$0	\$3,162	\$0	\$0	\$3,162	\$126	3	4
BRANCH Total			\$227	\$2,118	\$0	\$2,019	\$4,365	\$0	\$4,365	\$0	\$0	\$4,365	\$379	9	12
MGTA-ACTIVE MGMT EES		Jan-16	\$4,941	\$44,014	\$0	\$26,341	\$75,296	\$0	\$75,296	\$0	\$0	\$75,296	\$3,873	92	215
		Feb-16	\$3,811	\$50,474	\$0	\$27,139	\$81,424	\$0	\$81,424	\$0	\$0	\$81,424	\$3,873	92	215
		Mar-16	\$4,400	\$77,741	\$247	\$35,653	\$118,041	\$0	\$118,041	\$0	\$0	\$118,041	\$3,957	94	219
BRANCH Total			\$13,152	\$172,229	\$247	\$89,134	\$274,762	\$0	\$274,762	\$0	\$0	\$274,762	\$11,704	278	649
MGTC-COBRA MGMT PARTICIPANTS		Jan-16	\$19	\$0	\$0	\$0	\$19	\$0	\$19	\$0	\$0	\$19	\$42	1	1
		Feb-16	\$18	\$0	\$0	\$0	\$18	\$0	\$18	\$0	\$0	\$18	\$42	1	1
		Mar-16	\$20	\$0	\$0	\$0	\$20	\$0	\$20	\$0	\$0	\$20	\$42	1	1
BRANCH Total			\$57	\$0	\$0	\$0	\$57	\$0	\$57	\$0	\$0	\$57	\$126	3	3
MGU65-RETIRED MGMT -65		Jan-16	\$586	\$13,244	\$0	\$12,039	\$25,869	\$0	\$25,869	\$0	\$0	\$25,869	\$1,053	25	31
		Feb-16	\$529	\$8,435	\$0	\$17,073	\$26,036	\$0	\$26,036	\$0	\$0	\$26,036	\$1,053	25	31
		Mar-16	\$613	\$7,105	\$0	\$9,826	\$17,544	\$0	\$17,544	\$0	\$0	\$17,544	\$1,010	24	30
BRANCH Total			\$1,728	\$28,784	\$0	\$38,938	\$69,449	\$0	\$69,449	\$0	\$0	\$69,449	\$3,115	74	92
MG765O-RETIRED MGMT 65+		Jan-16	\$37	\$109	\$0	\$504	\$651	\$0	\$651	\$0	\$0	\$651	\$42	1	2
		Feb-16	\$35	\$208	\$0	\$608	\$852	\$0	\$852	\$0	\$0	\$852	\$42	1	1
		Mar-16	\$20	\$19	\$0	\$0	\$39	\$0	\$39	\$0	\$0	\$39	\$42	1	1
BRANCH Total			\$93	\$336	\$0	\$1,112	\$1,542	\$0	\$1,542	\$0	\$0	\$1,542	\$126	3	4
PASA-ACTIVE PROF & SUPV EES		Jan-16	\$5,371	\$85,725	\$217	\$42,732	\$134,045	\$0	\$134,045	\$0	\$0	\$134,045	\$4,968	118	234
		Feb-16	\$4,327	\$68,768	\$0	\$56,306	\$129,401	\$0	\$129,401	\$0	\$0	\$129,401	\$5,010	119	236
		Mar-16	\$4,626	\$89,885	\$781	\$36,874	\$132,166	\$0	\$132,166	\$0	\$0	\$132,166	\$5,010	119	238
BRANCH Total			\$14,324	\$244,377	\$997	\$135,913	\$395,611	\$0	\$395,611	\$0	\$0	\$395,611	\$14,988	356	708
PASC-COBRA PROF & SUPV PARTICIPANTS		Jan-16	\$23	\$681	\$0	\$11	\$715	\$0	\$715	\$0	\$0	\$715	\$42	1	1
		Feb-16	\$18	\$271	\$0	\$0	\$288	\$0	\$288	\$0	\$0	\$288	\$42	1	1
		Mar-16	\$20	\$402	\$0	\$9	\$432	\$0	\$432	\$0	\$0	\$432	\$42	1	1
BRANCH Total			\$61	\$1,353	\$0	\$20	\$1,435	\$0	\$1,435	\$0	\$0	\$1,435	\$126	3	3
PASU65-RETIRED PROF & SUPV -65		Jan-16	\$200	\$1,748	\$0	\$4,603	\$6,551	\$0	\$6,551	\$0	\$0	\$6,551	\$337	8	10
		Feb-16	\$177	\$1,545	\$0	\$5,753	\$7,476	\$0	\$7,476	\$0	\$0	\$7,476	\$337	8	10
		Mar-16	\$205	\$2,671	\$0	\$4,086	\$6,962	\$0	\$6,962	\$0	\$0	\$6,962	\$337	8	10
BRANCH Total			\$582	\$5,964	\$0	\$14,442	\$20,989	\$0	\$20,989	\$0	\$0	\$20,989	\$1,010	24	30
PTACA-PART-TIME EES/ACA		Jan-16	\$39	\$0	\$0	\$0	\$39	\$0	\$39	\$0	\$0	\$39	\$0	0	0
		Feb-16	\$10	\$0	\$0	\$0	\$10	\$0	\$10	\$0	\$0	\$10	\$0	0	0
BRANCH Total			\$49	\$0	\$0	\$0	\$49	\$0	\$49	\$0	\$0	\$49	\$0	0	0
SPEC-SPECIAL		Jan-16	\$202	\$8,017	\$0	\$353	\$8,573	\$0	\$8,573	\$0	\$0	\$8,573	\$168	4	9
		Feb-16	\$141	\$1,462	\$0	\$380	\$1,982	\$0	\$1,982	\$0	\$0	\$1,982	\$211	5	10

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BENEFIT OPTION	BRANCH	YTD/MONTH	FIXED CHARGES	IN NETWORK	OUT OF NETWORK	DRUG	GROSS CLAIMS	STOP LOSS	TOTAL CLAIMS NET OF STOP LOSS	HRA MED DRUG ELIGIBLE	HRA MED ELIGIBLE	TOTAL HRA & CLAIMS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRS
	BRANCH Total	Mar-16	\$202 \$545	\$5,443 \$14,922	\$0	\$354 \$1,088	\$5,999 \$16,555	\$0	\$5,999 \$16,555	\$0	\$0	\$5,999 \$16,555	\$211 \$589	5 14	7 26
BENEFIT OPTION Total			\$88,041	\$1,609,067	\$5,962	\$604,127	\$2,307,198	(\$18,349)	\$2,288,849	\$0	\$0	\$2,288,849	\$90,768	2,157	4,383
OAPIN2	ADCH-ADULT/CHILD EES	Jan-16 Feb-16 Mar-16	\$0 \$14 \$20	\$104 \$208 \$104	\$0 \$0 \$0	\$0 \$48 \$0	\$104 \$270 \$124	\$0 \$0 \$0	\$104 \$270 \$124	\$0 \$0 \$0	\$0 \$0 \$0	\$104 \$270 \$124	\$42 \$42 \$42	1 1 1	1 1 1
	BRANCH Total		\$35	\$416	\$0	\$48	\$498	\$0	\$498	\$0	\$0	\$498	\$126	3	3
	CONA-ACTIVE CONFIDENTIAL EES	Jan-16 Feb-16 Mar-16	\$177 \$142 \$164	\$177 \$714 \$3,183	\$0 \$0 \$0	\$2,840 \$11,742 \$3,933	\$3,194 \$12,598 \$7,280	\$0 \$0 \$0	\$3,194 \$12,598 \$7,280	\$0 \$0 \$0	\$0 \$0 \$0	\$3,194 \$12,598 \$7,280	\$295 \$295 \$295	7 7 7	8 8 8
	BRANCH Total		\$483	\$4,074	\$0	\$18,515	\$23,071	\$0	\$23,071	\$0	\$0	\$23,071	\$884	21	24
	FIRA-FIRE EES	Jan-16 Feb-16 Mar-16	\$666 \$744 \$860	\$4,860 \$3,420 \$3,306	\$0 \$0 \$0	\$2,958 \$2,514 \$3,503	\$8,483 \$6,678 \$7,668	\$0 \$0 \$0	\$8,483 \$6,678 \$7,668	\$0 \$0 \$0	\$0 \$0 \$0	\$8,483 \$6,678 \$7,668	\$842 \$642 \$884	20 20 21	42 42 43
	BRANCH Total		\$2,270	\$11,585	\$0	\$8,975	\$22,830	\$0	\$22,830	\$0	\$0	\$22,830	\$2,568	61	127
	FIRU65-RETIRED FIRE -65	Jan-16 Feb-16	\$26 \$0	\$0 (\$265)	\$0 \$0	\$0 \$0	\$26 (\$265)	\$0 \$0	\$26 (\$265)	\$0 \$0	\$0 \$0	\$26 (\$265)	\$0 \$0	0 0	0 0
	BRANCH Total		\$26	(\$265)	\$0	\$0	(\$239)	\$0	(\$239)	\$0	\$0	(\$239)	\$0	0	0
	GENA-TEAMSTER EES	Jan-16 Feb-16 Mar-16	\$4,486 \$3,662 \$3,969	\$42,191 \$129,500 \$102,888	\$0 \$0 \$0	\$14,264 \$9,996 \$4,834	\$60,941 \$143,158 \$111,490	\$0 \$0 \$0	\$60,941 \$143,158 \$111,490	\$0 \$0 \$0	\$0 \$0 \$0	\$60,941 \$143,158 \$111,490	\$4,463 \$4,463 \$4,421	106 106 105	203 201 201
	BRANCH Total		\$12,116	\$274,379	\$0	\$29,094	\$315,589	\$0	\$315,589	\$0	\$0	\$315,589	\$13,346	317	605
	GENC-COBRA TEAMSTER PARTICIPANTS	Jan-16 Feb-16 Mar-16	\$0 \$1 \$1	\$0 \$0 \$0	\$0 \$0 \$0	\$0 \$0 \$0	\$0 \$1 \$1	\$0 \$0 \$0	\$0 \$1 \$1	\$0 \$0 \$0	\$0 \$0 \$0	\$0 \$1 \$1	\$42 \$42 \$42	1 1 1	1 1 1
	BRANCH Total		\$1	\$0	\$0	\$0	\$1	\$0	\$1	\$0	\$0	\$1	\$126	3	3
	GENU65-RETIRED TEAMSTER -65	Jan-16 Feb-16 Mar-16	\$37 \$35 \$41	\$0 \$0 \$57	\$0 \$0 \$0	\$345 \$0 \$310	\$382 \$35 \$408	\$0 \$0 \$0	\$382 \$35 \$408	\$0 \$0 \$0	\$0 \$0 \$0	\$382 \$35 \$408	\$84 \$84 \$84	2 2 2	2 2 2
	BRANCH Total		\$114	\$57	\$0	\$655	\$826	\$0	\$826	\$0	\$0	\$826	\$253	6	6
	GEN650-RETIRED TEAMSTER 65+	Jan-16 Feb-16	\$42 \$35	\$104 \$0	\$0 \$0	\$62 \$0	\$208 \$35	\$0 \$0	\$208 \$35	\$0 \$0	\$0 \$0	\$208 \$35	\$42 \$0	1 0	2 0
	BRANCH Total		\$77	\$104	\$0	\$62	\$243	\$0	\$243	\$0	\$0	\$243	\$42	1	2
	MGTA-ACTIVE MGMT EES	Jan-16 Feb-16 Mar-16	\$435 \$440 \$304	\$393 \$1,006 \$1,670	\$0 \$0 \$0	(\$37) \$399 \$751	\$792 \$1,845 \$2,725	\$0 \$0 \$0	\$792 \$1,845 \$2,725	\$0 \$0 \$0	\$0 \$0 \$0	\$792 \$1,845 \$2,725	\$421 \$421 \$421	10 10 10	20 20 20
	BRANCH Total		\$1,179	\$3,070	\$0	\$1,113	\$5,362	\$0	\$5,362	\$0	\$0	\$5,362	\$1,263	30	60
	MGU65-RETIRED MGMT -65	Jan-16 Feb-16 Mar-16	\$126 \$107 \$123	\$1,014 \$394 \$934	\$0 \$0 \$0	\$4,172 \$6,123 \$4,380	\$5,312 \$6,625 \$5,437	\$0 \$0 \$0	\$5,312 \$6,625 \$5,437	\$0 \$0 \$0	\$0 \$0 \$0	\$5,312 \$6,625 \$5,437	\$126 \$126 \$126	3 3 3	6 6 6
	BRANCH Total		\$386	\$2,342	\$0	\$14,676	\$17,374	\$0	\$17,374	\$0	\$0	\$17,374	\$379	9	18
	PASA-ACTIVE PROF & SUPV EES	Jan-16 Feb-16 Mar-16	\$968 \$765 \$860	\$5,830 \$2,417 \$4,862	\$0 \$0 \$0	\$3,148 \$10,850 \$7,510	\$9,946 \$14,050 \$13,032	\$0 \$0 \$0	\$9,946 \$14,050 \$13,032	\$0 \$0 \$0	\$0 \$0 \$0	\$9,946 \$14,050 \$13,032	\$758 \$716 \$716	18 17 17	43 42 42
	BRANCH Total		\$2,593	\$12,908	\$0	\$21,527	\$37,028	\$0	\$37,028	\$0	\$0	\$37,028	\$2,189	52	127
	PASU65-RETIRED PROF & SUPV -65	Jan-16 Feb-16 Mar-16	\$135 \$78 \$82	\$2,580 \$2,671 \$134	\$0 \$0 \$0	\$1,235 \$590 \$1,068	\$3,949 \$3,339 \$1,284	\$0 \$0 \$0	\$3,949 \$3,339 \$1,284	\$0 \$0 \$0	\$0 \$0 \$0	\$3,949 \$3,339 \$1,284	\$84 \$84 \$84	2 2 2	4 4 4
	BRANCH Total		\$294	\$5,385	\$0	\$2,892	\$8,571	\$0	\$8,571	\$0	\$0	\$8,571	\$253	6	12
	PAS650-RETIRED PROF & SUPV 65+	Jan-16 Feb-16 Mar-16	\$19 \$18 \$20	\$40 \$279 \$0	\$0 \$0 \$0	\$64 \$17 \$33	\$123 \$313 \$53	\$0 \$0 \$0	\$123 \$313 \$53	\$0 \$0 \$0	\$0 \$0 \$0	\$123 \$313 \$53	\$42 \$42 \$42	1 1 1	1 1 1
	BRANCH Total		\$57	\$319	\$0	\$113	\$489	\$0	\$489	\$0	\$0	\$489	\$126	3	3
BENEFIT OPTION Total			\$19,600	\$314,374	\$0	\$97,670	\$431,644	\$0	\$431,644	\$0	\$0	\$431,644	\$21,555	512	990
Grand Total			\$195,088	\$2,897,089	\$10,829	\$746,592	\$3,849,597	(\$61,086)	\$3,788,511	\$81,596	\$237,025	\$4,107,132	\$215,162	4,857	10,637



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BENEFIT OPTION	BRANCH	YTD/MONTH	CAP	IN NETWORK	OUT OF NETWORK	DRUG	GROSS CLAIMS	STOP LOSS	TOTAL CLAIMS NET OF STOP LOSS	HRA FUND ACTIVITY	TOTAL HRA & CLAIMS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRs
HDHP RET	CON650-RETIRED CONFIDE	Jan-13	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$42	1	1
		Feb-13	\$11	\$0	\$0	\$0	\$11	\$0	\$11	\$0	\$11	\$42	1	1
		Mar-13	\$11	\$2,174	\$0	\$248	\$2,433	\$0	\$2,433	\$0	\$2,433	\$42	1	1
		Apr-13	\$11	\$2,335	\$229	\$0	\$2,575	\$0	\$2,575	\$0	\$2,575	\$42	1	1
		May-13	\$11	\$2,088	\$617	\$7,962	\$10,679	\$0	\$10,679	\$0	\$10,679	\$42	1	1
		Jun-13	\$821	\$2,471	\$0	\$115	\$3,407	\$0	\$3,407	\$0	\$3,407	\$42	1	1
		Jul-13	\$11	\$3,547	\$0	\$400	\$3,959	\$0	\$3,959	\$0	\$3,959	\$42	1	1
		Aug-13	\$11	\$1,317	\$97	\$354	\$1,780	\$0	\$1,780	\$0	\$1,780	\$42	1	1
		Sep-13	\$11	\$2,798	\$0	\$458	\$3,267	\$0	\$3,267	\$0	\$3,267	\$42	1	1
		Oct-13	\$12	\$1,135	\$201	\$589	\$1,936	\$0	\$1,936	\$0	\$1,936	\$42	1	1
		Nov-13	\$12	\$1,644	\$0	\$539	\$2,195	\$0	\$2,195	\$0	\$2,195	\$42	1	1
		Dec-13	\$12	\$1,050	\$23	\$4,618	\$5,702	\$0	\$5,702	\$0	\$5,702	\$42	1	1
	BRANCH Total		\$934	\$20,560	\$1,167	\$15,284	\$37,944	\$0	\$37,944	\$0	\$37,944	\$505	12	12
HDHP RET	FIRU65-RETIRED FIRE -65	Jan-13	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$126	2	3
		Feb-13	\$95	\$1,246	\$0	\$0	\$1,342	\$0	\$1,342	\$0	\$1,342	\$84	2	3
		Mar-13	\$40	\$0	\$0	\$38	\$78	\$0	\$78	\$0	\$78	\$84	2	3
		Apr-13	\$38	\$0	\$0	\$28	\$66	\$0	\$66	\$0	\$66	\$84	2	3
		May-13	\$38	\$0	\$0	\$0	\$38	\$0	\$38	\$0	\$38	\$84	2	3
		Jun-13	\$38	\$0	\$0	\$0	\$38	\$0	\$38	\$0	\$38	\$84	2	3
		Jul-13	\$3	\$0	\$0	\$72	\$75	\$0	\$75	\$0	\$75	\$84	2	3
		Aug-13	\$38	\$340	\$0	\$0	\$378	\$0	\$378	\$0	\$378	\$84	2	3
		Sep-13	\$49	\$2,180	\$0	\$28	\$2,257	\$0	\$2,257	\$0	\$2,257	\$84	2	3
		Oct-13	\$27	\$3,108	\$0	\$0	\$3,135	\$0	\$3,135	\$0	\$3,135	\$84	2	3
		Nov-13	\$79	\$9,857	\$3,992	\$43	\$13,971	\$0	\$13,971	\$0	\$13,971	\$84	2	3
		Dec-13	\$27	\$21,328	\$0	\$70	\$21,425	\$0	\$21,425	\$0	\$21,425	\$84	2	3
	BRANCH Total		\$471	\$38,059	\$3,992	\$279	\$42,801	\$0	\$42,801	\$0	\$42,801	\$1,053	24	36
HDHP RET	FIR650-RETIRED FIRE 65+	Jan-13	\$0	\$0	\$0	\$201	\$201	\$0	\$201	\$0	\$201	\$0	0	0
		Feb-13	\$25	\$0	\$0	\$0	\$25	\$0	\$25	\$0	\$25	\$0	0	0
		Jul-13	(\$21)	\$0	\$0	\$0	(\$21)	\$0	(\$21)	\$0	(\$21)	\$0	0	0
	BRANCH Total		\$4	\$0	\$0	\$201	\$206	\$0	\$206	\$0	\$206	\$0	0	0
HDHP RET	GENU65-RETIRED TEAMSTE	Jan-13	\$0	\$728	\$0	\$373	\$1,101	\$0	\$1,101	\$0	\$1,101	\$337	8	13
		Feb-13	\$133	\$8,726	\$0	\$848	\$9,707	\$0	\$9,707	\$0	\$9,707	\$337	8	14
		Mar-13	\$142	\$11,745	\$0	\$1,665	\$13,552	\$0	\$13,552	\$0	\$13,552	\$295	7	13
		Apr-13	\$106	\$902	\$0	\$390	\$1,398	\$0	\$1,398	\$0	\$1,398	\$126	3	5
		May-13	\$209	\$19,684	\$0	\$1,385	\$21,278	\$0	\$21,278	\$0	\$21,278	\$126	3	5
		Jun-13	\$60	\$4,086	\$0	\$1,647	\$5,793	\$0	\$5,793	\$0	\$5,793	\$126	3	5
		Jul-13	\$50	\$11,581	\$71	\$2,147	\$13,849	\$0	\$13,849	\$0	\$13,849	\$126	3	5
		Aug-13	\$51	\$14,880	\$0	\$1,261	\$16,192	\$0	\$16,192	\$0	\$16,192	\$126	3	5
		Sep-13	\$32	\$2,571	\$0	\$987	\$3,590	\$0	\$3,590	\$0	\$3,590	\$126	3	5
		Oct-13	\$60	\$1,990	\$1,460	\$1,422	\$4,931	\$0	\$4,931	\$0	\$4,931	\$126	3	5
		Nov-13	\$60	\$3,586	\$579	\$2,971	\$7,196	\$0	\$7,196	\$0	\$7,196	\$126	3	5
		Dec-13	\$60	\$16,544	\$579	\$2,619	\$19,803	\$0	\$19,803	\$0	\$19,803	\$126	3	5
	BRANCH Total		\$963	\$97,023	\$2,688	\$17,714	\$118,388	\$0	\$118,388	\$0	\$118,388	\$2,105	50	85
HDHP RET	GEN650-RETIRED TEAMSTE	Jan-13	\$0	\$0	\$0	\$222	\$222	\$0	\$222	\$0	\$222	\$0	0	0
		Feb-13	\$11	\$0	\$0	\$1,441	\$1,452	\$0	\$1,452	\$0	\$1,452	\$0	0	0
		Mar-13	\$11	\$0	\$0	\$0	\$11	\$0	\$11	\$0	\$11	\$0	0	0
		Jul-13	(\$17)	\$0	\$0	\$0	(\$17)	\$0	(\$17)	\$0	(\$17)	\$0	0	0
	BRANCH Total		\$6	\$0	\$0	\$1,663	\$1,668	\$0	\$1,668	\$0	\$1,668	\$0	0	0
HDHP RET	MGTU65-RETIRED MGMT -65	Jan-13	\$0	\$57	\$0	\$191	\$248	\$0	\$248	\$0	\$248	\$253	5	10
		Feb-13	\$122	\$107	\$0	\$117	\$345	\$0	\$345	\$0	\$345	\$253	5	10
		Mar-13	\$122	\$733	\$0	\$181	\$1,036	\$0	\$1,036	\$0	\$1,036	\$253	5	10
		Apr-13	\$116	\$2,354	\$0	\$852	\$3,322	\$0	\$3,322	\$0	\$3,322	\$253	5	10
		May-13	\$205	\$2,128	\$0	\$158	\$2,490	\$0	\$2,490	\$0	\$2,490	\$253	5	10
		Jun-13	\$131	\$1,908	\$0	\$202	\$2,240	\$0	\$2,240	\$0	\$2,240	\$168	4	9
		Jul-13	\$120	\$8,926	\$0	\$641	\$9,686	\$0	\$9,686	\$0	\$9,686	\$168	4	9
		Aug-13	\$86	\$1,208	\$0	\$20	\$1,314	\$0	\$1,314	\$0	\$1,314	\$168	4	9
		Sep-13	\$100	\$320	\$0	\$32	\$452	\$0	\$452	\$0	\$452	\$168	4	9
		Oct-13	\$111	\$2,353	\$108	\$819	\$3,392	\$0	\$3,392	\$0	\$3,392	\$168	4	9
		Nov-13	\$111	\$73,670	\$0	\$8	\$73,789	\$0	\$73,789	\$0	\$73,789	\$168	4	9
		Dec-13	\$111	\$2,170	\$0	\$761	\$3,043	\$0	\$3,043	\$0	\$3,043	\$168	4	9
	BRANCH Total		\$1,335	\$95,933	\$108	\$3,982	\$101,358	\$0	\$101,358	\$0	\$101,358	\$2,442	53	113
HDHP RET	MGT650-RETIRED MGMT 65+	Jan-13	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$42	2	4
		Feb-13	\$26	\$168	\$0	\$0	\$195	\$0	\$195	\$0	\$195	\$0	1	2
		Mar-13	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	1	2
		Apr-13	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	1	1
		May-13	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	1	1
		Jun-13	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$42	1	1
		Aug-13	\$31	\$0	\$0	\$0	\$31	\$0	\$31	\$0	\$31	\$0	0	0



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BENEFIT OPTION	BRANCH	YTD/MONTH	CAP	IN NETWORK	OUT OF NETWORK	DRUG	GROSS CLAIMS	STOP LOSS	TOTAL CLAIMS NET OF STOP LOSS	HRA FUND ACTIVITY	TOTAL HRA & CLAIMS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRS
	BRANCH Total		\$57	\$168	\$0	\$0	\$226	\$0	\$226	\$0	\$226	\$84	7	11
HDHP RET	PASU65-RETIRED PROF & SL	Jan-13	\$0	\$180	\$0	\$103	\$282	\$0	\$282	\$0	\$282	\$126	2	3
		Feb-13	\$38	\$0	\$0	\$74	\$112	\$0	\$112	\$0	\$112	\$168	3	4
		Mar-13	\$38	\$0	\$0	\$124	\$161	\$0	\$161	\$0	\$161	\$168	3	8
		Apr-13	\$223	\$264	\$0	\$39	\$526	\$0	\$526	\$0	\$526	\$42	1	1
		May-13	\$34	\$0	\$0	\$52	\$86	\$0	\$86	\$0	\$86	\$42	1	1
		Jun-13	\$0	\$0	\$0	\$43	\$43	\$0	\$43	\$0	\$43	\$42	1	1
		Jul-13	(\$101)	\$0	\$0	\$39	(\$62)	\$0	(\$62)	\$0	(\$62)	\$42	1	1
		Aug-13	\$11	\$65	\$0	\$0	\$76	\$0	\$76	\$0	\$76	\$0	0	0
		Sep-13	(\$27)	\$0	\$0	\$0	(\$27)	\$0	(\$27)	\$0	(\$27)	\$0	0	0
		Nov-13	\$0	\$604	\$0	\$1,593	\$2,197	\$0	\$2,197	\$0	\$2,197	\$42	1	3
		Dec-13	\$33	\$182	\$0	\$1,017	\$1,232	\$0	\$1,232	\$0	\$1,232	\$42	1	3
	BRANCH Total		\$248	\$1,295	\$0	\$3,083	\$4,626	\$0	\$4,626	\$0	\$4,626	\$716	14	25
BENEFIT OPTION Total			\$4,018	\$253,038	\$7,956	\$42,206	\$307,217	\$0	\$307,217	\$0	\$307,217	\$6,904	160	282
HRA	ADCH-ADULT/CHILD EES	Jan-13	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$141	4	4
		Feb-13	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$141	4	4
		Mar-13	\$67	\$229	\$0	\$0	\$296	\$0	\$296	\$790	\$1,086	\$141	4	4
		Apr-13	\$34	\$0	\$0	\$0	\$34	\$0	\$34	\$0	\$34	\$188	4	4
		May-13	\$34	\$0	\$0	\$0	\$34	\$0	\$34	\$0	\$34	\$188	4	4
		Jun-13	\$34	\$0	\$0	\$0	\$34	\$0	\$34	\$28	\$62	\$188	4	4
		Jul-13	\$76	\$0	\$0	\$0	\$76	\$0	\$76	\$28	\$104	\$188	4	4
		Aug-13	\$45	\$0	\$0	\$15	\$60	\$0	\$60	\$1	\$61	\$188	4	4
		Sep-13	\$45	\$0	\$0	\$0	\$45	\$0	\$45	\$29	\$74	\$188	4	4
		Oct-13	\$46	\$0	\$0	\$0	\$46	\$0	\$46	\$0	\$46	\$188	4	4
		Nov-13	\$46	\$0	\$0	\$0	\$46	\$0	\$46	\$129	\$175	\$235	5	5
		Dec-13	\$46	\$277	\$0	\$15	\$338	\$0	\$338	\$585	\$923	\$235	5	5
	BRANCH Total		\$471	\$506	\$0	\$30	\$1,007	\$0	\$1,007	\$1,591	\$2,598	\$2,211	50	50
HRA	CONA-ACTIVE CONFIDENTIA	Jan-13	\$0	\$108	\$0	\$564	\$671	\$0	\$671	\$1,394	\$2,065	\$1,082	22	53
		Feb-13	\$697	\$546	\$0	\$452	\$1,696	\$0	\$1,696	\$6,597	\$8,293	\$1,035	22	53
		Mar-13	\$697	\$20,829	\$0	\$724	\$22,250	\$0	\$22,250	\$4,278	\$26,528	\$1,035	22	53
		Apr-13	\$697	\$1,230	\$0	\$646	\$2,572	\$0	\$2,572	\$2,267	\$4,840	\$988	21	50
		May-13	\$481	\$1,851	\$0	\$1,865	\$4,198	\$0	\$4,198	\$1,327	\$5,525	\$988	21	50
		Jun-13	\$613	\$4,683	\$0	\$789	\$6,085	\$0	\$6,085	\$1,676	\$7,761	\$941	20	48
		Jul-13	\$613	\$1,550	\$0	\$693	\$2,857	\$0	\$2,857	\$495	\$3,352	\$988	20	49
		Aug-13	\$576	\$7,726	\$0	\$1,092	\$9,394	\$0	\$9,394	\$791	\$10,185	\$988	20	50
		Sep-13	\$614	\$2,028	\$0	\$872	\$3,514	\$0	\$3,514	\$10	\$3,524	\$941	20	50
		Oct-13	\$767	\$7,368	\$0	\$1,039	\$9,174	\$0	\$9,174	\$677	\$9,851	\$847	18	45
		Nov-13	\$422	\$1,289	\$0	\$584	\$2,294	\$0	\$2,294	\$762	\$3,056	\$894	19	47
		Dec-13	\$582	\$2,849	\$0	\$1,092	\$4,523	\$0	\$4,523	\$441	\$4,964	\$894	19	47
	BRANCH Total		\$6,758	\$52,057	\$0	\$10,413	\$69,228	\$0	\$69,228	\$20,715	\$89,943	\$11,619	244	595
HRA	FIRA-FIRE EES	Jan-13	\$0	\$6,149	\$0	\$518	\$6,667	\$0	\$6,667	\$8,171	\$14,839	\$7,809	167	450
		Feb-13	\$5,382	\$20,161	\$0	\$1,061	\$26,604	\$0	\$26,604	\$48,026	\$74,631	\$8,138	173	456
		Mar-13	\$5,425	\$39,275	\$1,890	\$997	\$47,587	\$0	\$47,587	\$27,804	\$75,391	\$8,091	172	453
		Apr-13	\$5,402	\$17,438	\$2,173	\$2,130	\$27,143	\$0	\$27,143	\$20,826	\$47,970	\$8,044	171	452
		May-13	\$5,392	\$49,969	\$1,199	\$1,659	\$58,218	\$0	\$58,218	\$15,582	\$73,800	\$8,091	172	459
		Jun-13	\$5,476	\$40,636	\$2,278	\$1,666	\$50,056	\$0	\$50,056	\$9,198	\$59,254	\$8,044	171	456
		Jul-13	\$5,406	\$27,138	\$1,838	\$1,888	\$36,270	\$0	\$36,270	\$6,679	\$42,948	\$7,997	170	454
		Aug-13	\$5,439	\$58,351	\$1,399	\$5,538	\$70,728	\$0	\$70,728	\$8,296	\$79,024	\$7,809	166	448
		Sep-13	\$5,352	\$23,283	\$853	\$4,472	\$33,960	\$0	\$33,960	\$4,581	\$38,541	\$7,809	166	448
		Oct-13	\$5,477	\$26,733	\$948	\$4,157	\$37,315	\$0	\$37,315	\$5,774	\$43,089	\$7,809	166	449
		Nov-13	\$5,498	\$27,343	\$1,168	\$3,731	\$37,740	\$0	\$37,740	\$3,039	\$40,779	\$7,809	166	449
		Dec-13	\$5,498	\$23,547	\$696	\$5,029	\$34,770	\$0	\$34,770	\$3,839	\$38,609	\$7,809	166	449
	BRANCH Total		\$59,749	\$360,023	\$14,441	\$32,846	\$467,059	\$0	\$467,059	\$161,816	\$628,875	\$95,256	2,026	5,423
HRA	FIRC-COBRA FIRE PARTICIP	Jul-13	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$47	1	1
		Aug-13	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$47	1	1
		Sep-13	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$47	1	1
		Oct-13	\$43	\$80	\$0	\$0	\$122	\$0	\$122	\$7	\$129	\$47	1	1
		Nov-13	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$47	1	1
		Dec-13	\$8	\$0	\$0	\$0	\$8	\$0	\$8	\$140	\$149	\$47	1	1
	BRANCH Total		\$51	\$80	\$0	\$0	\$131	\$0	\$131	\$147	\$278	\$282	6	6
HRA	GENA-TEAMSTER EES	Jan-13	\$0	\$2,666	\$0	\$3,053	\$5,720	\$0	\$5,720	\$11,991	\$17,711	\$14,535	303	776
		Feb-13	\$9,313	\$18,612	\$0	\$4,551	\$32,476	\$0	\$32,476	\$53,641	\$86,117	\$14,582	303	780
		Mar-13	\$9,559	\$48,145	\$0	\$4,519	\$62,223	\$0	\$62,223	\$31,518	\$93,741	\$14,629	305	785
		Apr-13	\$9,862	\$56,193	\$0	\$6,935	\$72,990	\$0	\$72,990	\$36,680	\$109,670	\$14,582	305	787
		May-13	\$9,600	\$82,271	\$120	\$7,798	\$99,790	\$0	\$99,790	\$26,642	\$126,432	\$14,535	304	784
		Jun-13	\$9,488	\$88,924	\$0	\$2,796	\$101,207	\$0	\$101,207	\$14,616	\$115,823	\$14,441	304	784
		Jul-13	\$9,534	\$77,922	\$0	\$12,802	\$100,257	\$0	\$100,257	\$15,578	\$115,835	\$14,488	304	783



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BENEFIT OPTION	BRANCH	YTD/MONTH	CAP	IN NETWORK	OUT OF NETWORK	DRUG	GROSS CLAIMS	STOP LOSS	TOTAL CLAIMS NET OF STOP LOSS	HRA FUND ACTIVITY	TOTAL HRA & CLAIMS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRs
		Aug-13	\$9,528	\$80,953	\$0	\$4,970	\$95,451	\$0	\$95,451	\$20,609	\$116,060	\$14,535	305	778
		Sep-13	\$9,524	\$103,296	\$117	\$6,933	\$119,870	\$0	\$119,870	\$15,013	\$134,883	\$14,394	306	780
		Oct-13	\$9,690	\$80,663	\$64	\$7,418	\$97,834	\$0	\$97,834	\$13,299	\$111,133	\$14,394	306	778
		Nov-13	\$9,376	\$17,471	\$0	\$8,145	\$34,992	\$0	\$34,992	\$7,503	\$42,495	\$14,347	305	776
		Dec-13	\$9,483	\$53,705	\$0	\$7,049	\$70,238	\$0	\$70,238	\$5,219	\$75,457	\$14,347	305	776
	BRANCH Total		\$104,958	\$710,820	\$301	\$76,968	\$893,048	\$0	\$893,048	\$252,309	\$1,145,357	\$173,813	3,655	9,367
HRA	MGTA-ACTIVE MGMT EES	Jan-13	\$0	\$219	\$0	\$520	\$739	\$0	\$739	\$2,261	\$3,000	\$3,434	77	203
		Feb-13	\$2,252	\$2,164	\$0	\$1,293	\$5,710	\$0	\$5,710	\$14,069	\$19,779	\$3,622	80	213
		Mar-13	\$2,427	\$1,974	\$0	\$561	\$4,963	\$0	\$4,963	\$11,887	\$16,849	\$3,528	78	207
		Apr-13	\$2,420	\$2,704	\$980	\$624	\$6,727	\$0	\$6,727	\$8,759	\$15,486	\$3,669	80	209
		May-13	\$2,380	\$4,453	\$0	\$1,074	\$7,907	\$0	\$7,907	\$8,859	\$16,766	\$3,716	81	210
		Jun-13	\$2,526	\$20,609	\$0	\$593	\$23,728	\$0	\$23,728	\$5,995	\$29,723	\$3,810	81	210
		Jul-13	\$2,532	\$14,528	\$0	\$1,542	\$18,602	\$0	\$18,602	\$4,497	\$23,099	\$3,904	83	214
		Aug-13	\$2,592	\$22,967	\$0	\$1,103	\$26,662	\$0	\$26,662	\$4,277	\$30,939	\$3,810	81	212
		Sep-13	\$2,627	\$13,576	\$0	\$1,103	\$17,306	\$0	\$17,306	\$3,606	\$20,911	\$3,763	80	208
		Oct-13	\$2,684	\$9,168	\$0	\$1,157	\$13,009	\$0	\$13,009	\$3,341	\$16,350	\$3,622	77	195
		Nov-13	\$2,330	\$4,181	\$0	\$2,010	\$8,522	\$0	\$8,522	\$2,759	\$11,281	\$3,622	77	195
		Dec-13	\$2,404	\$14,546	\$0	\$3,227	\$20,177	\$0	\$20,177	\$2,277	\$22,454	\$3,622	77	195
	BRANCH Total		\$27,175	\$111,090	\$980	\$14,806	\$154,051	\$0	\$154,051	\$72,587	\$226,638	\$44,124	952	2,471
HRA	MGTC-COBRA MGMT PARTI	Jan-13	\$0	\$0	\$0	\$15	\$15	\$0	\$15	\$47	\$62	\$47	1	1
		Feb-13	\$13	\$0	\$0	\$36	\$49	\$0	\$49	\$16	\$65	\$47	1	1
		Mar-13	\$24	\$328	\$0	\$11	\$363	\$0	\$363	\$640	\$1,003	\$47	1	1
		Apr-13	\$24	\$4	\$0	\$11	\$40	\$0	\$40	(\$211)	(\$172)	\$47	1	1
		May-13	\$11	\$0	\$0	\$0	\$11	\$0	\$11	\$0	\$11	\$47	1	1
		Jun-13	\$11	\$0	\$0	\$0	\$11	\$0	\$11	\$86	\$98	\$47	1	1
		Jul-13	(\$10)	\$0	\$0	\$0	(\$10)	\$0	(\$10)	\$0	(\$10)	\$47	1	1
		Aug-13	\$11	\$0	\$0	\$0	\$11	\$0	\$11	\$206	\$217	\$47	1	1
		Sep-13	\$11	\$0	\$0	\$0	\$11	\$0	\$11	\$0	\$11	\$47	1	1
		Oct-13	\$12	\$0	\$0	\$0	\$12	\$0	\$12	\$440	\$451	\$47	1	1
		Nov-13	\$12	\$43	\$0	\$0	\$55	\$0	\$55	\$10	\$65	\$47	1	1
		Dec-13	\$12	\$0	\$0	\$0	\$12	\$0	\$12	\$0	\$12	\$47	1	1
	BRANCH Total		\$132	\$374	\$0	\$73	\$579	\$0	\$579	\$1,233	\$1,812	\$564	12	12
HRA	PASA-ACTIVE PROF & SUPV	Jan-13	\$0	\$2,063	\$0	\$688	\$2,751	\$0	\$2,751	\$3,829	\$6,580	\$3,857	83	213
		Feb-13	\$2,495	\$2,519	\$0	\$798	\$5,812	\$0	\$5,812	\$22,769	\$28,581	\$3,763	82	212
		Mar-13	\$2,542	\$3,824	\$0	\$1,470	\$7,837	\$0	\$7,837	\$10,348	\$18,184	\$3,810	82	211
		Apr-13	\$2,490	\$4,577	\$246	\$1,655	\$8,968	\$0	\$8,968	\$9,101	\$18,070	\$3,810	83	214
		May-13	\$2,577	\$6,405	\$336	\$701	\$10,019	\$0	\$10,019	\$5,973	\$15,992	\$3,763	84	216
		Jun-13	\$2,590	\$20,735	\$851	\$988	\$25,164	\$0	\$25,164	\$8,005	\$33,169	\$3,763	84	216
		Jul-13	\$2,288	\$23,097	\$756	\$1,274	\$27,416	\$0	\$27,416	\$5,082	\$32,498	\$3,669	83	214
		Aug-13	\$2,543	\$16,680	\$829	\$1,979	\$22,031	\$0	\$22,031	\$5,344	\$27,375	\$3,716	84	218
		Sep-13	\$2,361	\$40,372	\$596	\$2,485	\$45,814	\$0	\$45,814	\$4,098	\$49,913	\$3,857	82	214
		Oct-13	\$2,377	\$21,702	\$734	\$1,997	\$26,810	\$0	\$26,810	\$1,743	\$28,553	\$3,810	81	214
		Nov-13	\$3,028	\$53,709	\$567	\$1,775	\$59,079	\$0	\$59,079	\$1,479	\$60,558	\$3,904	83	217
		Dec-13	\$2,799	\$18,522	\$430	\$3,025	\$24,776	\$0	\$24,776	\$2,105	\$26,881	\$3,951	84	218
	BRANCH Total		\$28,091	\$214,205	\$5,346	\$18,834	\$266,476	\$0	\$266,476	\$79,877	\$346,353	\$45,676	995	2,577
BENEFIT OPTION Total			\$227,385	\$1,449,155	\$21,068	\$153,970	\$1,851,578	\$0	\$1,851,578	\$590,277	\$2,441,855	\$373,545	7,940	20,501
OAFE1-OAP IN-NET PLAN 1 (NC/CA ON MGTU65-RETIRED MGMT -65		Aug-13	\$0	\$2	\$0	\$0	\$2	\$0	\$2	\$0	\$2	\$0	0	0
		Sep-13	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	0
	BRANCH Total		\$0	\$3	\$0	\$0	\$3	\$0	\$3	\$0	\$3	\$0	0	0
BENEFIT OPTION Total			\$0	\$3	\$0	\$0	\$3	\$0	\$3	\$0	\$3	\$0	0	0
OAPIN1	ADCH-ADULT/CHILD EES	Jan-13	\$272	\$285	\$0	\$666	\$1,223	\$0	\$1,223	\$0	\$1,223	\$632	15	15
		Feb-13	\$197	\$971	\$0	\$8	\$1,175	\$0	\$1,175	\$0	\$1,175	\$632	15	15
		Mar-13	\$166	\$105	\$0	\$47	\$318	\$0	\$318	\$0	\$318	\$632	15	15
		Apr-13	\$227	\$2	\$0	\$435	\$663	\$0	\$663	\$0	\$663	\$547	13	13
		May-13	\$224	\$10,636	\$0	\$461	\$11,322	\$0	\$11,322	\$0	\$11,322	\$547	13	13
		Jun-13	\$239	\$190	\$0	\$58	\$487	\$0	\$487	\$0	\$487	\$547	13	13
		Jul-13	\$139	\$2,631	\$0	\$435	\$3,204	\$0	\$3,204	\$0	\$3,204	\$547	13	13
		Aug-13	\$239	\$7,690	\$0	\$435	\$8,364	\$0	\$8,364	\$0	\$8,364	\$547	13	13
		Sep-13	\$197	\$77,235	\$0	\$880	\$78,312	\$0	\$78,312	\$0	\$78,312	\$589	14	14
		Oct-13	\$216	\$37,676	\$0	\$642	\$38,534	\$0	\$38,534	\$0	\$38,534	\$589	14	14
		Nov-13	\$1,018	\$96,043	\$0	\$98	\$97,159	\$0	\$97,159	\$0	\$97,159	\$589	14	14
		Dec-13	\$216	\$7,715	\$0	\$460	\$8,391	\$0	\$8,391	\$0	\$8,391	\$589	14	14
	BRANCH Total		\$3,351	\$241,178	\$0	\$4,625	\$249,153	\$0	\$249,153	\$0	\$249,153	\$6,989	166	166
OAPIN1	ADCHC-COBRA ADULT/CHILL	Jan-13	\$15	\$0	\$0	\$0	\$15	\$0	\$15	\$0	\$15	\$42	1	1
		Feb-13	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$42	1	1
		Mar-13	\$30	\$165	\$0	\$60	\$256	\$0	\$256	\$0	\$256	\$42	1	1



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BENEFIT OPTION	BRANCH	YTD/MONTH	CAP	IN NETWORK	OUT OF NETWORK	DRUG	GROSS CLAIMS	STOP LOSS	TOTAL CLAIMS NET OF STOP LOSS	HRA FUND ACTIVITY	TOTAL HRA & CLAIMS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRS
		Apr-13	\$15	\$0	\$0	\$59	\$75	\$0	\$75	\$0	\$75	\$42	1	1
		May-13	\$15	\$0	\$0	\$59	\$74	\$0	\$74	\$0	\$74	\$42	1	1
		Jun-13	\$15	\$0	\$0	\$59	\$74	\$0	\$74	\$0	\$74	\$42	1	1
		Jul-13	\$15	\$0	\$0	\$59	\$74	\$0	\$74	\$0	\$74	\$42	1	1
		Aug-13	\$15	\$0	\$0	\$59	\$74	\$0	\$74	\$0	\$74	\$42	1	1
		Sep-13	\$15	\$0	\$0	\$59	\$74	\$0	\$74	\$0	\$74	\$42	1	1
		Oct-13	\$15	\$0	\$0	\$59	\$75	\$0	\$75	\$0	\$75	\$42	1	1
		Nov-13	\$15	\$30	\$0	\$59	\$105	\$0	\$105	\$0	\$105	\$42	1	1
		Dec-13	\$15	\$0	\$0	\$125	\$140	\$0	\$140	\$0	\$140	\$42	1	1
	BRANCH Total		\$182	\$195	\$0	\$658	\$1,036	\$0	\$1,036	\$0	\$1,036	\$505	12	12
OAPIN1	CONA-ACTIVE CONFIDENTIA	Jan-13	\$1,119	\$12,926	\$0	\$973	\$15,018	\$0	\$15,018	\$0	\$15,018	\$421	11	14
		Feb-13	\$197	\$4,464	\$0	\$2,580	\$7,240	\$0	\$7,240	\$0	\$7,240	\$421	11	14
		Mar-13	\$197	\$2,397	\$0	\$174	\$2,767	\$0	\$2,767	\$0	\$2,767	\$421	11	14
		Apr-13	\$197	\$3,245	\$0	\$9,756	\$13,198	\$0	\$13,198	\$0	\$13,198	\$463	11	14
		May-13	\$197	\$4,440	\$0	\$698	\$5,334	\$0	\$5,334	\$0	\$5,334	\$505	12	15
		Jun-13	\$212	\$1,885	\$0	\$1,695	\$3,792	\$0	\$3,792	\$0	\$3,792	\$505	12	15
		Jul-13	\$269	\$15,692	\$0	\$8,240	\$24,202	\$0	\$24,202	\$0	\$24,202	\$505	12	15
		Aug-13	\$227	\$5,348	\$0	\$997	\$6,572	\$0	\$6,572	\$0	\$6,572	\$505	12	15
		Sep-13	\$227	\$7,777	\$0	\$1,342	\$9,347	\$0	\$9,347	\$0	\$9,347	\$505	12	15
		Oct-13	\$232	\$2,659	\$0	\$254	\$3,145	\$0	\$3,145	\$0	\$3,145	\$547	13	16
		Nov-13	\$247	\$5,567	\$0	\$9,055	\$14,870	\$0	\$14,870	\$0	\$14,870	\$547	13	16
		Dec-13	\$247	\$2,576	\$0	\$992	\$3,815	\$0	\$3,815	\$0	\$3,815	\$547	13	16
	BRANCH Total		\$3,566	\$68,976	\$0	\$36,756	\$109,298	\$0	\$109,298	\$0	\$109,298	\$5,894	143	179
OAPIN1	CONC-COBRA CONFIDENTIA	Jan-13	\$0	\$2,103	\$0	\$0	\$2,103	\$0	\$2,103	\$0	\$2,103	\$42	1	1
		Feb-13	\$15	\$27,739	\$0	\$330	\$28,084	\$0	\$28,084	\$0	\$28,084	\$42	1	1
		Mar-13	\$15	\$331	\$0	\$0	\$346	\$0	\$346	\$0	\$346	\$0	0	0
		Apr-13	\$0	(\$40)	\$0	\$0	(\$40)	\$0	(\$40)	\$0	(\$40)	\$0	0	0
		May-13	\$0	(\$20)	\$0	\$0	(\$20)	\$0	(\$20)	\$0	(\$20)	\$0	0	0
	BRANCH Total		\$30	\$30,113	\$0	\$330	\$30,473	\$0	\$30,473	\$0	\$30,473	\$84	2	2
OAPIN1	CONU65-RETIRED CONFIDE	Jan-13	\$181	\$23,220	\$0	\$2,308	\$25,709	\$0	\$25,709	\$0	\$25,709	\$295	7	9
		Feb-13	\$944	\$20,937	\$0	\$1,245	\$23,126	\$0	\$23,126	\$0	\$23,126	\$295	7	9
		Mar-13	\$135	\$26,918	\$0	\$1,031	\$28,083	\$0	\$28,083	\$0	\$28,083	\$295	7	9
		Apr-13	\$135	\$7,265	\$690	\$1,338	\$9,428	\$0	\$9,428	\$0	\$9,428	\$295	7	7
		May-13	\$105	\$2,962	\$0	\$1,067	\$4,134	\$0	\$4,134	\$0	\$4,134	\$295	7	7
		Jun-13	\$914	\$3,013	\$0	\$279	\$4,206	\$0	\$4,206	\$0	\$4,206	\$295	7	7
		Jul-13	\$105	\$18,922	\$0	\$762	\$19,789	\$0	\$19,789	\$0	\$19,789	\$295	7	7
		Aug-13	\$105	\$6,795	\$0	\$1,062	\$7,962	\$0	\$7,962	\$0	\$7,962	\$253	6	6
		Sep-13	\$91	\$5,068	\$0	\$936	\$6,095	\$0	\$6,095	\$0	\$6,095	\$253	6	6
		Oct-13	\$93	\$1,409	\$0	\$947	\$2,449	\$0	\$2,449	\$0	\$2,449	\$253	6	6
		Nov-13	\$93	\$7,699	\$0	\$794	\$8,585	\$0	\$8,585	\$0	\$8,585	\$253	6	6
		Dec-13	\$93	\$1,617	\$0	\$823	\$2,533	\$0	\$2,533	\$0	\$2,533	\$253	6	6
	BRANCH Total		\$2,992	\$125,824	\$690	\$12,593	\$142,099	\$0	\$142,099	\$0	\$142,099	\$3,326	79	85
OAPIN1	CON650-RETIRED CONFIDE	Jan-13	\$15	\$67	\$0	\$0	\$82	\$0	\$82	\$0	\$82	\$0	0	0
		Feb-13	\$0	\$102	\$0	\$0	\$102	\$0	\$102	\$0	\$102	\$0	0	0
		Apr-13	\$0	\$164	\$0	\$0	\$164	\$0	\$164	\$0	\$164	\$0	0	0
		Jul-13	\$0	(\$89)	\$0	\$0	(\$89)	\$0	(\$89)	\$0	(\$89)	\$0	0	0
	BRANCH Total		\$15	\$243	\$0	\$0	\$259	\$0	\$259	\$0	\$259	\$0	0	0
OAPIN1	FIRA-FIRE EES	Jan-13	\$12,701	\$154,127	\$12,825	\$23,222	\$202,874	\$0	\$202,874	\$0	\$202,874	\$4,715	109	285
		Feb-13	\$4,491	\$142,468	\$0	\$13,043	\$160,002	\$0	\$160,002	\$0	\$160,002	\$4,715	109	287
		Mar-13	\$4,551	\$87,977	\$0	\$21,781	\$114,309	\$0	\$114,309	\$0	\$114,309	\$4,715	108	291
		Apr-13	\$4,808	\$85,059	\$159	\$13,575	\$103,601	\$0	\$103,601	\$0	\$103,601	\$4,589	106	285
		May-13	\$4,320	\$117,396	\$0	\$19,766	\$141,483	\$0	\$141,483	\$0	\$141,483	\$4,547	106	286
		Jun-13	\$4,436	\$87,411	\$0	\$13,725	\$105,571	\$0	\$105,571	\$0	\$105,571	\$4,631	108	294
		Jul-13	\$4,308	\$70,097	\$0	\$14,939	\$89,344	\$0	\$89,344	\$0	\$89,344	\$4,505	106	290
		Aug-13	\$4,396	\$135,811	\$0	\$8,847	\$149,054	\$0	\$149,054	\$0	\$149,054	\$4,378	104	283
		Sep-13	\$4,100	\$51,159	\$0	\$11,046	\$66,305	\$0	\$66,305	\$0	\$66,305	\$4,378	104	284
		Oct-13	\$4,403	\$70,548	\$2,415	\$9,850	\$87,216	\$0	\$87,216	\$0	\$87,216	\$4,336	104	285
		Nov-13	\$4,419	\$59,171	\$0	\$18,563	\$82,153	\$0	\$82,153	\$0	\$82,153	\$4,378	104	287
		Dec-13	\$4,375	\$46,441	\$0	\$12,123	\$62,940	\$0	\$62,940	\$0	\$62,940	\$4,378	104	286
	BRANCH Total		\$61,308	\$1,107,664	\$15,399	\$180,479	\$1,364,850	\$0	\$1,364,850	\$0	\$1,364,850	\$54,267	1,272	3,443
OAPIN1	FIRC-COBRA FIRE PARTICIP	Jan-13	\$181	\$4,724	\$0	\$324	\$5,228	\$0	\$5,228	\$0	\$5,228	\$253	6	11
		Feb-13	\$166	\$12,467	\$0	\$1,005	\$13,638	\$0	\$13,638	\$0	\$13,638	\$253	6	11
		Mar-13	\$166	\$1,951	\$0	\$279	\$2,396	\$0	\$2,396	\$0	\$2,396	\$211	5	5
		Apr-13	\$135	\$687	\$0	\$148	\$970	\$0	\$970	\$0	\$970	\$168	4	4
		May-13	\$15	\$434	\$0	\$887	\$1,335	\$0	\$1,335	\$0	\$1,335	\$168	4	4
		Jun-13	\$75	\$494	\$0	\$670	\$1,239	\$0	\$1,239	\$0	\$1,239	\$168	4	4
		Jul-13	\$30	\$222	\$0	\$22	\$273	\$0	\$273	\$0	\$273	\$168	4	4
		Aug-13	\$60	\$0	\$0	\$97	\$157	\$0	\$157	\$0	\$157	\$126	3	3



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BENEFIT OPTION	BRANCH	YTD/MONTH	CAP	IN NETWORK	OUT OF NETWORK	DRUG	GROSS CLAIMS	STOP LOSS	TOTAL CLAIMS NET OF STOP LOSS	HRA FUND ACTIVITY	TOTAL HRA & CLAIMS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRS
		Sep-13	\$60	\$0	\$0	\$144	\$204	\$0	\$204	\$0	\$204	\$84	2	2
		Oct-13	\$61	\$402	\$0	\$9	\$472	\$0	\$472	\$0	\$472	\$84	2	2
		Nov-13	\$30	\$184	\$0	\$0	\$214	\$0	\$214	\$0	\$214	\$84	2	2
		Dec-13	\$46	\$1,129	\$0	\$164	\$1,338	\$0	\$1,338	\$0	\$1,338	\$84	2	2
	BRANCH Total		\$1,024	\$22,693	\$0	\$3,748	\$27,464	\$0	\$27,464	\$0	\$27,464	\$1,852	44	54
OAPIN1	FIRU65-RETIRED FIRE -65	Jan-13	\$1,754	\$25,653	\$0	\$3,783	\$31,190	\$0	\$31,190	\$0	\$31,190	\$1,263	27	52
		Feb-13	\$1,135	\$13,643	\$0	\$2,554	\$17,332	\$0	\$17,332	\$0	\$17,332	\$1,053	24	45
		Mar-13	\$877	\$36,599	\$0	\$1,343	\$38,818	\$0	\$38,818	\$0	\$38,818	\$1,010	22	43
		Apr-13	\$756	\$6,082	(\$455)	\$3,410	\$9,792	\$0	\$9,792	\$0	\$9,792	\$1,010	23	44
		May-13	\$311	\$27,336	\$0	\$2,955	\$30,602	\$0	\$30,602	\$0	\$30,602	\$1,010	23	44
		Jun-13	\$741	\$34,528	\$0	\$2,044	\$37,313	\$0	\$37,313	\$0	\$37,313	\$968	22	43
		Jul-13	\$668	\$2,508	\$0	\$3,690	\$6,866	\$0	\$6,866	\$0	\$6,866	\$926	22	43
		Aug-13	\$711	\$8,723	\$0	\$3,068	\$12,502	\$0	\$12,502	\$0	\$12,502	\$926	22	43
		Sep-13	\$480	\$7,454	\$0	\$2,489	\$10,423	\$0	\$10,423	\$0	\$10,423	\$884	21	42
		Oct-13	\$649	\$5,709	\$0	\$1,672	\$8,030	\$0	\$8,030	\$0	\$8,030	\$884	21	42
		Nov-13	\$649	\$16,717	\$0	\$1,580	\$18,946	\$0	\$18,946	\$0	\$18,946	\$884	21	42
		Dec-13	\$649	\$6,600	\$0	\$1,765	\$9,014	\$0	\$9,014	\$0	\$9,014	\$884	21	42
	BRANCH Total		\$9,380	\$191,552	(\$455)	\$30,353	\$230,830	\$0	\$230,830	\$0	\$230,830	\$11,704	269	525
OAPIN1	FIR65O-RETIRED FIRE 65+	Jan-13	\$45	\$514	\$0	\$214	\$773	\$0	\$773	\$0	\$773	\$126	1	1
		Feb-13	\$15	(\$426)	\$0	\$490	\$79	\$0	\$79	\$0	\$79	\$42	1	1
		Mar-13	\$45	\$2	\$0	\$550	\$597	\$0	\$597	\$0	\$597	\$42	1	1
		Apr-13	\$212	\$0	\$0	\$526	\$738	\$0	\$738	\$0	\$738	\$42	1	1
		May-13	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$42	1	1
		Jun-13	\$3	\$0	\$0	\$0	\$3	\$0	\$3	\$0	\$3	\$42	1	1
		Jul-13	(\$145)	\$0	\$0	\$0	(\$145)	\$0	(\$145)	\$0	(\$145)	\$42	1	1
		Aug-13	\$15	\$0	\$0	\$0	\$15	\$0	\$15	\$0	\$15	\$42	1	1
		Sep-13	\$15	\$0	\$0	\$0	\$15	\$0	\$15	\$0	\$15	\$42	1	1
		Oct-13	\$15	\$0	\$0	\$0	\$15	\$0	\$15	\$0	\$15	\$42	1	1
		Nov-13	\$15	\$0	\$0	\$0	\$15	\$0	\$15	\$0	\$15	\$42	1	1
		Dec-13	\$15	\$0	\$0	\$0	\$15	\$0	\$15	\$0	\$15	\$42	1	1
	BRANCH Total		\$252	\$89	\$0	\$1,779	\$2,120	\$0	\$2,120	\$0	\$2,120	\$589	12	12
OAPIN1	GENA-TEAMSTER EES	Jan-13	\$27,382	\$354,247	\$949	\$73,317	\$455,895	\$0	\$455,895	\$0	\$455,895	\$15,788	372	764
		Feb-13	\$11,960	\$423,933	\$32	\$59,861	\$495,786	\$0	\$495,786	\$0	\$495,786	\$15,788	373	764
		Mar-13	\$11,685	\$363,485	\$317	\$80,753	\$456,239	\$0	\$456,239	\$0	\$456,239	\$15,788	372	762
		Apr-13	\$11,400	\$320,301	\$1,040	\$59,835	\$392,576	\$0	\$392,576	\$0	\$392,576	\$15,661	370	753
		May-13	\$11,871	\$248,003	\$720	\$63,535	\$324,129	(\$39,866)	\$284,263	\$0	\$284,263	\$15,535	367	747
		Jun-13	\$11,431	\$256,530	\$1,831	\$55,391	\$325,182	(\$51,462)	\$273,719	\$0	\$273,719	\$15,409	366	751
		Jul-13	\$10,987	\$215,204	\$496	\$63,353	\$290,040	(\$1,001)	\$289,039	\$0	\$289,039	\$15,282	364	747
		Aug-13	\$11,258	\$280,073	\$0	\$72,898	\$364,229	(\$31,823)	\$332,406	\$0	\$332,406	\$15,198	363	747
		Sep-13	\$11,237	\$170,689	\$0	\$71,333	\$253,259	(\$14,472)	\$238,788	\$0	\$238,788	\$15,198	362	746
		Oct-13	\$11,438	\$235,645	\$0	\$67,554	\$314,637	(\$26,291)	\$288,346	\$0	\$288,346	\$15,198	362	745
		Nov-13	\$11,479	\$421,543	\$768	\$76,013	\$509,804	(\$53,922)	\$455,882	\$0	\$455,882	\$15,198	361	744
		Dec-13	\$11,479	\$201,033	\$0	\$66,693	\$279,204	(\$40,303)	\$238,902	\$0	\$238,902	\$15,240	362	746
	BRANCH Total		\$153,608	\$3,490,685	\$6,152	\$810,536	\$4,460,981	(\$259,140)	\$4,201,841	\$0	\$4,201,841	\$185,282	4,394	9,016
			\$153,730	\$3,496,838	\$3,497,097	\$810,536								
			\$122	\$6,152										
OAPIN1	GENC-COBRA TEAMSTER PA	Jan-13	\$121	\$1,224	\$0	\$8,319	\$9,664	\$0	\$9,664	\$0	\$9,664	\$379	9	9
		Feb-13	\$151	\$1,666	\$0	\$10,824	\$12,641	\$0	\$12,641	\$0	\$12,641	\$379	9	9
		Mar-13	\$118	\$2,773	\$0	\$4,693	\$7,583	\$0	\$7,583	\$0	\$7,583	\$379	9	9
		Apr-13	\$136	\$296	\$0	\$8,496	\$8,928	\$0	\$8,928	\$0	\$8,928	\$421	10	10
		May-13	\$136	\$7,183	\$0	\$12,822	\$20,140	\$0	\$20,140	\$0	\$20,140	\$421	10	10
		Jun-13	\$166	\$799	\$0	\$5,337	\$6,302	\$0	\$6,302	\$0	\$6,302	\$505	12	12
		Jul-13	\$157	\$27,837	\$0	\$5,550	\$33,544	\$0	\$33,544	\$0	\$33,544	\$463	11	11
		Aug-13	\$181	\$21,689	\$0	\$1,264	\$23,135	\$0	\$23,135	\$0	\$23,135	\$421	10	10
		Sep-13	\$151	\$6,333	\$0	\$8,810	\$15,294	\$0	\$15,294	\$0	\$15,294	\$421	10	10
		Oct-13	\$170	\$10,764	\$0	\$3,817	\$14,751	\$0	\$14,751	\$0	\$14,751	\$421	10	10
		Nov-13	\$124	\$2,114	\$163	\$4,748	\$7,150	\$0	\$7,150	\$0	\$7,150	\$421	10	10
		Dec-13	\$155	\$2,187	\$0	\$5,771	\$8,113	\$0	\$8,113	\$0	\$8,113	\$421	10	10
	BRANCH Total		\$1,767	\$84,866	\$163	\$80,450	\$167,246	\$0	\$167,246	\$0	\$167,246	\$5,052	120	120
				\$85,029	\$85,028	\$80,451								
OAPIN1	GENU65-RETIRED TEAMSTEI	Jan-13	\$2,834	\$92,606	\$0	\$43,675	\$139,116	\$0	\$139,116	\$0	\$139,116	\$2,694	58	91
		Feb-13	\$1,546	\$117,265	\$35	\$6,677	\$125,522	\$0	\$125,522	\$0	\$125,522	\$2,442	56	87
		Mar-13	\$1,422	\$122,809	\$0	\$15,867	\$140,098	\$0	\$140,098	\$0	\$140,098	\$2,231	51	74
		Apr-13	\$1,204	\$418,595	\$0	\$6,017	\$425,816	\$0	\$425,816	\$0	\$425,816	\$1,600	38	49
		May-13	\$850	\$23,553	\$0	\$4,177	\$28,579	\$0	\$28,579	\$0	\$28,579	\$1,474	35	45
		Jun-13	\$297	\$79,412	\$0	\$37,661	\$117,370	\$0	\$117,370	\$0	\$117,370	\$1,474	35	43
		Jul-13	\$560	\$58,164	\$0	\$6,347	\$65,071	(\$34,327)	\$30,744	\$0	\$30,744	\$1,474	35	43
		Aug-13	\$645	\$184,171	\$0	\$38,756	\$223,572	(\$776)	\$222,796	\$0	\$222,796	\$1,474	35	43
		Sep-13	\$645	\$31,425	\$0	\$6,065	\$38,135	(\$89)	\$38,046	\$0	\$38,046	\$1,516	36	44



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BENEFIT OPTION	BRANCH	YTD/MONTH	CAP	IN NETWORK	OUT OF NETWORK	DRUG	GROSS CLAIMS	STOP LOSS	TOTAL CLAIMS NET OF STOP LOSS	HRA FUND ACTIVITY	TOTAL HRA & CLAIMS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRS
		Oct-13	\$658	\$25,726	\$0	\$7,362	\$33,746	(\$62)	\$33,684	\$0	\$33,684	\$1,558	37	44
		Nov-13	\$689	\$42,844	\$0	\$39,157	\$82,690	(\$94)	\$82,597	\$0	\$82,597	\$1,558	37	44
		Dec-13	\$673	\$21,253	\$0	\$5,652	\$27,579	(\$149)	\$27,430	\$0	\$27,430	\$1,558	37	43
	BRANCH Total		\$12,023	\$1,217,822	\$35	\$217,414	\$1,447,293	(\$35,497)	\$1,411,796	\$0	\$1,411,796	\$21,050	490	650
OAPIN1	GEN650-RETIRED TEAMSTE	Jan-13	\$334	\$2,656	\$0	\$3,031	\$6,021	\$0	\$6,021	\$0	\$6,021	\$463	10	13
		Feb-13	\$241	\$4,970	\$0	\$994	\$6,205	\$0	\$6,205	\$0	\$6,205	\$379	9	12
		Mar-13	\$181	\$2,424	\$0	\$1,622	\$4,227	\$0	\$4,227	\$0	\$4,227	\$379	8	11
		Apr-13	\$120	\$149	\$0	\$141	\$410	\$0	\$410	\$0	\$410	\$126	3	4
		May-13	\$93	(\$42)	\$0	\$431	\$481	\$0	\$481	\$0	\$481	\$126	3	4
		Jun-13	\$0	(\$939)	\$0	\$0	(\$939)	\$0	(\$939)	\$0	(\$939)	\$126	3	4
		Jul-13	\$30	(\$89)	\$0	\$0	(\$59)	\$0	(\$59)	\$0	(\$59)	\$126	3	4
		Aug-13	\$33	\$49	\$0	\$0	\$82	\$0	\$82	\$0	\$82	\$126	3	4
		Sep-13	\$58	\$0	\$0	\$0	\$58	\$0	\$58	\$0	\$58	\$126	3	4
		Oct-13	\$61	\$323	\$0	\$1,188	\$1,572	\$0	\$1,572	\$0	\$1,572	\$126	3	4
		Nov-13	\$61	\$240	\$0	\$0	\$301	\$0	\$301	\$0	\$301	\$126	3	4
		Dec-13	\$61	\$0	\$0	\$0	\$61	\$0	\$61	\$0	\$61	\$126	3	4
	BRANCH Total		\$1,272	\$9,740	\$0	\$7,406	\$18,419	\$0	\$18,419	\$0	\$18,419	\$2,358	54	72
OAPIN1	MGTA-ACTIVE MGMT EES	Jan-13	\$6,804	\$99,022	\$0	\$20,356	\$126,183	\$0	\$126,183	\$0	\$126,183	\$3,915	92	225
		Feb-13	\$3,290	\$57,544	\$0	\$20,004	\$80,838	\$0	\$80,838	\$0	\$80,838	\$3,789	89	217
		Mar-13	\$3,047	\$33,407	\$0	\$22,342	\$58,796	\$0	\$58,796	\$0	\$58,796	\$3,789	89	217
		Apr-13	\$3,402	\$16,474	\$0	\$27,642	\$47,518	\$0	\$47,518	\$0	\$47,518	\$3,747	88	208
		May-13	\$3,245	\$157,184	\$556	\$22,096	\$183,081	\$0	\$183,081	\$0	\$183,081	\$3,789	88	209
		Jun-13	\$3,084	\$31,302	\$0	\$27,727	\$62,113	\$0	\$62,113	\$0	\$62,113	\$3,747	88	209
		Jul-13	\$3,418	\$43,566	\$726	\$20,481	\$68,191	\$0	\$68,191	\$0	\$68,191	\$3,747	89	215
		Aug-13	\$3,211	\$37,790	\$0	\$20,651	\$61,652	\$0	\$61,652	\$0	\$61,652	\$3,621	86	207
		Sep-13	\$3,072	\$36,516	\$0	\$25,044	\$64,632	\$0	\$64,632	\$0	\$64,632	\$3,621	86	207
		Oct-13	\$3,156	\$44,948	\$0	\$24,408	\$72,512	\$0	\$72,512	\$0	\$72,512	\$3,663	87	213
		Nov-13	\$3,350	\$81,617	\$154	\$22,946	\$108,066	\$0	\$108,066	\$0	\$108,066	\$3,663	87	212
		Dec-13	\$3,229	\$86,940	\$0	\$32,440	\$122,609	\$0	\$122,609	\$0	\$122,609	\$3,705	88	216
	BRANCH Total		\$42,309	\$726,312	\$1,436	\$286,136	\$1,056,192	\$0	\$1,056,192	\$0	\$1,056,192	\$44,794	1,057	2,555
OAPIN1	MGTC-COBRA MGMT PARTI	Jan-13	\$91	\$4,266	\$0	\$267	\$4,624	\$0	\$4,624	\$0	\$4,624	\$295	7	7
		Feb-13	\$105	\$1,515	\$0	\$0	\$1,620	\$0	\$1,620	\$0	\$1,620	\$337	8	8
		Mar-13	\$119	\$1,277	\$0	\$523	\$1,920	\$0	\$1,920	\$0	\$1,920	\$379	9	9
		Apr-13	\$119	\$378	\$0	\$401	\$899	\$0	\$899	\$0	\$899	\$379	9	9
		May-13	\$119	\$0	\$0	\$1	\$121	\$0	\$121	\$0	\$121	\$379	9	9
		Jun-13	\$119	\$1,004	\$0	\$430	\$1,554	\$0	\$1,554	\$0	\$1,554	\$379	9	9
		Jul-13	\$177	\$3,291	\$0	\$0	\$3,468	\$0	\$3,468	\$0	\$3,468	\$379	9	9
		Aug-13	\$135	\$1,223	\$0	\$544	\$1,901	\$0	\$1,901	\$0	\$1,901	\$337	8	8
		Sep-13	\$119	\$1,300	\$0	\$430	\$1,850	\$0	\$1,850	\$0	\$1,850	\$337	8	8
		Oct-13	\$122	\$604	\$0	\$0	\$725	\$0	\$725	\$0	\$725	\$337	8	8
		Nov-13	\$122	\$227	\$0	\$374	\$723	\$0	\$723	\$0	\$723	\$337	8	8
		Dec-13	\$122	\$2,778	\$0	\$357	\$3,257	\$0	\$3,257	\$0	\$3,257	\$337	8	8
	BRANCH Total		\$1,471	\$17,863	\$0	\$3,329	\$22,663	\$0	\$22,663	\$0	\$22,663	\$4,210	100	100
OAPIN1	MGTU65-RETIRED MGMT -65	Jan-13	\$1,712	\$23,454	\$0	\$8,778	\$33,944	\$0	\$33,944	\$0	\$33,944	\$1,600	37	68
		Feb-13	\$1,033	\$26,082	\$0	\$6,473	\$33,587	\$0	\$33,587	\$0	\$33,587	\$1,558	36	64
		Mar-13	\$1,033	\$6,839	\$0	\$11,161	\$19,033	\$0	\$19,033	\$0	\$19,033	\$1,474	35	63
		Apr-13	\$881	\$3,979	\$0	\$7,117	\$11,977	\$0	\$11,977	\$0	\$11,977	\$1,305	31	45
		May-13	\$811	\$7,164	\$0	\$6,641	\$14,616	\$0	\$14,616	\$0	\$14,616	\$1,305	31	45
		Jun-13	\$352	\$24,372	\$0	\$12,087	\$36,811	\$0	\$36,811	\$0	\$36,811	\$1,347	32	45
		Jul-13	\$639	\$35,825	\$0	\$8,351	\$44,815	\$0	\$44,815	\$0	\$44,815	\$1,263	30	41
		Aug-13	\$579	\$26,033	\$0	\$8,933	\$35,545	\$0	\$35,545	\$0	\$35,545	\$1,263	30	41
		Sep-13	\$579	\$3,942	\$0	\$17,089	\$21,609	\$0	\$21,609	\$0	\$21,609	\$1,263	30	41
		Oct-13	\$591	\$4,663	\$0	\$6,306	\$11,559	\$0	\$11,559	\$0	\$11,559	\$1,263	30	41
		Nov-13	\$591	\$6,894	\$0	\$10,745	\$18,230	\$0	\$18,230	\$0	\$18,230	\$1,263	30	41
		Dec-13	\$591	\$11,806	\$0	\$12,933	\$25,329	\$0	\$25,329	\$0	\$25,329	\$1,263	30	39
	BRANCH Total		\$9,391	\$181,051	\$0	\$116,614	\$307,057	\$0	\$307,057	\$0	\$307,057	\$16,166	382	574
OAPIN1	MGT650-RETIRED MGMT 65+	Jan-13	\$139	\$395	\$0	\$2,094	\$2,628	\$0	\$2,628	\$0	\$2,628	\$84	3	9
		Feb-13	\$60	\$85	\$0	\$226	\$372	\$0	\$372	\$0	\$372	\$84	3	9
		Mar-13	\$212	\$0	\$0	\$0	\$212	\$0	\$212	\$0	\$212	\$84	1	2
		Apr-13	\$60	\$27	\$0	\$289	\$377	\$0	\$377	\$0	\$377	\$42	1	2
		May-13	\$60	\$1,121	\$0	\$72	\$1,254	\$0	\$1,254	\$0	\$1,254	\$42	1	2
		Jun-13	\$60	\$0	\$0	\$0	\$60	\$0	\$60	\$0	\$60	\$42	1	2
		Jul-13	\$0	\$0	\$15	\$0	\$15	\$0	\$15	\$0	\$15	\$42	1	2
		Aug-13	\$0	\$0	\$0	\$1,894	\$1,894	\$0	\$1,894	\$0	\$1,894	\$84	2	4
		Sep-13	\$36	\$0	\$0	\$9	\$45	\$0	\$45	\$0	\$45	\$84	2	4
		Oct-13	\$62	\$0	\$0	\$216	\$277	\$0	\$277	\$0	\$277	\$84	2	4
		Nov-13	\$62	\$385	\$0	\$94	\$541	\$0	\$541	\$0	\$541	\$84	2	4
		Dec-13	\$62	\$105	\$0	\$106	\$273	\$0	\$273	\$0	\$273	\$84	2	4
	BRANCH Total		\$814	\$2,118	\$15	\$5,000	\$7,948	\$0	\$7,948	\$0	\$7,948	\$842	21	48



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BENEFIT OPTION	BRANCH	YTD/MONTH	CAP	IN NETWORK	OUT OF NETWORK	DRUG	GROSS CLAIMS	STOP LOSS	TOTAL CLAIMS NET OF STOP LOSS	HRA FUND ACTIVITY	TOTAL HRA & CLAIMS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRS	
OAPIN1	PASA-ACTIVE PROF & SUPV	Jan-13	\$7,333	\$105,038	\$66	\$37,947	\$150,385	\$0	\$150,385	\$0	\$150,385	\$4,126	102	233	
		Feb-13	\$3,432	\$103,449	\$66	\$37,716	\$144,663	\$0	\$144,663	\$0	\$144,663	\$4,168	103	237	
		Mar-13	\$3,447	\$93,956	(\$2,059)	\$32,095	\$127,440	\$0	\$127,440	\$0	\$127,440	\$4,126	102	232	
		Apr-13	\$3,115	\$58,184	(\$475)	\$47,011	\$107,835	\$0	\$107,835	\$0	\$107,835	\$4,168	102	231	
		May-13	\$3,181	\$139,393	\$0	\$38,442	\$181,015	\$0	\$181,015	\$0	\$181,015	\$4,210	103	232	
		Jun-13	\$4,121	\$201,355	\$238	\$50,873	\$256,587	\$0	\$256,587	\$0	\$256,587	\$4,252	102	231	
		Jul-13	\$3,758	\$188,404	\$1,464	\$27,695	\$221,321	(\$17,669)	\$203,652	\$0	\$203,652	\$4,252	101	227	
		Aug-13	\$3,587	\$89,120	\$1,414	\$31,850	\$125,971	(\$42,246)	\$83,725	\$0	\$83,725	\$4,252	101	229	
		Sep-13	\$3,447	\$320,999	\$791	\$64,357	\$389,595	(\$106,014)	\$283,580	\$0	\$283,580	\$4,210	100	226	
		Oct-13	\$3,534	\$56,523	\$313	\$29,197	\$89,567	(\$62,280)	\$27,287	\$0	\$27,287	\$4,168	99	221	
		Nov-13	\$3,414	\$49,041	\$0	\$34,417	\$86,872	(\$42,293)	\$44,580	\$0	\$44,580	\$4,294	102	225	
		Dec-13	\$4,278	\$150,042	\$0	\$56,314	\$210,634	(\$12,799)	\$197,836	\$0	\$197,836	\$4,336	103	225	
		BRANCH Total		\$46,648	\$1,555,504	\$1,818	\$487,915	\$2,091,885	(\$283,301)	\$1,808,584	\$0	\$1,808,584	\$50,562	1,220	2,749
OAPIN1	PASC-COBRA PROF & SUPV	Jan-13	\$106	\$1,163	\$0	\$421	\$1,689	\$0	\$1,689	\$0	\$1,689	\$84	2	7	
		Feb-13	\$106	\$614	\$0	\$13,909	\$14,629	\$0	\$14,629	\$0	\$14,629	\$0	1	4	
		Mar-13	\$106	\$0	\$0	(\$13,882)	(\$13,777)	\$0	(\$13,777)	\$0	(\$13,777)	\$0	0	0	
		Apr-13	\$45	\$127	\$0	\$0	\$173	\$0	\$173	\$0	\$173	\$42	1	1	
		May-13	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$42	1	1	
		Jun-13	\$0	\$0	\$0	\$30	\$30	\$0	\$30	\$0	\$30	\$42	1	1	
		Jul-13	(\$29)	\$208	\$0	\$0	\$179	\$0	\$179	\$0	\$179	\$42	1	1	
		Aug-13	\$15	\$2,581	\$0	\$105	\$2,701	\$0	\$2,701	\$0	\$2,701	\$42	1	1	
		Sep-13	\$15	\$218	\$0	\$0	\$233	\$0	\$233	\$0	\$233	\$42	1	1	
		Oct-13	\$15	\$3,465	\$0	\$60	\$3,541	\$0	\$3,541	\$0	\$3,541	\$42	1	1	
		Nov-13	\$15	\$2,641	\$0	\$0	\$2,656	\$0	\$2,656	\$0	\$2,656	\$42	1	1	
		Dec-13	\$15	\$0	\$0	\$0	\$15	\$0	\$15	\$0	\$15	\$42	1	1	
		BRANCH Total		\$411	\$11,017	\$0	\$642	\$12,070	\$0	\$12,070	\$0	\$12,070	\$463	12	20
OAPIN1	PASU65-RETIRED PROF & SL	Jan-13	\$771	\$5,822	\$0	\$1,614	\$8,208	\$0	\$8,208	\$0	\$8,208	\$589	14	28	
		Feb-13	\$499	\$46,093	\$0	\$3,882	\$50,473	\$0	\$50,473	\$0	\$50,473	\$589	14	28	
		Mar-13	\$499	\$23,947	\$0	\$4,279	\$28,725	\$0	\$28,725	\$0	\$28,725	\$632	16	33	
		Apr-13	\$287	\$2,436	\$0	\$1,789	\$4,512	\$0	\$4,512	\$0	\$4,512	\$632	15	28	
		May-13	\$393	\$2,782	\$0	\$1,808	\$4,984	\$0	\$4,984	\$0	\$4,984	\$632	15	28	
		Jun-13	\$484	\$4,941	\$0	\$3,351	\$8,776	\$0	\$8,776	\$0	\$8,776	\$632	15	28	
		Jul-13	\$454	\$4,258	\$0	\$2,225	\$6,937	\$0	\$6,937	\$0	\$6,937	\$632	15	28	
		Aug-13	\$423	\$1,619	\$0	\$3,432	\$5,474	\$0	\$5,474	\$0	\$5,474	\$632	15	28	
		Sep-13	\$423	\$4,780	\$0	\$3,518	\$8,721	\$0	\$8,721	\$0	\$8,721	\$632	15	28	
		Oct-13	\$260	\$3,572	\$0	\$2,886	\$6,718	\$0	\$6,718	\$0	\$6,718	\$632	15	28	
		Nov-13	\$371	\$705	\$0	\$2,579	\$3,655	\$0	\$3,655	\$0	\$3,655	\$632	15	28	
		Dec-13	\$371	\$1,542	\$0	\$2,666	\$4,579	\$0	\$4,579	\$0	\$4,579	\$632	15	28	
		BRANCH Total		\$5,236	\$102,496	\$0	\$34,030	\$141,762	\$0	\$141,762	\$0	\$141,762	\$7,494	179	341
OAPIN1	PAS65O-RETIRED PROF & SL	Jan-13	\$60	\$332	\$0	\$14	\$406	\$0	\$406	\$0	\$406	\$42	1	2	
		Feb-13	\$30	\$4,491	\$0	\$290	\$4,811	\$0	\$4,811	\$0	\$4,811	\$42	1	2	
		Mar-13	\$30	\$2,279	\$0	\$69	\$2,377	\$0	\$2,377	\$0	\$2,377	\$42	1	2	
		Apr-13	\$30	\$0	\$0	\$0	\$30	\$0	\$30	\$0	\$30	\$0	0	0	
		May-13	\$30	\$2,304	\$0	\$30	\$2,364	\$0	\$2,364	\$0	\$2,364	\$0	0	0	
		Sep-13	(\$25)	\$0	\$0	\$0	(\$25)	\$0	(\$25)	\$0	(\$25)	\$0	0	0	
	BRANCH Total		\$157	\$9,406	\$0	\$402	\$9,965	\$0	\$9,965	\$0	\$9,965	\$126	3	6	
OAPIN1	RNOMC-RETIRES WITH MEI	Jan-13	\$115	\$266	\$0	\$0	\$381	\$0	\$381	\$0	\$381	\$0	0	0	
		Apr-13	\$0	\$36	\$0	\$0	\$36	\$0	\$36	\$0	\$36	\$0	0	0	
	BRANCH Total		\$115	\$302	\$0	\$0	\$417	\$0	\$417	\$0	\$417	\$0	0	0	
OAPIN1	SPEC-SPECIAL	Jan-13	\$76	\$437	\$0	\$1,172	\$1,684	\$0	\$1,684	\$0	\$1,684	\$168	4	9	
		Feb-13	\$135	\$5,956	\$0	\$1,033	\$7,124	\$0	\$7,124	\$0	\$7,124	\$168	4	9	
		Mar-13	\$135	\$815	\$0	\$212	\$1,162	\$0	\$1,162	\$0	\$1,162	\$168	4	9	
		Apr-13	\$135	\$495	\$0	\$546	\$1,177	\$0	\$1,177	\$0	\$1,177	\$168	4	9	
		May-13	\$135	\$267	\$0	\$932	\$1,334	\$0	\$1,334	\$0	\$1,334	\$168	4	9	
		Jun-13	\$135	\$0	\$0	\$393	\$528	\$0	\$528	\$0	\$528	\$168	4	9	
		Jul-13	\$141	\$341	\$0	\$223	\$705	\$0	\$705	\$0	\$705	\$168	4	9	
		Aug-13	\$135	\$1,037	\$0	\$2,188	\$3,361	\$0	\$3,361	\$0	\$3,361	\$168	4	9	
		Sep-13	\$135	\$507	\$0	\$680	\$1,322	\$0	\$1,322	\$0	\$1,322	\$168	4	9	
		Oct-13	\$144	\$1,768	\$0	\$671	\$2,583	\$0	\$2,583	\$0	\$2,583	\$168	4	9	
		Nov-13	\$138	\$8,098	\$0	\$219	\$8,455	\$0	\$8,455	\$0	\$8,455	\$168	4	9	
		Dec-13	\$138	\$1,421	\$0	\$246	\$1,805	\$0	\$1,805	\$0	\$1,805	\$168	4	9	
		BRANCH Total		\$1,580	\$21,143	\$0	\$8,515	\$31,238	\$0	\$31,238	\$0	\$31,238	\$2,021	48	108
BENEFIT OPTION Total				\$358,900	\$9,218,855	\$25,252	\$2,329,711	\$11,932,717	(\$577,937)	\$11,354,780	\$0	\$11,354,780	\$425,631	10,079	20,837
OAPIN2	ADCH-ADULT/CHILD EES	Jan-13	\$15	\$946	\$0	\$0	\$961	\$0	\$961	\$0	\$961	\$0	1	1	
		Feb-13	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	1	1	
		Mar-13	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	1	1	



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BENEFIT OPTION	BRANCH	YTD/MONTH	CAP	IN NETWORK	OUT OF NETWORK	DRUG	GROSS CLAIMS	STOP LOSS	TOTAL CLAIMS NET OF STOP LOSS	HRA FUND ACTIVITY	TOTAL HRA & CLAIMS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRs
OAPIN2	CONA-ACTIVE CONFIDENTIAL	Apr-13	\$0	\$389	\$0	\$0	\$389	\$0	\$389	\$0	\$389	\$42	1	1
		May-13	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$42	1	1
		Jun-13	\$58	\$0	\$0	\$0	\$58	\$0	\$58	\$0	\$58	\$42	1	1
		Jul-13	\$15	\$0	\$0	\$0	\$15	\$0	\$15	\$0	\$15	\$42	1	1
		Aug-13	\$15	\$0	\$0	\$0	\$15	\$0	\$15	\$0	\$15	\$42	1	1
		Sep-13	\$15	\$0	\$0	\$0	\$15	\$0	\$15	\$0	\$15	\$42	1	1
		Oct-13	\$15	\$0	\$0	\$0	\$15	\$0	\$15	\$0	\$15	\$42	1	1
		Nov-13	\$15	\$0	\$0	\$0	\$15	\$0	\$15	\$0	\$15	\$42	1	1
		Dec-13	\$15	\$0	\$0	\$0	\$15	\$0	\$15	\$0	\$15	\$42	1	1
		BRANCH Total	\$165	\$1,335	\$0	\$0	\$1,500	\$0	\$1,500	\$0	\$1,500	\$379	12	12
		Jan-13	\$45	\$4,810	\$0	\$138	\$4,993	\$0	\$4,993	\$0	\$4,993	\$42	1	2
		Feb-13	\$30	\$127	\$0	\$66	\$224	\$0	\$224	\$0	\$224	\$42	1	2
		Mar-13	\$30	\$140	\$0	\$30	\$200	\$0	\$200	\$0	\$200	\$42	1	2
OAPIN2	FIRA-FIRE EES	Apr-13	\$30	\$107	\$0	\$5,802	\$5,939	\$0	\$5,939	\$0	\$5,939	\$84	2	3
		May-13	\$45	\$40	\$0	\$91	\$176	\$0	\$176	\$0	\$176	\$84	2	3
		Jun-13	\$45	\$199	\$0	\$90	\$334	\$0	\$334	\$0	\$334	\$84	3	4
		Jul-13	\$45	\$486	\$0	\$5,834	\$6,365	\$0	\$6,365	\$0	\$6,365	\$84	3	4
		Aug-13	\$45	\$179	\$0	\$45	\$270	\$0	\$270	\$0	\$270	\$84	3	4
		Sep-13	\$45	\$115	\$0	\$359	\$520	\$0	\$520	\$0	\$520	\$126	3	4
		Oct-13	\$46	\$226	\$0	\$5,819	\$6,092	\$0	\$6,092	\$0	\$6,092	\$126	3	4
		Nov-13	\$105	\$37	\$0	\$93	\$235	\$0	\$235	\$0	\$235	\$126	3	4
		Dec-13	\$62	\$75	\$0	\$6,117	\$6,253	\$0	\$6,253	\$0	\$6,253	\$126	3	4
		BRANCH Total	\$576	\$6,541	\$0	\$24,484	\$31,601	\$0	\$31,601	\$0	\$31,601	\$1,053	28	40
		Jan-13	\$907	\$4,509	\$0	\$874	\$6,290	\$0	\$6,290	\$0	\$6,290	\$295	6	24
		Feb-13	\$423	\$4,909	\$0	\$864	\$6,196	\$0	\$6,196	\$0	\$6,196	\$295	6	24
		Mar-13	\$423	\$1,400	\$0	\$648	\$2,472	\$0	\$2,472	\$0	\$2,472	\$295	6	24
OAPIN2	FIRU65-RETIRED FIRE -65	Apr-13	\$469	\$3,083	\$0	\$1,494	\$5,045	\$0	\$5,045	\$0	\$5,045	\$295	6	24
		May-13	\$381	\$507	\$0	\$538	\$1,425	\$0	\$1,425	\$0	\$1,425	\$295	6	24
		Jun-13	\$423	\$454	\$0	\$561	\$1,438	\$0	\$1,438	\$0	\$1,438	\$253	6	24
		Jul-13	\$423	(\$1,096)	\$0	\$658	(\$14)	\$0	(\$14)	\$0	(\$14)	\$253	6	24
		Aug-13	\$193	\$538	\$0	\$1,042	\$1,773	\$0	\$1,773	\$0	\$1,773	\$253	6	24
		Sep-13	\$363	\$551	\$0	\$589	\$1,504	\$0	\$1,504	\$0	\$1,504	\$253	6	24
		Oct-13	\$371	\$351	\$0	\$979	\$1,701	\$0	\$1,701	\$0	\$1,701	\$253	6	24
		Nov-13	\$371	\$290	\$0	\$903	\$1,563	\$0	\$1,563	\$0	\$1,563	\$253	6	24
		Dec-13	\$371	\$833	\$0	\$845	\$2,049	\$0	\$2,049	\$0	\$2,049	\$253	6	24
		BRANCH Total	\$5,118	\$16,328	\$0	\$9,995	\$31,442	\$0	\$31,442	\$0	\$31,442	\$3,242	72	288
		Jan-13	\$0	\$0	\$0	\$478	\$478	\$0	\$478	\$0	\$478	\$42	1	2
		Feb-13	\$30	\$218	\$0	\$473	\$721	\$0	\$721	\$0	\$721	\$42	1	2
		Mar-13	\$30	\$0	\$0	\$469	\$499	\$0	\$499	\$0	\$499	\$42	1	2
OAPIN2	GENA-TEAMSTER EES	Apr-13	\$30	\$0	\$0	\$480	\$511	\$0	\$511	\$0	\$511	\$42	1	2
		May-13	\$30	\$0	\$0	\$15	\$45	\$0	\$45	\$0	\$45	\$42	1	2
		Jun-13	\$30	\$0	\$0	\$0	\$30	\$0	\$30	\$0	\$30	\$42	1	2
		Jul-13	\$30	\$36	\$0	\$1,038	\$1,104	\$0	\$1,104	\$0	\$1,104	\$42	1	2
		Aug-13	\$30	\$0	\$0	\$30	\$60	\$0	\$60	\$0	\$60	\$42	1	2
		Sep-13	\$30	\$79	\$0	\$471	\$581	\$0	\$581	\$0	\$581	\$42	1	2
		Oct-13	\$31	\$59	\$0	(\$465)	(\$376)	\$0	(\$376)	\$0	(\$376)	\$42	1	2
		Nov-13	\$31	\$0	\$0	\$495	\$526	\$0	\$526	\$0	\$526	\$42	1	2
		Dec-13	\$31	\$82	\$0	\$541	\$653	\$0	\$653	\$0	\$653	\$42	1	2
		BRANCH Total	\$335	\$473	\$0	\$4,025	\$4,832	\$0	\$4,832	\$0	\$4,832	\$505	12	24
		Jan-13	\$2,223	\$19,055	\$0	\$6,274	\$27,551	\$0	\$27,551	\$0	\$27,551	\$3,326	79	184
		Feb-13	\$2,782	\$42,051	\$0	\$7,850	\$52,683	\$0	\$52,683	\$0	\$52,683	\$3,284	78	182
		Mar-13	\$2,782	\$31,858	\$0	\$9,689	\$44,329	\$0	\$44,329	\$0	\$44,329	\$3,284	78	182
OAPIN2	GENC-COBRA TEAMSTER PA	Apr-13	\$2,676	\$22,772	\$0	\$11,361	\$36,809	\$0	\$36,809	\$0	\$36,809	\$3,200	76	179
		May-13	\$2,764	\$41,034	\$0	\$8,363	\$52,162	\$0	\$52,162	\$0	\$52,162	\$3,200	76	179
		Jun-13	\$2,722	\$21,835	\$0	\$9,217	\$33,773	\$0	\$33,773	\$0	\$33,773	\$3,284	77	179
		Jul-13	\$2,691	\$14,605	\$0	\$11,068	\$28,364	\$0	\$28,364	\$0	\$28,364	\$3,284	77	178
		Aug-13	\$2,722	\$43,056	\$0	\$9,646	\$55,424	\$0	\$55,424	\$0	\$55,424	\$3,368	80	180
		Sep-13	\$2,706	\$80,320	\$0	\$8,496	\$91,522	\$0	\$91,522	\$0	\$91,522	\$3,284	78	178
		Oct-13	\$2,750	\$20,962	\$0	\$9,798	\$33,510	\$0	\$33,510	\$0	\$33,510	\$3,242	77	176
		Nov-13	\$2,706	\$36,969	\$866	\$8,261	\$48,802	\$0	\$48,802	\$0	\$48,802	\$3,242	77	176
		Dec-13	\$2,719	\$9,936	\$0	\$9,929	\$22,583	\$0	\$22,583	\$0	\$22,583	\$3,284	78	178
		BRANCH Total	\$32,243	\$384,452	\$866	\$109,951	\$527,512	\$0	\$527,512	\$0	\$527,512	\$39,279	931	2,151
		Jan-13	\$15	\$678	\$0	\$0	\$693	\$0	\$693	\$0	\$693	\$42	1	1
		Feb-13	\$0	\$301	\$0	\$156	\$457	\$0	\$457	\$0	\$457	\$42	1	1
		Mar-13	\$0	\$398	\$0	\$73	\$471	\$0	\$471	\$0	\$471	\$42	1	1
		Apr-13	\$0	\$1,045	\$0	\$0	\$1,045	\$0	\$1,045	\$0	\$1,045	\$42	1	1
		May-13	\$0	\$327	\$0	\$73	\$400	\$0	\$400	\$0	\$400	\$42	1	1
		Jun-13	\$0	\$15,624	\$0	\$0	\$15,624	\$0	\$15,624	\$0	\$15,624	\$42	1	1
		Jul-13	\$5	\$0	\$0	\$0	\$5	\$0	\$5	\$0	\$5	\$42	1	1



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OAPIN2	GENU65-RETIRED TEAMSTE	Aug-13	\$0	\$0	\$0	\$70	\$70	\$0	\$70	\$0	\$70	\$42	1	1
		Sep-13	\$0	\$152	\$0	\$15	\$167	\$0	\$167	\$0	\$167	\$42	1	1
		Oct-13	\$5	(\$3,021)	\$0	\$43	(\$2,973)	\$0	(\$2,973)	\$0	(\$2,973)	\$42	1	1
		Nov-13	\$0	\$730	\$0	\$51	\$781	\$0	\$781	\$0	\$781	\$42	1	1
		Dec-13	\$0	\$344	\$0	\$69	\$413	\$0	\$413	\$0	\$413	\$42	1	1
		BRANCH Total	\$25	\$16,578	\$0	\$550	\$17,154	\$0	\$17,154	\$0	\$17,154	\$505	12	12
		Jan-13	\$181	\$1,687	\$0	\$821	\$2,689	\$0	\$2,689	\$0	\$2,689	\$547	13	20
		Feb-13	\$302	\$528	\$0	\$2,004	\$2,834	\$0	\$2,834	\$0	\$2,834	\$547	13	20
		Mar-13	\$302	\$4,702	\$0	\$1,716	\$6,720	\$0	\$6,720	\$0	\$6,720	\$463	11	18
		Apr-13	\$302	\$776	\$0	\$1,836	\$2,914	\$0	\$2,914	\$0	\$2,914	\$421	10	10
		May-13	\$272	\$187	\$0	\$2,465	\$2,924	\$0	\$2,924	\$0	\$2,924	\$421	10	10
		Jun-13	\$60	\$466	\$0	\$1,693	\$2,219	\$0	\$2,219	\$0	\$2,219	\$421	10	10
		Jul-13	\$151	\$921	\$0	\$1,131	\$2,204	\$0	\$2,204	\$0	\$2,204	\$421	10	10
OAPIN2	GEN650-RETIRED TEAMSTE	Aug-13	\$151	(\$273)	\$0	\$2,259	\$2,138	\$0	\$2,138	\$0	\$2,138	\$421	10	10
		Sep-13	\$102	\$2,304	\$0	\$1,151	\$3,557	\$0	\$3,557	\$0	\$3,557	\$379	9	9
		Oct-13	\$139	\$11,818	\$0	\$629	\$12,586	\$0	\$12,586	\$0	\$12,586	\$379	9	9
		Nov-13	\$139	\$594	\$0	\$1,929	\$2,663	\$0	\$2,663	\$0	\$2,663	\$379	9	9
		Dec-13	\$139	\$352	\$0	\$613	\$1,104	\$0	\$1,104	\$0	\$1,104	\$379	9	9
		BRANCH Total	\$2,243	\$24,062	\$0	\$18,247	\$44,552	\$0	\$44,552	\$0	\$44,552	\$5,178	123	144
		Jan-13	\$15	\$0	\$0	\$0	\$15	\$0	\$15	\$0	\$15	\$0	0	0
		BRANCH Total	\$15	\$0	\$0	\$0	\$15	\$0	\$15	\$0	\$15	\$0	0	0
OAPIN2	MGTA-ACTIVE MGMT EES	Jan-13	\$318	\$5,291	\$0	\$840	\$6,448	\$0	\$6,448	\$0	\$6,448	\$295	7	17
		Feb-13	\$266	\$14,164	\$0	\$1,181	\$15,611	\$0	\$15,611	\$0	\$15,611	\$337	8	20
		Mar-13	\$308	\$77,121	\$0	\$2,060	\$79,489	\$0	\$79,489	\$0	\$79,489	\$337	8	20
		Apr-13	\$318	\$1,314	\$0	\$1,192	\$2,823	\$0	\$2,823	\$0	\$2,823	\$295	7	18
		May-13	\$287	\$43,990	\$0	\$2,097	\$46,374	\$0	\$46,374	\$0	\$46,374	\$295	7	18
		Jun-13	\$292	\$3,818	\$0	\$2,315	\$6,425	\$0	\$6,425	\$0	\$6,425	\$295	7	18
		Jul-13	\$287	\$12,463	\$0	\$1,329	\$14,080	\$0	\$14,080	\$0	\$14,080	\$253	7	18
		Aug-13	\$287	\$17,709	\$0	\$4,658	\$22,655	\$0	\$22,655	\$0	\$22,655	\$295	7	18
		Sep-13	\$287	\$4,413	\$0	\$991	\$5,691	\$0	\$5,691	\$0	\$5,691	\$295	7	18
		Oct-13	\$236	\$936	\$0	\$2,050	\$3,222	\$0	\$3,222	\$0	\$3,222	\$295	7	18
		Nov-13	\$278	\$3,030	\$0	\$1,837	\$5,144	\$0	\$5,144	\$0	\$5,144	\$295	7	18
		Dec-13	\$278	\$1,753	\$0	\$1,206	\$3,237	\$0	\$3,237	\$0	\$3,237	\$295	7	18
		BRANCH Total	\$3,442	\$186,003	\$0	\$21,755	\$211,200	\$0	\$211,200	\$0	\$211,200	\$3,579	86	219
OAPIN2	MGU65-RETIRED MGMT -65	Jan-13	\$26	\$3,752	\$0	\$667	\$4,445	\$0	\$4,445	\$0	\$4,445	\$211	5	12
		Feb-13	\$181	\$8,093	\$0	\$7,701	\$15,976	\$0	\$15,976	\$0	\$15,976	\$211	5	12
		Mar-13	\$181	\$3,356	\$0	\$3,360	\$6,897	\$0	\$6,897	\$0	\$6,897	\$211	5	12
		Apr-13	\$181	\$1,156	\$0	\$5,679	\$7,016	\$0	\$7,016	\$0	\$7,016	\$126	3	6
		May-13	\$181	\$10,272	\$0	\$6,162	\$16,615	\$0	\$16,615	\$0	\$16,615	\$126	3	6
		Jun-13	\$30	\$14,248	\$0	\$4,737	\$19,015	\$0	\$19,015	\$0	\$19,015	\$126	3	6
		Jul-13	\$60	\$3,232	\$0	\$3,111	\$6,403	\$0	\$6,403	\$0	\$6,403	\$126	3	6
		Aug-13	\$91	\$2,539	\$0	\$1,245	\$3,875	\$0	\$3,875	\$0	\$3,875	\$126	3	6
		Sep-13	\$91	\$2,947	\$0	\$6,353	\$9,391	\$0	\$9,391	\$0	\$9,391	\$126	3	6
		Oct-13	\$93	\$7,353	\$0	\$799	\$8,244	\$0	\$8,244	\$0	\$8,244	\$126	3	6
		Nov-13	\$93	\$704	\$0	\$6,163	\$6,960	\$0	\$6,960	\$0	\$6,960	\$126	3	6
		Dec-13	\$93	\$705	\$0	\$5,212	\$6,010	\$0	\$6,010	\$0	\$6,010	\$126	3	6
		BRANCH Total	\$1,302	\$58,357	\$0	\$51,189	\$110,848	\$0	\$110,848	\$0	\$110,848	\$1,768	42	90
OAPIN2	PASA-ACTIVE PROF & SUPV I	Jan-13	\$197	\$525	\$0	\$714	\$1,436	\$0	\$1,436	\$0	\$1,436	\$421	10	27
		Feb-13	\$408	\$1,976	\$0	\$1,029	\$3,413	\$0	\$3,413	\$0	\$3,413	\$379	9	23
		Mar-13	\$348	\$1,243	\$0	\$499	\$2,090	\$0	\$2,090	\$0	\$2,090	\$379	9	23
		Apr-13	\$348	\$1,415	\$0	\$1,015	\$2,778	\$0	\$2,778	\$0	\$2,778	\$379	9	23
		May-13	\$348	\$5,165	\$0	\$731	\$6,244	\$0	\$6,244	\$0	\$6,244	\$379	9	23
		Jun-13	\$348	\$369	\$0	\$549	\$1,266	\$0	\$1,266	\$0	\$1,266	\$379	9	23
		Jul-13	\$348	\$867	\$0	\$1,376	\$2,591	\$0	\$2,591	\$0	\$2,591	\$379	9	23
		Aug-13	\$365	\$1,777	\$0	\$382	\$2,523	\$0	\$2,523	\$0	\$2,523	\$379	9	23
		Sep-13	\$337	\$196	\$0	\$842	\$1,375	\$0	\$1,375	\$0	\$1,375	\$379	9	23
		Oct-13	\$355	\$1,436	\$0	\$1,011	\$2,803	\$0	\$2,803	\$0	\$2,803	\$379	9	23
		Nov-13	\$355	\$5,959	\$0	\$1,254	\$7,569	\$0	\$7,569	\$0	\$7,569	\$379	9	23
		Dec-13	\$355	\$5,091	\$0	\$284	\$5,731	\$0	\$5,731	\$0	\$5,731	\$379	9	23
		BRANCH Total	\$4,111	\$26,021	\$0	\$9,689	\$39,820	\$0	\$39,820	\$0	\$39,820	\$4,589	109	280
OAPIN2	PASU65-RETIRED PROF & SL	Apr-13	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$42	1	2
		May-13	\$30	\$2,317	\$0	\$12	\$2,359	\$0	\$2,359	\$0	\$2,359	\$42	1	2
		Jun-13	\$30	\$418	\$0	\$57	\$505	\$0	\$505	\$0	\$505	\$42	1	2
		Jul-13	\$30	\$59	\$0	\$1,072	\$1,161	\$0	\$1,161	\$0	\$1,161	\$42	1	2
		Aug-13	\$30	\$195	\$0	\$22	\$247	\$0	\$247	\$0	\$247	\$42	1	2
		Sep-13	\$30	\$104	\$0	\$332	\$466	\$0	\$466	\$0	\$466	\$84	2	3
		Oct-13	\$46	\$92	\$0	\$794	\$932	\$0	\$932	\$0	\$932	\$84	2	3
		Nov-13	\$46	\$303	\$0	\$0	\$349	\$0	\$349	\$0	\$349	\$42	1	2



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BENEFIT OPTION	BRANCH	YTD/MONTH	CAP	IN NETWORK	OUT OF NETWORK	DRUG	GROSS CLAIMS	STOP LOSS	TOTAL CLAIMS NET OF STOP LOSS	HRA FUND ACTIVITY	TOTAL HRA & CLAIMS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRS
		Dec-13	\$31	\$0	\$0	\$527	\$558	\$0	\$558	\$0	\$558	\$42	1	2
	BRANCH Total		\$275	\$3,488	\$0	\$2,815	\$6,577	\$0	\$6,577	\$0	\$6,577	\$463	11	20
OAPIN2	PAS650-RETIRED PROF & SL	Aug-13	\$0	\$106	\$0	\$0	\$106	\$0	\$106	\$0	\$106	\$42	1	1
		Sep-13	\$15	\$201	\$67	\$30	\$313	\$0	\$313	\$0	\$313	\$42	1	1
		Oct-13	\$15	\$2,294	\$0	\$400	\$2,709	\$0	\$2,709	\$0	\$2,709	\$42	1	1
		Nov-13	\$15	\$1,218	\$0	\$466	\$1,700	\$0	\$1,700	\$0	\$1,700	\$42	1	1
		Dec-13	\$15	\$1,813	\$0	\$390	\$2,218	\$0	\$2,218	\$0	\$2,218	\$42	1	1
	BRANCH Total		\$61	\$5,632	\$67	\$1,286	\$7,047	\$0	\$7,047	\$0	\$7,047	\$211	5	5
BENEFIT OPTION Total			\$49,910	\$729,270	\$933	\$253,986	\$1,034,099	\$0	\$1,034,099	\$0	\$1,034,099	\$60,750	1,443	3,285
POS1	CON650-RETIRED CONFIDE	Jan-13	\$15	\$2,054	\$0	\$26	\$2,095	\$0	\$2,095	\$0	\$2,095	\$0	0	0
		Feb-13	\$0	\$47	\$0	\$0	\$47	\$0	\$47	\$0	\$47	\$0	0	0
		Mar-13	\$0	\$1,029	\$0	\$0	\$1,029	\$0	\$1,029	\$0	\$1,029	\$0	0	0
		Apr-13	\$0	\$1,014	\$0	\$0	\$1,014	\$0	\$1,014	\$0	\$1,014	\$0	0	0
		May-13	\$0	\$14	\$0	\$0	\$14	\$0	\$14	\$0	\$14	\$0	0	0
		Jun-13	\$0	\$864	\$0	\$0	\$864	\$0	\$864	\$0	\$864	\$0	0	0
		Aug-13	\$0	\$0	\$21	\$0	\$21	\$0	\$21	\$0	\$21	\$0	0	0
		Sep-13	\$0	\$539	\$0	\$0	\$539	\$0	\$539	\$0	\$539	\$0	0	0
		Oct-13	\$0	\$80	\$0	\$0	\$80	\$0	\$80	\$0	\$80	\$0	0	0
	BRANCH Total		\$15	\$5,641	\$21	\$26	\$5,703	\$0	\$5,703	\$0	\$5,703	\$0	0	0
POS1	FIRA-FIRE EES	Jan-13	\$121	\$46	\$314	(\$4,757)	(\$4,276)	\$0	(\$4,276)	\$0	(\$4,276)	\$0	0	0
	BRANCH Total		\$121	\$46	\$314	(\$4,757)	(\$4,276)	\$0	(\$4,276)	\$0	(\$4,276)	\$0	0	0
	FIRC-COBRA FIRE PARTICIP	Jan-13	\$15	\$128	\$0	\$279	\$422	\$0	\$422	\$0	\$422	\$0	0	0
		Feb-13	\$0	\$49	\$0	\$0	\$49	\$0	\$49	\$0	\$49	\$0	0	0
	BRANCH Total		\$15	\$176	\$0	\$279	\$470	\$0	\$470	\$0	\$470	\$0	0	0
POS1	FIRU65-RETIRED FIRE -65	Jan-13	\$75	\$731	\$0	\$552	\$1,358	\$0	\$1,358	\$0	\$1,358	\$0	0	0
		Feb-13	\$0	\$931	\$0	\$0	\$931	\$0	\$931	\$0	\$931	\$0	0	0
		Mar-13	\$0	\$169	\$0	\$0	\$169	\$0	\$169	\$0	\$169	\$0	0	0
		Apr-13	\$0	\$78	\$0	\$0	\$78	\$0	\$78	\$0	\$78	\$0	0	0
		Aug-13	\$0	(\$3,046)	\$0	\$0	(\$3,046)	\$0	(\$3,046)	\$0	(\$3,046)	\$0	0	0
		Sep-13	\$0	\$38	\$0	\$0	\$38	\$0	\$38	\$0	\$38	\$0	0	0
	BRANCH Total		\$75	(\$1,099)	\$0	\$552	(\$472)	\$0	(\$472)	\$0	(\$472)	\$0	0	0
POS1	GENA-TEAMSTER EES	Jan-13	\$60	\$12,657	\$0	\$0	\$12,718	\$0	\$12,718	\$0	\$12,718	\$0	0	0
	BRANCH Total		\$60	\$12,657	\$0	\$0	\$12,718	\$0	\$12,718	\$0	\$12,718	\$0	0	0
	GENU65-RETIRED TEAMSTE	Jan-13	\$29	\$0	\$0	\$0	\$29	\$0	\$29	\$0	\$29	\$0	0	0
		Feb-13	\$0	\$550	\$0	\$0	\$550	\$0	\$550	\$0	\$550	\$0	0	0
	BRANCH Total		\$29	\$550	\$0	\$0	\$579	\$0	\$579	\$0	\$579	\$0	0	0
	GEN650-RETIRED TEAMSTE	Jan-13	\$15	\$156	\$0	\$0	\$172	\$0	\$172	\$0	\$172	\$0	0	0
		Feb-13	\$0	\$57	\$0	\$0	\$57	\$0	\$57	\$0	\$57	\$0	0	0
	BRANCH Total		\$15	\$213	\$0	\$0	\$228	\$0	\$228	\$0	\$228	\$0	0	0
POS1	MGTA-ACTIVE MGMT EES	Jan-13	\$197	\$3,206	\$47	\$504	\$3,953	\$0	\$3,953	\$0	\$3,953	\$0	0	0
		Feb-13	\$0	\$258	\$47	\$0	\$305	\$0	\$305	\$0	\$305	\$0	0	0
		Jul-13	\$0	\$872	\$0	\$0	\$872	\$0	\$872	\$0	\$872	\$0	0	0
	BRANCH Total		\$197	\$4,336	\$94	\$504	\$5,130	\$0	\$5,130	\$0	\$5,130	\$0	0	0
	MGTU65-RETIRED MGMT -65	Jan-13	\$121	\$604	\$0	\$1,059	\$1,784	\$0	\$1,784	\$0	\$1,784	\$0	0	0
		Feb-13	\$0	\$7	\$0	\$0	\$7	\$0	\$7	\$0	\$7	\$0	0	0
		Mar-13	\$0	\$17	\$0	\$0	\$17	\$0	\$17	\$0	\$17	\$0	0	0
		May-13	\$0	(\$872)	\$0	\$0	(\$872)	\$0	(\$872)	\$0	(\$872)	\$0	0	0
	BRANCH Total		\$121	(\$243)	\$0	\$1,059	\$937	\$0	\$937	\$0	\$937	\$0	0	0
POS1	PASA-ACTIVE PROF & SUPV	Jan-13	\$91	\$12,879	\$0	\$616	\$13,586	\$0	\$13,586	\$0	\$13,586	\$0	0	0
		Mar-13	\$0	\$79	\$0	\$0	\$79	\$0	\$79	\$0	\$79	\$0	0	0
		Apr-13	\$0	\$33	\$0	\$0	\$33	\$0	\$33	\$0	\$33	\$0	0	0
		Jun-13	\$0	\$13	\$0	\$0	\$13	\$0	\$13	\$0	\$13	\$0	0	0
		Jul-13	\$0	\$12,000	\$0	\$0	\$12,000	\$0	\$12,000	\$0	\$12,000	\$0	0	0
		Dec-13	\$0	(\$11)	\$0	\$0	(\$11)	\$0	(\$11)	\$0	(\$11)	\$0	0	0
	BRANCH Total		\$91	\$24,993	\$0	\$616	\$25,700	\$0	\$25,700	\$0	\$25,700	\$0	0	0
POS1	PASU65-RETIRED PROF & SL	Jan-13	\$45	\$426	\$506	\$552	\$1,529	\$0	\$1,529	\$0	\$1,529	\$0	0	0
		Feb-13	\$0	(\$474)	\$0	\$0	(\$474)	\$0	(\$474)	\$0	(\$474)	\$0	0	0
		Mar-13	\$0	(\$791)	\$0	\$0	(\$791)	\$0	(\$791)	\$0	(\$791)	\$0	0	0
	BRANCH Total		\$45	(\$839)	\$506	\$552	\$264	\$0	\$264	\$0	\$264	\$0	0	0
	SPEC-SPECIAL	Jan-13	\$135	\$424	\$0	\$9	\$569	\$0	\$569	\$0	\$569	\$0	0	0



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BENEFIT OPTION	BRANCH	YTD/MONTH	CAP	IN NETWORK	OUT OF NETWORK	DRUG	GROSS CLAIMS	STOP LOSS	TOTAL CLAIMS NET OF STOP LOSS	HRA FUND ACTIVITY	TOTAL HRA & CLAIMS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRS
		Feb-13	\$0	\$35	\$0	\$0	\$35	\$0	\$35	\$0	\$35	\$0	0	0
	BRANCH Total		\$135	\$459	\$0	\$9	\$603	\$0	\$603	\$0	\$603	\$0	0	0
BENEFIT OPTION Total			\$919	\$46,891	\$935	(\$1,160)	\$47,585	\$0	\$47,585	\$0	\$47,585	\$0	0	0
POS2	CONA-ACTIVE CONFIDENTIA Nov-13		\$9	\$0	\$0	\$0	\$9	\$0	\$9	\$0	\$9	\$0	0	0
	BRANCH Total		\$9	\$0	\$0	\$0	\$9	\$0	\$9	\$0	\$9	\$0	0	0
	FIRA-FIRE EES Jan-13		\$212	\$0	\$1,737	\$0	\$1,949	\$0	\$1,949	\$0	\$1,949	\$0	0	0
	BRANCH Total		\$212	\$0	\$1,737	\$0	\$1,949	\$0	\$1,949	\$0	\$1,949	\$0	0	0
	FIRU65-RETIRED FIRE -65 Jan-13		\$91	\$275	\$0	\$52	\$417	\$0	\$417	\$0	\$417	\$0	0	0
	BRANCH Total		\$91	\$275	\$0	\$52	\$417	\$0	\$417	\$0	\$417	\$0	0	0
POS2	GENA-TEAMSTER EES Jan-13		\$181	\$0	\$0	\$0	\$181	\$0	\$181	\$0	\$181	\$0	0	0
	Feb-13		\$0	\$51	\$0	\$0	\$51	\$0	\$51	\$0	\$51	\$0	0	0
	BRANCH Total		\$181	\$51	\$0	\$0	\$233	\$0	\$233	\$0	\$233	\$0	0	0
	GENC-COBRA TEAMSTER PA Jan-13		\$0	\$203	\$0	\$78	\$280	\$0	\$280	\$0	\$280	\$0	0	0
	BRANCH Total		\$0	\$203	\$0	\$78	\$280	\$0	\$280	\$0	\$280	\$0	0	0
	GENU65-RETIRED TEAMSTE Jan-13		\$132	\$8,388	\$0	\$439	\$8,960	\$0	\$8,960	\$0	\$8,960	\$0	0	0
	Mar-13		\$0	\$0	\$13,455	\$0	\$13,455	\$0	\$13,455	\$0	\$13,455	\$0	0	0
	May-13		\$0	\$53	\$0	\$0	\$53	\$0	\$53	\$0	\$53	\$0	0	0
	Jun-13		\$0	\$5,070	\$0	\$0	\$5,070	\$0	\$5,070	\$0	\$5,070	\$0	0	0
	BRANCH Total		\$132	\$13,511	\$13,455	\$439	\$27,538	\$0	\$27,538	\$0	\$27,538	\$0	0	0
POS2	GEN650-RETIRED TEAMSTE Jan-13		\$30	\$182	\$0	\$211	\$423	\$0	\$423	\$0	\$423	\$0	0	0
	BRANCH Total		\$30	\$182	\$0	\$211	\$423	\$0	\$423	\$0	\$423	\$0	0	0
	MGTC-COBRA MGMT PARTI Jan-13		\$30	\$0	\$0	\$126	\$156	\$0	\$156	\$0	\$156	\$0	0	0
	BRANCH Total		\$30	\$0	\$0	\$126	\$156	\$0	\$156	\$0	\$156	\$0	0	0
	MGTU65-RETIRED MGMT -65 Jan-13		\$15	\$0	\$0	\$0	\$15	\$0	\$15	\$0	\$15	\$0	0	0
	BRANCH Total		\$15	\$0	\$0	\$0	\$15	\$0	\$15	\$0	\$15	\$0	0	0
	MGT650-RETIRED MGMT 65+ Jan-13		\$30	\$798	\$17	\$150	\$996	\$0	\$996	\$0	\$996	\$0	0	0
	Mar-13		\$0	\$1,156	\$0	\$0	\$1,156	\$0	\$1,156	\$0	\$1,156	\$0	0	0
	BRANCH Total		\$30	\$1,954	\$17	\$150	\$2,152	\$0	\$2,152	\$0	\$2,152	\$0	0	0
POS2	PASA-ACTIVE PROF & SUPV I Jan-13		\$15	\$0	\$0	\$0	\$15	\$0	\$15	\$0	\$15	\$0	0	0
	BRANCH Total		\$15	\$0	\$0	\$0	\$15	\$0	\$15	\$0	\$15	\$0	0	0
	PASU65-RETIRED PROF & SL Jan-13		\$30	\$0	\$0	\$0	\$30	\$0	\$30	\$0	\$30	\$0	0	0
	BRANCH Total		\$30	\$0	\$0	\$0	\$30	\$0	\$30	\$0	\$30	\$0	0	0
BENEFIT OPTION Total			\$777	\$16,177	\$15,209	\$1,055	\$33,217	\$0	\$33,217	\$0	\$33,217	\$0	0	0
VIS	ADCH-ADULT/CHILD EES Feb-13		\$0	\$200	\$0	\$0	\$200	\$0	\$200	\$0	\$200	\$0	0	0
	BRANCH Total		\$0	\$200	\$0	\$0	\$200	\$0	\$200	\$0	\$200	\$0	0	0
	CONA-ACTIVE CONFIDENTIA Feb-13		\$0	\$2,091	\$0	\$0	\$2,091	\$0	\$2,091	\$0	\$2,091	\$0	0	0
	Feb-13		\$0	\$884	\$0	\$0	\$884	\$0	\$884	\$0	\$884	\$0	0	0
	BRANCH Total		\$0	\$2,975	\$0	\$0	\$2,975	\$0	\$2,975	\$0	\$2,975	\$0	0	0
	CONU65-RETIRED CONFIDE Jan-13		\$0	\$349	\$0	\$0	\$349	\$0	\$349	\$0	\$349	\$0	0	0
	BRANCH Total		\$0	\$349	\$0	\$0	\$349	\$0	\$349	\$0	\$349	\$0	0	0
	CON650-RETIRED CONFIDE Feb-13		\$0	\$218	\$0	\$0	\$218	\$0	\$218	\$0	\$218	\$0	0	0
	BRANCH Total		\$0	\$218	\$0	\$0	\$218	\$0	\$218	\$0	\$218	\$0	0	0
VIS	FIRA-FIRE EES Jan-13		\$0	\$24,833	\$0	\$0	\$24,833	\$0	\$24,833	\$0	\$24,833	\$0	0	0
	Feb-13		\$0	\$22,315	\$0	\$0	\$22,315	\$0	\$22,315	\$0	\$22,315	\$0	0	0
	Mar-13		\$0	\$2,329	\$0	\$0	\$2,329	\$0	\$2,329	\$0	\$2,329	\$0	0	0
	Apr-13		\$0	\$200	\$0	\$0	\$200	\$0	\$200	\$0	\$200	\$0	0	0
	Jun-13		\$0	\$400	\$0	\$0	\$400	\$0	\$400	\$0	\$400	\$0	0	0
	Sep-13		\$0	\$292	\$0	\$0	\$292	\$0	\$292	\$0	\$292	\$0	0	0
	Oct-13		\$0	\$60	\$0	\$0	\$60	\$0	\$60	\$0	\$60	\$0	0	0
	BRANCH Total		\$0	\$50,429	\$0	\$0	\$50,429	\$0	\$50,429	\$0	\$50,429	\$0	0	0
	FIRC-COBRA FIRE PARTICIP Jan-13		\$0	\$245	\$0	\$0	\$245	\$0	\$245	\$0	\$245	\$0	0	0
	Feb-13		\$0	\$780	\$0	\$0	\$780	\$0	\$780	\$0	\$780	\$0	0	0
	BRANCH Total		\$0	\$1,025	\$0	\$0	\$1,025	\$0	\$1,025	\$0	\$1,025	\$0	0	0



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BENEFIT OPTION	BRANCH	YTD/MONTH	CAP	IN NETWORK	OUT OF NETWORK	DRUG	GROSS CLAIMS	STOP LOSS	TOTAL CLAIMS NET OF STOP LOSS	HRA FUND ACTIVITY	TOTAL HRA & CLAIMS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRS	
VIS	FIRU65-RETIRED FIRE -65	Jan-13	\$0	\$2,707	\$0	\$0	\$2,707	\$0	\$2,707	\$0	\$2,707	\$0	0	0	
		Feb-13	\$0	\$1,298	\$0	\$0	\$1,298	\$0	\$1,298	\$0	\$1,298	\$0	0	0	
		Mar-13	\$0	\$200	\$0	\$0	\$200	\$0	\$200	\$0	\$200	\$0	0	0	
		Jun-13	\$0	\$45	\$0	\$0	\$45	\$0	\$45	\$0	\$45	\$0	0	0	
	BRANCH Total		\$0	\$4,249	\$0	\$0	\$4,249	\$0	\$4,249	\$0	\$4,249	\$0	0	0	
	GENA-TEAMSTER EES	Jan-13	\$0	\$41,627	\$0	\$0	\$41,627	\$0	\$41,627	\$0	\$41,627	\$0	0	0	
		Feb-13	\$0	\$37,119	\$0	\$0	\$37,119	\$0	\$37,119	\$0	\$37,119	\$0	0	0	
		Mar-13	\$0	\$4,511	\$0	\$0	\$4,511	\$0	\$4,511	\$0	\$4,511	\$0	0	0	
		Apr-13	\$0	\$1,133	\$0	\$0	\$1,133	\$0	\$1,133	\$0	\$1,133	\$0	0	0	
		May-13	\$0	\$1,597	\$0	\$0	\$1,597	\$0	\$1,597	\$0	\$1,597	\$0	0	0	
VIS		Jun-13	\$0	\$998	\$0	\$0	\$998	\$0	\$998	\$0	\$998	\$0	0	0	
		Nov-13	\$0	\$658	\$0	\$0	\$658	\$0	\$658	\$0	\$658	\$0	0	0	
	BRANCH Total		\$0	\$87,644	\$0	\$0	\$87,644	\$0	\$87,644	\$0	\$87,644	\$0	0	0	
	GENC-COBRA TEAMSTER PA	Jan-13	\$0	\$260	\$0	\$0	\$260	\$0	\$260	\$0	\$260	\$0	0	0	
	BRANCH Total		\$0	\$260	\$0	\$0	\$260	\$0	\$260	\$0	\$260	\$0	0	0	
	GENU65-RETIRED TEAMSTEI	Jan-13	\$0	\$3,798	\$0	\$0	\$3,798	\$0	\$3,798	\$0	\$3,798	\$0	0	0	
		Feb-13	\$0	\$4,347	\$0	\$0	\$4,347	\$0	\$4,347	\$0	\$4,347	\$0	0	0	
		Jun-13	\$0	\$56	\$0	\$0	\$56	\$0	\$56	\$0	\$56	\$0	0	0	
	BRANCH Total		\$0	\$8,201	\$0	\$0	\$8,201	\$0	\$8,201	\$0	\$8,201	\$0	0	0	
	VIS	GEN650-RETIRED TEAMSTEI	Feb-13	\$0	\$381	\$0	\$0	\$381	\$0	\$381	\$0	\$381	\$0	0	0
BRANCH Total			\$0	\$381	\$0	\$0	\$381	\$0	\$381	\$0	\$381	\$0	0	0	
MGTA-ACTIVE MGMT EES		Jan-13	\$0	\$10,020	\$0	\$0	\$10,020	\$0	\$10,020	\$0	\$10,020	\$0	0	0	
		Feb-13	\$0	\$12,796	\$0	\$0	\$12,796	\$0	\$12,796	\$0	\$12,796	\$0	0	0	
		Mar-13	\$0	\$1,598	\$0	\$0	\$1,598	\$0	\$1,598	\$0	\$1,598	\$0	0	0	
		Apr-13	\$0	\$80	\$0	\$0	\$80	\$0	\$80	\$0	\$80	\$0	0	0	
		May-13	\$0	\$262	\$0	\$0	\$262	\$0	\$262	\$0	\$262	\$0	0	0	
BRANCH Total			\$0	\$24,756	\$0	\$0	\$24,756	\$0	\$24,756	\$0	\$24,756	\$0	0	0	
VIS		MGTC-COBRA MGMT PARTI	Jan-13	\$0	\$219	\$0	\$0	\$219	\$0	\$219	\$0	\$219	\$0	0	0
		BRANCH Total		\$0	\$219	\$0	\$0	\$219	\$0	\$219	\$0	\$219	\$0	0	0
	MGTU65-RETIRED MGMT -65	Jan-13	\$0	\$1,291	\$0	\$0	\$1,291	\$0	\$1,291	\$0	\$1,291	\$0	1	2	
		Feb-13	\$0	\$3,030	\$0	\$0	\$3,030	\$0	\$3,030	\$0	\$3,030	\$0	0	0	
		Mar-13	\$0	\$914	\$0	\$0	\$914	\$0	\$914	\$0	\$914	\$0	0	0	
	BRANCH Total		\$0	\$5,235	\$0	\$0	\$5,235	\$0	\$5,235	\$0	\$5,235	\$0	1	2	
	VIS	MGT650-RETIRED MGMT 65+	Feb-13	\$0	\$57	\$0	\$0	\$57	\$0	\$57	\$0	\$57	\$0	0	0
			Mar-13	\$0	\$17	\$0	\$0	\$17	\$0	\$17	\$0	\$17	\$0	0	0
		BRANCH Total		\$0	\$74	\$0	\$0	\$74	\$0	\$74	\$0	\$74	\$0	0	0
		VIS	PASA-ACTIVE PROF & SUPV I	Jan-13	\$0	\$10,882	\$0	\$0	\$10,882	\$0	\$10,882	\$0	\$10,882	\$0	0
			Feb-13	\$0	\$12,948	\$0	\$0	\$12,948	\$0	\$12,948	\$0	\$12,948	\$0	0	0
			Mar-13	\$0	\$1,020	\$0	\$0	\$1,020	\$0	\$1,020	\$0	\$1,020	\$0	0	0
			Apr-13	\$0	\$238	\$0	\$0	\$238	\$0	\$238	\$0	\$238	\$0	0	0
			Jul-13	\$0	\$260	\$0	\$0	\$260	\$0	\$260	\$0	\$260	\$0	0	0
			Nov-13	\$0	\$58	\$0	\$0	\$58	\$0	\$58	\$0	\$58	\$0	0	0
BRANCH Total				\$0	\$25,406	\$0	\$0	\$25,406	\$0	\$25,406	\$0	\$25,406	\$0	0	0
PASU65-RETIRED PROF & SL	Jan-13		\$0	\$1,672	\$0	\$0	\$1,672	\$0	\$1,672	\$0	\$1,672	\$0	0	0	
	Feb-13		\$0	\$606	\$0	\$0	\$606	\$0	\$606	\$0	\$606	\$0	0	0	
	Mar-13		\$0	\$245	\$0	\$0	\$245	\$0	\$245	\$0	\$245	\$0	0	0	
BRANCH Total		\$0	\$2,523	\$0	\$0	\$2,523	\$0	\$2,523	\$0	\$2,523	\$0	0	0		
BENEFIT OPTION Total			\$0	\$214,145	\$0	\$0	\$214,145	\$0	\$214,145	\$0	\$214,145	\$0	1	2	
Grand Total			\$641,908	\$11,927,533	\$71,352	#####	\$15,420,562	(\$577,937)	\$14,842,624	\$590,277	\$15,432,901	\$866,830	19,623	44,907	
				\$213,885	(\$260)		\$590,277				\$16,010,838				
							\$16,010,838								
										\$535,434					
										\$54,843					
										\$590,277					
										\$0			1,635	3,742	



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BENEFIT OPTION	BRANCH	YTD/MONTH	CAP	IN NETWORK	OUT OF NETWORK	DRUG	GROSS CLAIMS	STOP LOSS	TOTAL CLAIMS NET OF STOP LOSS	HRA FUND ACTIVITY	TOTAL HRA & CLAIMS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRS
(\$16,010,838)														



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BENEFIT OPTION	BRANCH	YTD/MONTH	TOTAL SUBS	TOTAL MBRS
HDHP RET	CON65O-RETIRED CONFIDEN	Jan-13	1	1
HDHP RET	FIRU65-RETIRED FIRE -65	Jan-13	2	3
HDHP RET	FIR65O-RETIRED FIRE 65+	Jan-13	0	0
HDHP RET	GENU65-RETIRED TEAMSTEF	Jan-13	8	13
HDHP RET	GEN65O-RETIRED TEAMSTEF	Jan-13	0	0
HDHP RET	MGTU65-RETIRED MGMT -65	Jan-13	5	10
HDHP RET	MGT65O-RETIRED MGMT 65+	Jan-13	2	4
HDHP RET	PASU65-RETIRED PROF & SU	Jan-13	2	3
HRA	ADCH-ADULT/CHILD EES	Jan-13	4	4
HRA	CONA-ACTIVE CONFIDENTIAL	Jan-13	22	53
HRA	FIRA-FIRE EES	Jan-13	167	450
HRA	GENA-TEAMSTER EES	Jan-13	303	776
HRA	MGTA-ACTIVE MGMT EES	Jan-13	77	203
HRA	MGTC-COBRA MGMT PARTIC	Jan-13	1	1
HRA	PASA-ACTIVE PROF & SUPV f	Jan-13	83	213
OAPIN1	ADCH-ADULT/CHILD EES	Jan-13	15	15
OAPIN1	ADCHC-COBRA ADULT/CHILD	Jan-13	1	1
OAPIN1	CONA-ACTIVE CONFIDENTIAL	Jan-13	11	14
OAPIN1	CONC-COBRA CONFIDENTIAL	Jan-13	1	1
OAPIN1	CONU65-RETIRED CONFIDEN	Jan-13	7	9
OAPIN1	CON65O-RETIRED CONFIDEN	Jan-13	0	0
OAPIN1	FIRA-FIRE EES	Jan-13	109	285
OAPIN1	FIRC-COBRA FIRE PARTICIPA	Jan-13	6	11
OAPIN1	FIRU65-RETIRED FIRE -65	Jan-13	27	52
OAPIN1	FIR65O-RETIRED FIRE 65+	Jan-13	1	1
OAPIN1	GENA-TEAMSTER EES	Jan-13	372	764
OAPIN1	GENC-COBRA TEAMSTER PA	Jan-13	9	9
OAPIN1	GENU65-RETIRED TEAMSTEF	Jan-13	58	91
OAPIN1	GEN65O-RETIRED TEAMSTEF	Jan-13	10	13
OAPIN1	MGTA-ACTIVE MGMT EES	Jan-13	92	225
OAPIN1	MGTC-COBRA MGMT PARTIC	Jan-13	7	7
OAPIN1	MGTU65-RETIRED MGMT -65	Jan-13	37	68
OAPIN1	MGT65O-RETIRED MGMT 65+	Jan-13	3	9
OAPIN1	PASA-ACTIVE PROF & SUPV f	Jan-13	102	233
OAPIN1	PASC-COBRA PROF & SUPV f	Jan-13	2	7
OAPIN1	PASU65-RETIRED PROF & SU	Jan-13	14	28



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BENEFIT OPTION	BRANCH	YTD/MONTH	TOTAL SUBS	TOTAL MBRS
OAPIN1	PAS65O-RETIRED PROF & SU	Jan-13	1	2
OAPIN1	RNOMC-RETIREEES WITH MEI	Jan-13	0	0
OAPIN1	SPEC-SPECIAL	Jan-13	4	9
OAPIN2	ADCH-ADULT/CHILD EES	Jan-13	1	1
OAPIN2	CONA-ACTIVE CONFIDENTIAL	Jan-13	1	2
OAPIN2	FIRA-FIRE EES	Jan-13	6	24
OAPIN2	FIRU65-RETIRED FIRE -65	Jan-13	1	2
OAPIN2	GENA-TEAMSTER EES	Jan-13	79	184
OAPIN2	GENC-COBRA TEAMSTER PA	Jan-13	1	1
OAPIN2	GENU65-RETIRED TEAMSTEF	Jan-13	13	20
OAPIN2	MGTA-ACTIVE MGMT EES	Jan-13	7	17
OAPIN2	MGTU65-RETIRED MGMT -65	Jan-13	5	12
OAPIN2	PASA-ACTIVE PROF & SUPV I	Jan-13	10	27
OAPIN2	MGTU65-RETIRED MGMT -65	Jan-13	1	2
			1,691	3,880
			Feb-13	1
			Feb-13	3
			Feb-13	0
			Feb-13	14
			Feb-13	0
			Feb-13	10
			Feb-13	2
			Feb-13	4
			Feb-13	4
			Feb-13	53
			Feb-13	456
			Feb-13	780
			Feb-13	213
			Feb-13	1
			Feb-13	212
			Feb-13	15
			Feb-13	1
			Feb-13	14
			Feb-13	1
			Feb-13	9



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BENEFIT OPTION	BRANCH	YTD/MONTH	TOTAL SUBS	TOTAL MBRS
		Feb-13	0	0
		Feb-13	109	287
		Feb-13	6	11
		Feb-13	24	45
		Feb-13	1	1
		Feb-13	373	764
		Feb-13	9	9
		Feb-13	56	87
		Feb-13	9	12
		Feb-13	89	217
		Feb-13	8	8
		Feb-13	36	64
		Feb-13	3	9
		Feb-13	103	237
		Feb-13	1	4
		Feb-13	14	28
		Feb-13	1	2
		Feb-13	4	9
		Feb-13	1	1
		Feb-13	1	2
		Feb-13	6	24
		Feb-13	1	2
		Feb-13	78	182
		Feb-13	1	1
		Feb-13	13	20
		Feb-13	8	20
		Feb-13	5	12
		Feb-13	9	23
			1,689	3,874
		Mar-13	1	1
		Mar-13	2	3
		Mar-13	7	13
		Mar-13	0	0
		Mar-13	5	10
		Mar-13	1	2



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BENEFIT OPTION	BRANCH	YTD/MONTH	TOTAL SUBS	TOTAL MBRS
		Mar-13	3	8
		Mar-13	4	4
		Mar-13	22	53
		Mar-13	172	453
		Mar-13	305	785
		Mar-13	78	207
		Mar-13	1	1
		Mar-13	82	211
		Mar-13	15	15
		Mar-13	1	1
		Mar-13	11	14
		Mar-13	0	0
		Mar-13	7	9
		Mar-13	108	291
		Mar-13	5	5
		Mar-13	22	43
		Mar-13	1	1
		Mar-13	372	762
		Mar-13	9	9
		Mar-13	51	74
		Mar-13	8	11
		Mar-13	89	217
		Mar-13	9	9
		Mar-13	35	63
		Mar-13	1	2
		Mar-13	102	232
		Mar-13	0	0
		Mar-13	16	33
		Mar-13	1	2
		Mar-13	4	9
		Mar-13	1	1
		Mar-13	1	2
		Mar-13	6	24
		Mar-13	1	2
		Mar-13	78	182
		Mar-13	1	1



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BENEFIT OPTION	BRANCH	YTD/MONTH	TOTAL SUBS	TOTAL MBRS
		Mar-13	11	18
		Mar-13	8	20
		Mar-13	5	12
		Mar-13	9	23
			1,671	3,838
		Apr-13	1	1
		Apr-13	2	3
		Apr-13	3	5
		Apr-13	5	10
		Apr-13	1	1
		Apr-13	1	1
		Apr-13	4	4
		Apr-13	21	50
		Apr-13	171	452
		Apr-13	305	787
		Apr-13	80	209
		Apr-13	1	1
		Apr-13	83	214
		Apr-13	13	13
		Apr-13	1	1
		Apr-13	11	14
		Apr-13	0	0
		Apr-13	7	7
		Apr-13	0	0
		Apr-13	106	285
		Apr-13	4	4
		Apr-13	23	44
		Apr-13	1	1
		Apr-13	370	753
		Apr-13	10	10
		Apr-13	38	49
		Apr-13	3	4
		Apr-13	88	208
		Apr-13	9	9
		Apr-13	31	45



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BENEFIT OPTION	BRANCH	YTD/MONTH	TOTAL SUBS	TOTAL MBRS
		Apr-13	1	2
		Apr-13	102	231
		Apr-13	1	1
		Apr-13	15	28
		Apr-13	0	0
		Apr-13	0	0
		Apr-13	4	9
		Apr-13	1	1
		Apr-13	2	3
		Apr-13	6	24
		Apr-13	1	2
		Apr-13	76	179
		Apr-13	1	1
		Apr-13	10	10
		Apr-13	7	18
		Apr-13	3	6
		Apr-13	9	23
OAPIN2	PASU65-RETIRED PROF & SU	Apr-13	1	2
			1,633	3,725
		May-13	1	1
		May-13	2	3
		May-13	3	5
		May-13	5	10
		May-13	1	1
		May-13	1	1
		May-13	4	4
		May-13	21	50
		May-13	172	459
		May-13	304	784
		May-13	81	210
		May-13	1	1
		May-13	84	216
		May-13	13	13
		May-13	1	1
		May-13	12	15



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BENEFIT OPTION	BRANCH	YTD/MONTH	TOTAL SUBS	TOTAL MBRs
		May-13	0	0
		May-13	7	7
		May-13	106	286
		May-13	4	4
		May-13	23	44
		May-13	1	1
		May-13	367	747
		May-13	10	10
		May-13	35	45
		May-13	3	4
		May-13	88	209
		May-13	9	9
		May-13	31	45
		May-13	1	2
		May-13	103	232
		May-13	1	1
		May-13	15	28
		May-13	0	0
		May-13	4	9
		May-13	1	1
		May-13	2	3
		May-13	6	24
		May-13	1	2
		May-13	76	179
		May-13	1	1
		May-13	10	10
		May-13	7	18
		May-13	3	6
		May-13	9	23
		May-13	1	2
			1,631	3,726
		Jun-13	1	1
		Jun-13	2	3
		Jun-13	3	5
		Jun-13	4	9



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BENEFIT OPTION	BRANCH	YTD/MONTH	TOTAL SUBS	TOTAL MBRS
		Jun-13	1	1
		Jun-13	1	1
		Jun-13	4	4
		Jun-13	20	48
		Jun-13	171	456
		Jun-13	304	784
		Jun-13	81	210
		Jun-13	1	1
		Jun-13	84	216
		Jun-13	13	13
		Jun-13	1	1
		Jun-13	12	15
		Jun-13	7	7
		Jun-13	108	294
		Jun-13	4	4
		Jun-13	22	43
		Jun-13	1	1
		Jun-13	366	751
		Jun-13	12	12
		Jun-13	35	43
		Jun-13	3	4
		Jun-13	88	209
		Jun-13	9	9
		Jun-13	32	45
		Jun-13	1	2
		Jun-13	102	231
		Jun-13	1	1
		Jun-13	15	28
		Jun-13	4	9
		Jun-13	1	1
		Jun-13	3	4
		Jun-13	6	24
		Jun-13	1	2
		Jun-13	77	179
		Jun-13	1	1
		Jun-13	10	10



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BENEFIT OPTION	BRANCH	YTD/MONTH	TOTAL SUBS	TOTAL MBRS
HRA	FIRC-COBRA FIRE PARTICIPA	Jun-13	7	18
		Jun-13	3	6
		Jun-13	9	23
		Jun-13	1	2
			1,632	3,731
		Jul-13	1	1
		Jul-13	2	3
		Jul-13	0	0
		Jul-13	3	5
		Jul-13	0	0
		Jul-13	4	9
		Jul-13	1	1
		Jul-13	4	4
		Jul-13	20	49
		Jul-13	170	454
		Jul-13	1	1
		Jul-13	304	783
		Jul-13	83	214
		Jul-13	1	1
		Jul-13	83	214
		Jul-13	13	13
		Jul-13	1	1
		Jul-13	12	15
		Jul-13	7	7
		Jul-13	0	0
		Jul-13	106	290
		Jul-13	4	4
		Jul-13	22	43
		Jul-13	1	1
		Jul-13	364	747
		Jul-13	11	11
		Jul-13	35	43
		Jul-13	3	4
		Jul-13	89	215
		Jul-13	9	9



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BENEFIT OPTION	BRANCH	YTD/MONTH	TOTAL SUBS	TOTAL MBRS
		Jul-13	30	41
		Jul-13	1	2
		Jul-13	101	227
		Jul-13	1	1
		Jul-13	15	28
		Jul-13	4	9
		Jul-13	1	1
		Jul-13	3	4
		Jul-13	6	24
		Jul-13	1	2
		Jul-13	77	178
		Jul-13	1	1
		Jul-13	10	10
		Jul-13	7	18
		Jul-13	3	6
		Jul-13	9	23
		Jul-13	1	2
			1,625	3,719
		Aug-13	1	1
		Aug-13	2	3
		Aug-13	3	5
		Aug-13	4	9
		Aug-13	0	0
		Aug-13	0	0
		Aug-13	4	4
		Aug-13	20	50
		Aug-13	166	448
		Aug-13	1	1
		Aug-13	305	778
		Aug-13	81	212
		Aug-13	1	1
		Aug-13	84	218
OAFE1-OAP IN-NET PLAN 1 (NC/CA ON MGTU65-RETIRED MGMT -65		Aug-13	0	0
		Aug-13	13	13
		Aug-13	1	1



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BENEFIT OPTION	BRANCH	YTD/MONTH	TOTAL SUBS	TOTAL MBRS
		Aug-13	12	15
		Aug-13	6	6
		Aug-13	104	283
		Aug-13	3	3
		Aug-13	22	43
		Aug-13	1	1
		Aug-13	363	747
		Aug-13	10	10
		Aug-13	35	43
		Aug-13	3	4
		Aug-13	86	207
		Aug-13	8	8
		Aug-13	30	41
		Aug-13	2	4
		Aug-13	101	229
		Aug-13	1	1
		Aug-13	15	28
		Aug-13	4	9
		Aug-13	1	1
		Aug-13	3	4
		Aug-13	6	24
		Aug-13	1	2
		Aug-13	80	180
		Aug-13	1	1
		Aug-13	10	10
		Aug-13	7	18
		Aug-13	3	6
		Aug-13	9	23
		Aug-13	1	2
OAPIN2	PAS65O-RETIRED PROF & SU	Aug-13	1	1
			1,615	3,698
		Sep-13	1	1
		Sep-13	2	3
		Sep-13	3	5
		Sep-13	4	9



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BENEFIT OPTION	BRANCH	YTD/MONTH	TOTAL SUBS	TOTAL MBRs
		Sep-13	0	0
		Sep-13	4	4
		Sep-13	20	50
		Sep-13	166	448
		Sep-13	1	1
		Sep-13	306	780
		Sep-13	80	208
		Sep-13	1	1
		Sep-13	82	214
		Sep-13	0	0
		Sep-13	14	14
		Sep-13	1	1
		Sep-13	12	15
		Sep-13	6	6
		Sep-13	104	284
		Sep-13	2	2
		Sep-13	21	42
		Sep-13	1	1
		Sep-13	362	746
		Sep-13	10	10
		Sep-13	36	44
		Sep-13	3	4
		Sep-13	86	207
		Sep-13	8	8
		Sep-13	30	41
		Sep-13	2	4
		Sep-13	100	226
		Sep-13	1	1
		Sep-13	15	28
		Sep-13	0	0
		Sep-13	4	9
		Sep-13	1	1
		Sep-13	3	4
		Sep-13	6	24
		Sep-13	1	2
		Sep-13	78	178



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BENEFIT OPTION	BRANCH	YTD/MONTH	TOTAL SUBS	TOTAL MBRS
		Sep-13	1	1
		Sep-13	9	9
		Sep-13	7	18
		Sep-13	3	6
		Sep-13	9	23
		Sep-13	2	3
		Sep-13	1	1
			1,609	3,687
		Oct-13	1	1
		Oct-13	2	3
		Oct-13	3	5
		Oct-13	4	9
		Oct-13	4	4
		Oct-13	18	45
		Oct-13	166	449
		Oct-13	1	1
		Oct-13	306	778
		Oct-13	77	195
		Oct-13	1	1
		Oct-13	81	214
		Oct-13	14	14
		Oct-13	1	1
		Oct-13	13	16
		Oct-13	6	6
		Oct-13	104	285
		Oct-13	2	2
		Oct-13	21	42
		Oct-13	1	1
		Oct-13	362	745
		Oct-13	10	10
		Oct-13	37	44
		Oct-13	3	4
		Oct-13	87	213
		Oct-13	8	8
		Oct-13	30	41



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BENEFIT OPTION	BRANCH	YTD/MONTH	TOTAL SUBS	TOTAL MBRS
		Oct-13	2	4
		Oct-13	99	221
		Oct-13	1	1
		Oct-13	15	28
		Oct-13	4	9
		Oct-13	1	1
		Oct-13	3	4
		Oct-13	6	24
		Oct-13	1	2
		Oct-13	77	176
		Oct-13	1	1
		Oct-13	9	9
		Oct-13	7	18
		Oct-13	3	6
		Oct-13	9	23
		Oct-13	2	3
		Oct-13	1	1
			1,604	3,668
		Nov-13	1	1
		Nov-13	2	3
		Nov-13	3	5
		Nov-13	4	9
		Nov-13	1	3
		Nov-13	5	5
		Nov-13	19	47
		Nov-13	166	449
		Nov-13	1	1
		Nov-13	305	776
		Nov-13	77	195
		Nov-13	1	1
		Nov-13	83	217
		Nov-13	14	14
		Nov-13	1	1
		Nov-13	13	16
		Nov-13	6	6



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BENEFIT OPTION	BRANCH	YTD/MONTH	TOTAL SUBS	TOTAL MBRS
		Nov-13	104	287
		Nov-13	2	2
		Nov-13	21	42
		Nov-13	1	1
		Nov-13	361	744
		Nov-13	10	10
		Nov-13	37	44
		Nov-13	3	4
		Nov-13	87	212
		Nov-13	8	8
		Nov-13	30	41
		Nov-13	2	4
		Nov-13	102	225
		Nov-13	1	1
		Nov-13	15	28
		Nov-13	4	9
		Nov-13	1	1
		Nov-13	3	4
		Nov-13	6	24
		Nov-13	1	2
		Nov-13	77	176
		Nov-13	1	1
		Nov-13	9	9
		Nov-13	7	18
		Nov-13	3	6
		Nov-13	9	23
		Nov-13	1	2
		Nov-13	1	1
			1,609	3,678
		Dec-13	1	1
		Dec-13	2	3
		Dec-13	3	5
		Dec-13	4	9
		Dec-13	1	3
		Dec-13	5	5



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BENEFIT OPTION	BRANCH	YTD/MONTH	TOTAL SUBS	TOTAL MBRS
		Dec-13	19	47
		Dec-13	166	449
		Dec-13	1	1
		Dec-13	305	776
		Dec-13	77	195
		Dec-13	1	1
		Dec-13	84	218
		Dec-13	14	14
		Dec-13	1	1
		Dec-13	13	16
		Dec-13	6	6
		Dec-13	104	286
		Dec-13	2	2
		Dec-13	21	42
		Dec-13	1	1
		Dec-13	362	746
		Dec-13	10	10
		Dec-13	37	43
		Dec-13	3	4
		Dec-13	88	216
		Dec-13	8	8
		Dec-13	30	39
		Dec-13	2	4
		Dec-13	103	225
		Dec-13	1	1
		Dec-13	15	28
		Dec-13	4	9
		Dec-13	1	1
		Dec-13	3	4
		Dec-13	6	24
		Dec-13	1	2
		Dec-13	78	178
		Dec-13	1	1
		Dec-13	9	9
		Dec-13	7	18
		Dec-13	3	6



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BENEFIT OPTION	BRANCH	YTD/MONTH	TOTAL SUBS	TOTAL MBRS
		Dec-13	9	23
		Dec-13	1	2
		Dec-13	1	1
			1,614	3,683



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CITY OF FORT LAUDERDALE

MONTHLY HEALTHCARE DETAIL EXPERIENCE REPORT

January 2014 thru December 2014

RAT : RETROSPECTIVELY RATED - PARTICIPATING

Reported Premium: ASO Fees

Reported Claims: All Claims, Med-Drug Elig, Med Elig

Note: Paid claim dollars include amounts deducted from your account and paid to vendors for cost containment services.

BENEFIT OPTION	BRANCH	Date	CAP	In	Out	DRUG	Gross	S/L	TOTAL CLAIMS NET OF STOP LOSS	HRA Drug	HRA Med	TOTAL HRA & CLAIMS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRS
HDHP RETIREE	CONU65-RETIRED CONFIDENTIAL -65	Jul-14	\$19	\$0	\$0	\$0	\$19	\$0	\$19	\$0	\$0	\$19	\$0	0	0
	BRANCH Total		\$19	\$0	\$0	\$0	\$19	\$0	\$19	\$0	\$0	\$19	\$0	0	0
HDHP RETIREE	CON650-RETIRED CONFIDENTIAL 65+	Jan-14	\$12	\$1,830	\$0	\$44	\$1,885	\$0	\$1,885	\$0	\$0	\$1,885	\$42	1	1
		Feb-14	\$13	\$997	\$0	\$0	\$1,010	\$0	\$1,010	\$0	\$0	\$1,010	\$42	1	1
		Mar-14	\$13	\$3,105	\$0	\$26	\$3,143	\$0	\$3,143	\$0	\$0	\$3,143	\$42	1	1
		Apr-14	\$13	\$2,247	\$53	\$24	\$2,337	\$0	\$2,337	\$0	\$0	\$2,337	\$42	1	1
		May-14	\$13	\$5,510	\$0	\$4,699	\$10,222	\$0	\$10,222	\$0	\$0	\$10,222	\$42	1	1
		Jun-14	\$13	\$3,034	(\$279)	\$1,199	\$2,967	\$0	\$2,967	\$0	\$0	\$2,967	\$42	1	1
		Jul-14	\$13	\$2,393	\$0	\$1,703	\$4,108	\$0	\$4,108	\$0	\$0	\$4,108	\$42	1	1
		Aug-14	\$13	\$635	\$0	\$814	\$1,461	\$0	\$1,461	\$0	\$0	\$1,461	\$42	1	1
		Sep-14	\$13	\$1,218	\$0	\$102	\$1,333	\$0	\$1,333	\$0	\$0	\$1,333	\$42	1	1
		Oct-14	\$13	\$642	\$0	\$62	\$717	\$0	\$717	\$0	\$0	\$717	\$42	1	1
		Nov-14	\$13	\$3,948	\$0	\$886	\$4,846	\$0	\$4,846	\$0	\$0	\$4,846	\$42	1	1
		Dec-14	\$13	\$178	\$0	(\$886)	(\$696)	\$0	(\$696)	\$0	\$0	(\$696)	\$42	1	1
	BRANCH Total		\$151	\$25,736	(\$226)	\$7,673	\$33,334	\$0	\$33,334	\$0	\$0	\$33,334	\$505	12	12
	FIRU65-RETIRED FIRE -65	Jan-14	\$14	\$4,832	\$0	\$32	\$4,877	\$0	\$4,877	\$0	\$0	\$4,877	\$84	2	2
		Feb-14	\$47	\$0	\$0	\$0	\$47	\$0	\$47	\$0	\$0	\$47	\$84	2	2
		Mar-14	\$25	\$0	\$0	\$0	\$25	\$0	\$25	\$0	\$0	\$25	\$84	2	2
		Apr-14	(\$48)	\$0	\$0	\$0	(\$48)	\$0	(\$48)	\$0	\$0	(\$48)	\$84	2	2
		May-14	\$25	\$0	\$0	\$0	\$25	\$0	\$25	\$0	\$0	\$25	\$84	2	2
		Jun-14	\$25	\$524	\$0	\$0	\$550	\$0	\$550	\$0	\$0	\$550	\$84	2	2
		Jul-14	\$131	\$56	\$0	\$18	\$204	\$0	\$204	\$0	\$0	\$204	\$84	2	2
		Aug-14	\$25	\$976	\$0	\$0	\$1,001	\$0	\$1,001	\$0	\$0	\$1,001	\$84	2	2
		Sep-14	\$25	\$131	\$0	\$20	\$176	\$0	\$176	\$0	\$0	\$176	\$84	2	2
		Oct-14	\$26	\$151	\$0	\$35	\$212	\$0	\$212	\$0	\$0	\$212	\$84	2	2
		Nov-14	\$25	\$17	\$0	\$47	\$89	\$0	\$89	\$0	\$0	\$89	\$84	2	2
		Dec-14	\$26	\$0	\$0	\$20	\$45	\$0	\$45	\$0	\$0	\$45	\$84	2	2
	BRANCH Total		\$345	\$6,687	\$0	\$171	\$7,203	\$0	\$7,203	\$0	\$0	\$7,203	\$1,010	24	24
	FIR650-RETIRED FIRE 65+	Jan-14	(\$4)	\$0	\$0	\$0	(\$4)	\$0	(\$4)	\$0	\$0	(\$4)	\$42	1	2
		Feb-14	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$42	1	2
		Mar-14	\$108	\$3,528	\$0	\$0	\$3,635	\$0	\$3,635	\$0	\$0	\$3,635	\$42	1	2
		Apr-14	\$30	\$1,068	\$0	\$0	\$1,098	\$0	\$1,098	\$0	\$0	\$1,098	\$42	1	2
		May-14	\$30	\$335	\$0	\$41	\$406	\$0	\$406	\$0	\$0	\$406	\$42	1	2
		Jun-14	\$30	\$0	\$0	\$41	\$71	\$0	\$71	\$0	\$0	\$71	\$42	1	2
		Jul-14	\$30	\$40	\$0	\$42	\$111	\$0	\$111	\$0	\$0	\$111	\$42	1	2
		Aug-14	\$30	\$0	\$0	(\$0)	\$30	\$0	\$30	\$0	\$0	\$30	\$42	1	2
		Sep-14	\$30	\$0	\$0	\$0	\$30	\$0	\$30	\$0	\$0	\$30	\$42	1	2
		Oct-14	\$30	\$0	\$0	\$0	\$30	\$0	\$30	\$0	\$0	\$30	\$0	0	0
		Dec-14	\$0	\$45	\$0	\$0	\$45	\$0	\$45	\$0	\$0	\$45	\$0	0	0
	BRANCH Total		\$313	\$5,016	\$0	\$124	\$5,453	\$0	\$5,453	\$0	\$0	\$5,453	\$379	9	18
	GENU65-RETIRED TEAMSTER -65	Jan-14	\$53	\$12,281	\$233	\$1,286	\$13,853	\$0	\$13,853	\$0	\$0	\$13,853	\$84	2	3
		Feb-14	\$37	\$220	\$0	\$255	\$511	\$0	\$511	\$0	\$0	\$511	\$84	2	3
		Mar-14	\$37	\$1,979	\$0	\$631	\$2,647	\$0	\$2,647	\$0	\$0	\$2,647	\$84	2	3
		Apr-14	\$37	\$1,648	\$0	\$870	\$2,555	\$0	\$2,555	\$0	\$0	\$2,555	\$84	2	3
		May-14	\$37	\$2,522	\$0	\$839	\$3,398	\$0	\$3,398	\$0	\$0	\$3,398	\$84	2	3
		Jun-14	\$37	\$4,573	\$916	\$842	\$6,368	\$0	\$6,368	\$0	\$0	\$6,368	\$84	2	3
		Jul-14	\$137	\$8,217	\$85	\$2,499	\$10,938	\$0	\$10,938	\$0	\$0	\$10,938	\$84	2	3
		Aug-14	\$37	\$871	\$436	\$2,130	\$3,475	\$0	\$3,475	\$0	\$0	\$3,475	\$84	2	3
		Sep-14	\$37	\$7,572	\$580	\$1,257	\$9,446	\$0	\$9,446	\$0	\$0	\$9,446	\$84	2	3
		Oct-14	\$37	\$7,276	\$1,731	\$2,395	\$11,440	\$0	\$11,440	\$0	\$0	\$11,440	\$84	2	3
		Nov-14	\$37	\$17,981	\$1,743	\$2,651	\$22,411	\$0	\$22,411	\$0	\$0	\$22,411	\$126	3	4
		Dec-14	\$37	\$30,050	\$668	\$3,147	\$33,902	(\$915)	\$32,987	\$0	\$0	\$32,987	\$126	3	4
	BRANCH Total		\$559	\$95,190	\$6,391	\$18,803	\$120,943	(\$915)	\$120,028	\$0	\$0	\$120,028	\$1,095	26	38
	GEN650-RETIRED TEAMSTER 65+	Jan-14	(\$5)	\$0	\$0	\$0	(\$5)	\$0	(\$5)	\$0	\$0	(\$5)	\$0	0	0
		Jul-14	\$13	\$0	\$0	\$0	\$13	\$0	\$13	\$0	\$0	\$13	\$0	0	0
		Nov-14	(\$0)	\$0	\$0	\$0	(\$0)	\$0	(\$0)	\$0	\$0	(\$0)	\$0	0	0
	BRANCH Total		\$7	\$0	\$0	\$0	\$7	\$0	\$7	\$0	\$0	\$7	\$0	0	0
	MGTU65-RETIRED MGMT -65	Jan-14	\$111	\$184	\$0	\$90	\$385	\$0	\$385	\$0	\$0	\$385	\$126	3	8
		Feb-14	\$110	\$72	\$0	\$0	\$181	\$0	\$181	\$0	\$0	\$181	\$126	3	8



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CITY OF FORT LAUDERDALE

MONTHLY HEALTHCARE DETAIL EXPERIENCE REPORT

January 2014 thru December 2014

RAT : RETROSPECTIVELY RATED - PARTICIPATING

Reported Premium: ASO Fees

Reported Claims: All Claims, Med-Drug Elig, Med Elig

Note: Paid claim dollars include amounts deducted from your account and paid to vendors for cost containment services.

BENEFIT OPTION	BRANCH	Date	CAP	In	Out	DRUG	Gross	S/L	TOTAL CLAIMS NET OF STOP LOSS	HRA Drug	HRA Med	TOTAL HRA & CLAIMS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRS
		Mar-14	\$110	\$667	\$0	\$0	\$777	\$0	\$777	\$0	\$0	\$777	\$126	3	8
		Apr-14	\$110	\$184	\$0	\$172	\$467	\$0	\$467	\$0	\$0	\$467	\$126	3	8
		May-14	\$110	\$838	\$0	\$307	\$1,255	\$0	\$1,255	\$0	\$0	\$1,255	\$126	3	8
		Jun-14	\$110	\$4,686	\$0	\$175	\$4,971	\$0	\$4,971	\$0	\$0	\$4,971	\$126	3	8
		Jul-14	\$216	\$1,675	\$0	\$69	\$1,960	\$0	\$1,960	\$0	\$0	\$1,960	\$126	3	8
		Aug-14	\$110	\$337	\$0	\$515	\$962	\$0	\$962	\$0	\$0	\$962	\$126	3	8
		Sep-14	\$110	\$260	\$0	\$79	\$449	\$0	\$449	\$0	\$0	\$449	\$126	3	8
		Oct-14	\$111	\$1,900	\$0	\$138	\$2,148	\$0	\$2,148	\$0	\$0	\$2,148	\$126	3	8
		Nov-14	\$111	\$2,003	\$0	\$753	\$2,867	\$0	\$2,867	\$0	\$0	\$2,867	\$126	3	8
		Dec-14	\$111	\$533	\$0	\$17	\$661	\$0	\$661	\$0	\$0	\$661	\$126	3	8
	BRANCH Total		\$1,429	\$13,338	\$0	\$2,314	\$17,082	\$0	\$17,082	\$0	\$0	\$17,082	\$1,516	36	96
	MGT65O-RETIRED MGMT 65+	Jul-14	\$13	\$0	\$0	\$0	\$13	\$0	\$13	\$0	\$0	\$13	\$0	0	0
	BRANCH Total		\$13	\$0	\$0	\$0	\$13	\$0	\$13	\$0	\$0	\$13	\$0	0	0
	PASU65-RETIRED PROF & SUPV -65	Jan-14	\$21	\$37	\$0	\$0	\$57	\$0	\$57	\$0	\$0	\$57	\$42	1	2
		Feb-14	\$40	\$0	\$0	\$78	\$118	\$0	\$118	\$0	\$0	\$118	\$42	1	2
		Mar-14	\$60	\$140	\$0	\$0	\$200	\$0	\$200	\$0	\$0	\$200	\$42	1	2
		Apr-14	(\$1)	\$486	\$0	\$32	\$516	\$0	\$516	\$0	\$0	\$516	\$42	1	2
		May-14	\$30	\$2,182	\$0	\$73	\$2,285	\$0	\$2,285	\$0	\$0	\$2,285	\$42	1	2
		Jun-14	\$30	\$1,435	\$0	\$4	\$1,469	\$0	\$1,469	\$0	\$0	\$1,469	\$42	1	2
		Jul-14	\$81	\$382	\$0	(\$1)	\$463	\$0	\$463	\$0	\$0	\$463	\$42	1	2
		Aug-14	\$30	\$328	\$0	\$31	\$388	\$0	\$388	\$0	\$0	\$388	\$42	1	2
		Sep-14	\$30	\$33,559	\$0	\$368	\$33,957	\$0	\$33,957	\$0	\$0	\$33,957	\$42	1	2
		Oct-14	\$30	\$1,711	\$0	\$39	\$1,780	\$0	\$1,780	\$0	\$0	\$1,780	\$42	1	2
		Nov-14	\$29	\$2,585	\$0	\$212	\$2,826	\$0	\$2,826	\$0	\$0	\$2,826	\$42	1	2
		Dec-14	\$30	\$1,294	\$0	\$1,426	\$2,750	\$0	\$2,750	\$0	\$0	\$2,750	\$42	1	2
	BRANCH Total		\$410	\$44,138	\$0	\$2,262	\$46,810	\$0	\$46,810	\$0	\$0	\$46,810	\$505	12	24
	PAS65O-RETIRED PROF & SUPV 65+	Jul-14	\$3	\$0	\$0	\$0	\$3	\$0	\$3	\$0	\$0	\$3	\$0	0	0
	BRANCH Total		\$3	\$0	\$0	\$0	\$3	\$0	\$3	\$0	\$0	\$3	\$0	0	0
BENEFIT OPTION Tot			\$3,249	\$190,106	\$6,165	\$31,347	\$230,867	(\$915)	\$229,952	\$0	\$0	\$229,952	\$5,010	119	212
HRA	ADCH-ADULT/CHILD EES	Jan-14	\$69	\$334	\$0	\$0	\$403	\$0	\$403	\$23	\$50	\$476	\$235	2	2
		Feb-14	\$63	\$0	\$0	\$0	\$63	\$0	\$63	\$20	\$782	\$865	\$235	2	2
		Mar-14	\$63	\$27	\$0	\$0	\$90	\$0	\$90	\$20	\$747	\$858	\$235	2	2
		Apr-14	\$68	\$275	\$0	\$12	\$354	\$0	\$354	\$35	\$277	\$666	\$141	2	2
		May-14	\$63	\$484	\$0	\$0	\$548	\$0	\$548	(\$22)	\$76	\$602	\$141	2	2
		Jun-14	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$94	2	2
		Jul-14	\$59	\$43	\$0	\$0	\$102	\$0	\$102	\$78	\$103	\$284	\$94	2	2
		Aug-14	\$38	\$0	\$0	\$0	\$38	\$0	\$38	\$0	\$0	\$38	\$94	2	2
		Sep-14	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$94	2	2
		Oct-14	\$22	\$0	\$0	\$0	\$22	\$0	\$22	\$0	\$0	\$22	\$94	2	2
		Nov-14	\$26	\$0	\$0	\$0	\$26	\$0	\$26	\$0	\$0	\$26	\$94	2	2
		Dec-14	\$26	(\$124)	\$0	\$10	(\$88)	\$0	(\$88)	\$47	\$170	\$129	\$47	1	1
	BRANCH Total		\$496	\$1,040	\$0	\$22	\$1,558	\$0	\$1,558	\$202	\$2,205	\$3,964	\$1,599	23	23
	ADCHC-COBRA ADULT/CHILD PARTICIPAN	Jul-14	\$3	\$0	\$0	\$0	\$3	\$0	\$3	\$0	\$0	\$3	\$0	0	0
	BRANCH Total		\$3	\$0	\$0	\$0	\$3	\$0	\$3	\$0	\$0	\$3	\$0	0	0
	CONA-ACTIVE CONFIDENTIAL EES	Jan-14	\$582	\$886	\$0	\$295	\$1,763	\$0	\$1,763	\$754	\$659	\$3,176	\$894	18	37
		Feb-14	\$558	\$2,767	\$0	\$344	\$3,669	\$0	\$3,669	\$718	\$1,145	\$5,531	\$941	19	39
		Mar-14	\$587	\$1,660	\$0	\$404	\$2,651	\$0	\$2,651	\$1,123	\$1,273	\$5,047	\$941	19	39
		Apr-14	\$668	\$1,101	\$0	\$577	\$2,347	\$0	\$2,347	(\$450)	\$998	\$2,895	\$941	19	39
		May-14	\$603	\$7,948	\$0	\$290	\$8,841	\$0	\$8,841	\$148	\$2,130	\$11,119	\$894	19	39
		Jun-14	\$603	\$4,784	\$0	\$354	\$5,741	\$0	\$5,741	\$880	\$317	\$6,938	\$894	19	39
		Jul-14	\$713	\$3,449	\$0	\$437	\$4,599	\$0	\$4,599	\$14	\$2,039	\$6,652	\$894	19	39
		Aug-14	\$333	\$2,536	\$0	\$862	\$3,731	\$0	\$3,731	\$362	\$2,089	\$6,182	\$894	19	39
		Sep-14	\$535	\$1,404	\$0	\$980	\$2,919	\$0	\$2,919	\$94	\$1,592	\$4,606	\$894	19	39
		Oct-14	\$579	\$2,149	\$0	\$653	\$3,381	\$0	\$3,381	\$105	\$2,066	\$5,552	\$894	19	39
		Nov-14	\$539	\$4,540	\$0	\$629	\$5,707	\$0	\$5,707	\$131	\$790	\$6,629	\$847	18	37
		Dec-14	\$539	\$7,719	\$0	\$614	\$8,872	\$0	\$8,872	\$68	\$622	\$9,562	\$753	16	34
	BRANCH Total		\$6,839	\$40,942	\$0	\$6,441	\$54,221	\$0	\$54,221	\$3,947	\$15,721	\$73,890	\$10,678	223	459



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ADVICE Reporting System

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Date: 01/08/2015

CITY OF FORT LAUDERDALE

MONTHLY HEALTHCARE DETAIL EXPERIENCE REPORT

January 2014 thru December 2014

RAT : RETROSPECTIVELY RATED - PARTICIPATING

Reported Premium: ASO Fees

Reported Claims: All Claims, Med-Drug Elig, Med Elig

Note: Paid claim dollars include amounts deducted from your account and paid to vendors for cost containment services.

BENEFIT OPTION	BRANCH	Date	CAP	In	Out	DRUG	Gross	S/L	TOTAL CLAIMS NET OF STOP LOSS	HRA Drug	HRA Med	TOTAL HRA & CLAIMS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRS
FIRA-FIRE EES		Jan-14	\$5,498	\$22,264	\$820	\$1,286	\$29,869	\$0	\$29,869	\$4,359	\$14,171	\$48,399	\$8,326	177	489
		Feb-14	\$6,507	\$24,146	\$806	\$1,207	\$32,666	\$0	\$32,666	\$8,749	\$20,547	\$61,962	\$8,326	177	490
		Mar-14	\$6,559	\$43,892	\$181	\$1,985	\$52,617	\$0	\$52,617	\$8,468	\$19,132	\$80,217	\$8,326	177	490
		Apr-14	\$6,787	\$39,088	\$591	\$899	\$47,364	\$0	\$47,364	\$4,621	\$17,533	\$69,517	\$8,326	177	490
		May-14	\$6,611	\$31,291	\$3,292	\$1,080	\$42,274	\$0	\$42,274	\$4,088	\$9,651	\$56,013	\$8,326	177	490
		Jun-14	\$6,611	\$24,121	\$1,522	\$3,949	\$36,204	\$0	\$36,204	\$4,059	\$8,027	\$48,290	\$8,373	178	497
		Jul-14	\$7,583	\$45,987	\$4,932	\$2,370	\$60,872	\$0	\$60,872	\$2,388	\$11,705	\$74,965	\$8,326	177	494
		Aug-14	\$6,670	\$27,181	\$3,084	\$4,240	\$41,175	\$0	\$41,175	\$1,859	\$5,935	\$48,969	\$8,326	177	494
		Sep-14	\$6,670	\$45,855	\$938	\$4,225	\$57,688	\$0	\$57,688	\$2,258	\$7,065	\$67,013	\$8,702	185	504
		Oct-14	\$6,967	\$98,681	\$1,278	\$3,729	\$110,655	\$0	\$110,655	\$2,134	\$5,877	\$118,666	\$8,702	185	504
		Nov-14	\$6,854	\$113,301	\$1,321	\$4,809	\$126,286	\$0	\$126,286	\$2,304	\$12,006	\$140,597	\$8,655	184	500
		Dec-14	\$6,797	\$57,215	\$1,239	\$6,728	\$71,979	\$0	\$71,979	\$1,850	\$7,265	\$81,093	\$8,655	184	500
BRANCH Total		\$80,115	\$573,022	\$20,003	\$36,508	\$709,649	\$0	\$709,649	\$47,139	\$138,913	\$895,701	\$101,371	2,155	5,942	
FIRC-COBRA FIRE PARTICIPANTS		Jan-14	\$9	\$0	\$0	\$0	\$9	\$0	\$9	\$0	\$0	\$9	\$0	0	0
		Jul-14	\$6	\$0	\$0	\$0	\$6	\$0	\$6	\$0	\$0	\$6	\$0	0	0
		Nov-14	\$0	\$154	\$0	\$0	\$154	\$0	\$154	\$0	\$0	\$154	\$0	0	0
BRANCH Total		\$15	\$154	\$0	\$0	\$169	\$0	\$169	\$0	\$0	\$169	\$0	0	0	
GENA-TEAMSTER EES		Jan-14	\$9,584	\$51,239	\$874	\$3,654	\$65,351	\$0	\$65,351	\$10,371	\$25,906	\$101,628	\$14,865	316	794
		Feb-14	\$10,704	\$32,083	\$444	\$2,617	\$45,847	\$0	\$45,847	\$11,554	\$29,343	\$86,743	\$15,006	319	800
		Mar-14	\$10,818	\$133,827	\$221	\$3,946	\$148,812	\$0	\$148,812	\$7,771	\$29,996	\$186,579	\$14,912	317	802
		Apr-14	\$11,162	\$309,440	\$0	\$5,205	\$325,807	\$0	\$325,807	\$7,617	\$34,338	\$367,762	\$14,865	316	797
		May-14	\$10,789	\$161,083	\$136	\$7,080	\$179,088	(\$38,901)	\$140,187	\$5,862	\$19,098	\$165,148	\$14,959	318	799
		Jun-14	\$10,850	\$178,722	\$793	\$5,330	\$195,695	(\$61,873)	\$133,822	\$4,549	\$21,916	\$160,287	\$14,865	316	793
		Jul-14	\$13,904	\$340,682	\$0	\$6,471	\$361,057	(\$5,946)	\$355,110	\$3,946	\$15,937	\$374,994	\$14,865	315	783
		Aug-14	\$10,880	\$196,036	\$0	\$7,273	\$214,189	(\$3,246)	\$210,943	\$3,147	\$11,344	\$225,434	\$14,818	314	783
		Sep-14	\$10,729	\$102,178	\$518	\$8,525	\$121,950	(\$15,952)	\$105,998	\$2,778	\$17,527	\$126,303	\$15,006	319	792
		Oct-14	\$11,233	\$166,595	\$1,186	\$10,222	\$189,237	(\$1,570)	\$187,667	\$2,053	\$13,686	\$203,406	\$15,100	321	794
		Nov-14	\$10,708	\$137,709	\$0	\$10,757	\$159,174	(\$2,829)	\$156,344	\$2,181	\$7,300	\$165,826	\$15,006	319	784
		Dec-14	\$10,892	\$101,767	\$1,339	\$9,111	\$123,109	(\$1,101)	\$122,008	\$3,044	\$6,384	\$131,436	\$15,006	319	781
BRANCH Total		\$132,253	\$1,911,361	\$5,510	\$80,190	\$2,129,314	(\$131,418)	\$1,997,896	\$64,873	\$232,777	\$2,295,545	\$179,269	3,809	9,502	
GENC-COBRA TEAMSTER PARTICIPANTS		Jan-14	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$47	1	1
		Feb-14	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$47	1	1
		Mar-14	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$47	1	1
		Apr-14	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$47	1	1
		May-14	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$47	1	1
		Jun-14	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$47	1	1
		Jul-14	\$23	\$0	\$0	\$0	\$23	\$0	\$23	\$0	\$0	\$23	\$47	1	1
		Aug-14	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$47	1	1
		Sep-14	\$51	\$0	\$0	\$92	\$143	\$0	\$143	\$48	\$0	\$191	\$47	1	1
		Oct-14	\$17	\$0	\$0	\$0	\$17	\$0	\$17	\$0	\$0	\$17	\$47	1	1
		Nov-14	\$13	\$26	\$0	\$0	\$38	\$0	\$38	\$0	\$0	\$38	\$47	1	1
		Dec-14	\$13	\$0	\$0	\$92	\$105	\$0	\$105	\$48	\$0	\$153	\$47	1	1
BRANCH Total		\$116	\$26	\$0	\$185	\$326	\$0	\$326	\$96	\$0	\$423	\$564	12	12	
MGTA-ACTIVE MGMT EES		Jan-14	\$2,403	\$21,743	\$0	\$727	\$24,873	\$0	\$24,873	\$1,915	\$5,224	\$32,012	\$3,528	77	195
		Feb-14	\$2,607	\$2,873	\$0	\$1,053	\$6,534	\$0	\$6,534	\$2,372	\$7,104	\$16,010	\$3,528	78	198
		Mar-14	\$2,572	\$8,809	\$525	\$963	\$12,869	\$0	\$12,869	\$1,874	\$10,570	\$25,313	\$3,340	74	188
		Apr-14	\$2,523	\$4,939	\$0	\$10,832	\$18,293	\$0	\$18,293	\$2,119	\$6,607	\$27,020	\$3,481	75	189
		May-14	\$2,486	\$9,234	\$290	\$802	\$12,812	\$0	\$12,812	\$2,024	\$3,756	\$18,592	\$3,481	75	189
		Jun-14	\$2,683	\$7,435	\$18,818	\$1,130	\$30,066	\$0	\$30,066	\$1,817	\$3,281	\$35,165	\$3,575	77	196
		Jul-14	\$3,554	\$15,456	\$9,300	\$8,882	\$37,192	\$0	\$37,192	\$1,483	\$4,065	\$42,740	\$3,575	77	196
		Aug-14	\$2,641	\$10,123	\$0	\$1,647	\$14,411	\$0	\$14,411	\$1,329	\$1,773	\$17,513	\$3,575	77	198
		Sep-14	\$2,668	\$7,334	\$0	\$1,983	\$11,985	\$0	\$11,985	\$1,981	\$2,364	\$16,329	\$3,622	78	199
		Oct-14	\$2,793	\$27,921	\$37	\$11,816	\$42,566	\$0	\$42,566	\$1,387	\$6,007	\$49,960	\$3,669	78	200
		Nov-14	\$2,715	\$41,009	\$538	\$2,700	\$46,961	\$0	\$46,961	\$953	\$2,478	\$50,393	\$3,669	78	200
		Dec-14	\$2,715	\$16,142	\$0	\$10,292	\$29,149	\$0	\$29,149	(\$105)	\$1,345	\$30,389	\$3,669	78	197
BRANCH Total		\$32,360	\$173,919	\$29,508	\$52,825	\$287,712	\$0	\$287,712	\$19,149	\$54,574	\$361,435	\$42,712	922	2,345	
MGTC-COBRA MGMT PARTICIPANTS		Jan-14	\$6	\$0	\$0	\$0	\$6	\$0	\$6	\$0	\$126	\$132	\$47	1	1
		Feb-14	\$13	\$89	\$0	\$0	\$101	\$0	\$101	\$0	\$26	\$127	\$47	1	1
		Mar-14	\$13	\$0	\$0	\$0	\$13	\$0	\$13	\$0	\$0	\$13	\$47	1	1
		Apr-14	\$13	\$0	\$0	\$0	\$13	\$0	\$13	\$0	\$0	\$13	\$47	1	1



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ADVICE Reporting System

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Date: 01/08/2015

CITY OF FORT LAUDERDALE

MONTHLY HEALTHCARE DETAIL EXPERIENCE REPORT

January 2014 thru December 2014

RAT : RETROSPECTIVELY RATED - PARTICIPATING

Reported Premium: ASO Fees

Reported Claims: All Claims, Med-Drug Elig, Med Elig

Note: Paid claim dollars include amounts deducted from your account and paid to vendors for cost containment services.

BENEFIT OPTION	BRANCH	Date	CAP	In	Out	DRUG	Gross	S/L	TOTAL CLAIMS NET OF STOP LOSS	HRA Drug	HRA Med	TOTAL HRA & CLAIMS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRS
		May-14	\$13	\$0	\$0	\$0	\$13	\$0	\$13	\$0	\$0	\$13	\$47	1	1
		Jun-14	\$13	\$0	\$0	\$0	\$13	\$0	\$13	\$30	\$0	\$42	\$47	1	1
		Jul-14	\$27	\$0	\$0	\$0	\$27	\$0	\$27	\$0	\$58	\$85	\$47	1	1
		Aug-14	\$13	\$156	\$0	\$0	\$169	\$0	\$169	\$0	\$39	\$208	\$47	1	1
		Sep-14	\$13	\$361	\$0	\$0	\$374	\$0	\$374	\$0	\$195	\$569	\$47	1	1
		Oct-14	\$13	\$0	\$0	\$0	\$13	\$0	\$13	\$25	\$0	\$38	\$47	1	1
		Nov-14	\$13	(\$43)	\$0	\$0	(\$30)	\$0	(\$30)	\$0	\$0	(\$30)	\$47	1	1
		Dec-14	\$13	\$0	\$0	\$0	\$13	\$0	\$13	\$0	\$0	\$13	\$47	1	1
	BRANCH Total		\$160	\$563	\$0	\$0	\$722	\$0	\$722	\$55	\$445	\$1,222	\$564	12	12
PASA-ACTIVE PROF & SUPV EES		Jan-14	\$2,710	\$18,389	\$0	\$760	\$21,859	\$0	\$21,859	\$4,253	\$7,132	\$33,244	\$3,528	74	189
		Feb-14	\$2,668	\$3,691	\$0	\$988	\$7,348	\$0	\$7,348	\$2,011	\$7,861	\$17,220	\$3,528	73	187
		Mar-14	\$2,579	\$35,202	\$1,648	\$2,553	\$41,981	\$0	\$41,981	\$2,030	\$7,315	\$51,326	\$3,481	72	185
		Apr-14	\$2,744	\$13,870	\$0	(\$168)	\$16,445	\$0	\$16,445	\$2,585	\$4,509	\$23,539	\$3,387	72	186
		May-14	\$2,623	\$8,547	\$0	\$670	\$11,840	\$0	\$11,840	\$1,378	\$3,217	\$16,435	\$3,434	72	186
		Jun-14	\$2,426	\$23,205	\$0	\$2,033	\$27,664	\$0	\$27,664	\$1,439	\$4,979	\$34,082	\$3,481	73	190
		Jul-14	\$3,608	\$10,644	\$0	\$2,958	\$17,211	\$0	\$17,211	\$868	\$2,750	\$20,829	\$3,481	73	190
		Aug-14	\$2,629	\$11,802	\$0	\$7,245	\$21,676	\$0	\$21,676	\$839	\$2,373	\$24,888	\$3,481	73	190
		Sep-14	\$2,629	\$39,341	\$35	\$7,744	\$49,749	\$0	\$49,749	\$1,418	\$3,131	\$54,298	\$3,434	72	187
		Oct-14	\$2,695	\$63,750	\$0	\$7,577	\$74,022	\$0	\$74,022	\$1,044	\$2,029	\$77,096	\$3,434	73	189
		Nov-14	\$2,640	\$2,959	\$24,183	\$6,016	\$35,798	\$0	\$35,798	\$1,995	\$2,607	\$40,400	\$3,528	75	191
		Dec-14	\$2,640	\$29,519	\$25,982	\$13,567	\$71,708	\$0	\$71,708	\$533	\$2,591	\$74,832	\$3,622	77	193
	BRANCH Total		\$32,592	\$260,919	\$51,847	\$51,942	\$397,300	\$0	\$397,300	\$20,393	\$50,495	\$468,188	\$41,819	879	2,263
PASC-COBRA PROF & SUPV PARTICIPANT	Jul-14		\$3	\$0	\$0	\$0	\$3	\$0	\$3	\$0	\$0	\$3	\$0	0	0
BRANCH Total			\$3	\$0	\$0	\$0	\$3	\$0	\$3	\$0	\$0	\$3	\$0	0	0
SPEC-SPECIAL	Jul-14		\$26	\$0	\$0	\$0	\$26	\$0	\$26	\$0	\$0	\$26	\$0	0	0
BRANCH Total			\$26	\$0	\$0	\$0	\$26	\$0	\$26	\$0	\$0	\$26	\$0	0	0
BENEFIT OPTION Tot			\$284,977	\$2,961,045	\$106,869	\$228,113	\$3,581,005	(\$131,418)	\$3,449,587	\$155,853	\$495,130	\$4,100,569	\$378,578	8,035	20,558
OAPIN1	ADCH-ADULT/CHILD EES	Jan-14	\$216	\$68,651	\$0	\$428	\$69,296	(\$44,346)	\$24,949	\$0	\$0	\$24,949	\$632	11	11
		Feb-14	\$238	\$934	\$0	\$446	\$1,619	(\$87)	\$1,532	\$0	\$0	\$1,532	\$632	11	11
		Mar-14	\$238	\$18,265	\$0	\$635	\$19,139	(\$274)	\$18,865	\$0	\$0	\$18,865	\$632	11	11
		Apr-14	\$248	\$977	\$0	\$836	\$2,061	\$0	\$2,061	\$0	\$0	\$2,061	\$632	11	11
		May-14	\$239	\$1,372	\$0	(\$103)	\$1,508	\$102	\$1,610	\$0	\$0	\$1,610	\$632	12	12
		Jun-14	\$239	\$13,985	\$0	\$308	\$14,532	\$0	\$14,532	\$0	\$0	\$14,532	\$674	12	12
		Jul-14	\$204	\$11,151	\$0	\$304	\$11,659	(\$4,181)	\$7,477	\$0	\$0	\$7,477	\$674	12	12
		Aug-14	\$239	\$13,955	\$0	\$231	\$14,426	(\$1,546)	\$12,880	\$0	\$0	\$12,880	\$463	11	11
		Sep-14	\$308	\$90	\$0	\$1,935	\$2,333	\$4,181	\$6,514	\$0	\$0	\$6,514	\$421	10	10
		Oct-14	\$1	\$1,242	\$0	\$64	\$1,307	\$0	\$1,307	\$0	\$0	\$1,307	\$421	10	10
		Nov-14	\$172	\$23,297	\$0	\$1,867	\$25,335	(\$4,207)	\$21,128	\$0	\$0	\$21,128	\$421	10	10
		Dec-14	\$172	\$7,018	\$0	\$1,693	\$8,883	(\$1,718)	\$7,166	\$0	\$0	\$7,166	\$84	2	2
	BRANCH Total		\$2,515	\$160,939	\$0	\$8,644	\$172,098	(\$52,076)	\$120,022	\$0	\$0	\$120,022	\$6,315	123	123
	ADCHC-COBRA ADULT/CHILD PARTICIPAN	Jan-14	\$15	\$0	\$0	\$117	\$132	\$0	\$132	\$0	\$0	\$132	\$0	0	0
		Feb-14	\$17	\$0	\$0	\$48	\$65	\$0	\$65	\$0	\$0	\$65	\$0	0	0
		Mar-14	\$17	\$0	\$0	\$48	\$65	\$0	\$65	\$0	\$0	\$65	\$0	0	0
		Apr-14	\$17	\$0	\$0	\$48	\$65	\$0	\$65	\$0	\$0	\$65	\$0	0	0
		May-14	\$17	\$0	\$0	\$95	\$113	\$0	\$113	\$0	\$0	\$113	\$0	0	0
		Jun-14	\$17	\$107	\$0	\$30	\$155	\$0	\$155	\$0	\$0	\$155	\$0	0	0
		Jul-14	\$14	\$0	\$0	\$52	\$66	\$0	\$66	\$0	\$0	\$66	\$0	0	0
		Aug-14	\$17	\$0	\$0	\$73	\$90	\$0	\$90	\$0	\$0	\$90	\$0	0	0
		Sep-14	\$17	\$0	\$0	\$56	\$73	\$0	\$73	\$0	\$0	\$73	\$0	0	0
	BRANCH Total		\$149	\$107	\$0	\$566	\$822	\$0	\$822	\$0	\$0	\$822	\$0	0	0
	CONA-ACTIVE CONFIDENTIAL EES	Jan-14	\$247	\$7,623	\$0	\$8,717	\$16,587	\$0	\$16,587	\$0	\$0	\$16,587	\$547	13	16
		Feb-14	\$272	\$9,602	\$0	(\$6,931)	\$2,944	\$0	\$2,944	\$0	\$0	\$2,944	\$505	12	15
		Mar-14	\$255	\$1,704	\$0	\$1,720	\$3,680	\$0	\$3,680	\$0	\$0	\$3,680	\$547	13	16
		Apr-14	\$282	\$4,445	\$0	\$9,369	\$14,097	\$0	\$14,097	\$0	\$0	\$14,097	\$505	12	15
		May-14	\$256	\$989	\$0	\$844	\$2,090	\$0	\$2,090	\$0	\$0	\$2,090	\$505	12	15
		Jun-14	\$256	\$1,599	\$0	\$10,441	\$12,296	\$0	\$12,296	\$0	\$0	\$12,296	\$505	12	15
		Jul-14	\$218	\$1,494	\$0	\$834	\$2,546	\$0	\$2,546	\$0	\$0	\$2,546	\$505	12	15
		Aug-14	\$1,058	\$19,014	\$0	\$1,504	\$21,577	\$0	\$21,577	\$0	\$0	\$21,577	\$505	12	15



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ADVISE Reporting System

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Date: 01/08/2015

CITY OF FORT LAUDERDALE
MONTHLY HEALTHCARE DETAIL EXPERIENCE REPORT

January 2014 thru December 2014

RAT : RETROSPECTIVELY RATED - PARTICIPATING

Reported Premium: ASO Fees

Reported Claims: All Claims, Med-Drug Elig, Med Elig

Note: Paid claim dollars include amounts deducted from your account and paid to vendors for cost containment services.

BENEFIT OPTION	BRANCH	Date	CAP	In	Out	DRUG	Gross	S/L	TOTAL CLAIMS NET OF STOP LOSS	HRA Drug	HRA Med	TOTAL HRA & CLAIMS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRS
		Sep-14	\$256	\$6,804	\$0	\$1,128	\$7,989	\$0	\$7,989	\$0	\$0	\$7,989	\$505	12	15
		Oct-14	\$267	(\$932)	\$0	\$2,161	\$1,496	\$0	\$1,496	\$0	\$0	\$1,496	\$547	13	16
		Nov-14	\$275	\$123	\$0	\$5,436	\$5,834	\$0	\$5,834	\$0	\$0	\$5,834	\$589	14	19
		Dec-14	\$275	\$3,091	\$0	\$2,157	\$5,523	\$0	\$5,523	\$0	\$0	\$5,523	\$547	13	17
BRANCH Total			\$3,919	\$55,356	\$0	\$37,382	\$96,656	\$0	\$96,656	\$0	\$0	\$96,656	\$6,315	150	189
CONU65-RETIRED CONFIDENTIAL -65		Jan-14	\$93	\$903	\$0	\$2,130	\$3,125	\$0	\$3,125	\$0	\$0	\$3,125	\$253	6	6
		Feb-14	\$102	\$8,857	\$0	\$861	\$9,820	\$0	\$9,820	\$0	\$0	\$9,820	\$253	6	6
		Mar-14	\$102	\$1,143	\$0	\$853	\$2,098	\$0	\$2,098	\$0	\$0	\$2,098	\$253	6	6
		Apr-14	\$112	\$1,045	\$0	\$1,619	\$2,775	\$0	\$2,775	\$0	\$0	\$2,775	\$253	6	6
		May-14	\$103	\$2,593	\$0	\$1,329	\$4,024	\$0	\$4,024	\$0	\$0	\$4,024	\$253	6	6
		Jun-14	\$103	\$763	\$0	\$744	\$1,610	\$0	\$1,610	\$0	\$0	\$1,610	\$253	6	6
		Jul-14	\$92	\$155	\$0	\$706	\$954	\$0	\$954	\$0	\$0	\$954	\$253	6	6
		Aug-14	\$103	\$931	\$0	\$1,927	\$2,961	\$0	\$2,961	\$0	\$0	\$2,961	\$253	6	6
		Sep-14	\$103	\$284	\$0	\$1,482	\$1,869	\$0	\$1,869	\$0	\$0	\$1,869	\$211	5	5
		Oct-14	\$95	\$227	\$0	\$657	\$979	\$0	\$979	\$0	\$0	\$979	\$211	5	5
		Nov-14	\$86	\$217	\$0	\$2,089	\$2,391	\$0	\$2,391	\$0	\$0	\$2,391	\$211	5	5
		Dec-14	\$86	\$508	\$0	\$698	\$1,292	\$0	\$1,292	\$0	\$0	\$1,292	\$253	6	6
BRANCH Total			\$1,178	\$17,625	\$0	\$15,096	\$33,899	\$0	\$33,899	\$0	\$0	\$33,899	\$2,905	69	69
FIRA-FIRE EES		Jan-14	\$4,434	\$53,070	\$0	\$17,046	\$74,550	\$0	\$74,550	\$0	\$0	\$74,550	\$3,747	89	238
		Feb-14	\$4,101	\$131,449	\$0	\$25,870	\$161,419	\$0	\$161,419	\$0	\$0	\$161,419	\$3,705	88	237
		Mar-14	\$4,019	\$64,340	\$0	\$14,557	\$82,916	(\$5,730)	\$77,186	\$0	\$0	\$77,186	\$3,663	87	235
		Apr-14	\$4,057	\$53,658	\$93	\$14,661	\$72,468	\$0	\$72,468	\$0	\$0	\$72,468	\$3,663	86	228
		May-14	\$3,999	\$154,141	\$0	\$22,202	\$180,342	(\$64)	\$180,278	\$0	\$0	\$180,278	\$3,579	85	227
		Jun-14	\$4,016	\$64,099	\$0	\$12,154	\$80,269	\$0	\$80,269	\$0	\$0	\$80,269	\$3,621	86	228
		Jul-14	\$3,839	\$46,699	\$0	\$12,093	\$62,630	\$0	\$62,630	\$0	\$0	\$62,630	\$3,621	86	228
		Aug-14	\$3,897	\$42,938	\$0	\$16,106	\$62,940	\$0	\$62,940	\$0	\$0	\$62,940	\$3,663	87	232
		Sep-14	\$3,965	\$54,704	\$0	\$21,737	\$80,406	\$0	\$80,406	\$0	\$0	\$80,406	\$3,705	88	231
		Oct-14	\$4,006	\$64,400	\$1,256	\$10,581	\$80,243	\$0	\$80,243	\$0	\$0	\$80,243	\$3,705	88	232
		Nov-14	\$3,986	\$49,224	\$0	\$15,684	\$68,894	\$0	\$68,894	\$0	\$0	\$68,894	\$3,663	87	232
		Dec-14	\$4,020	\$74,028	\$0	\$12,936	\$90,984	\$0	\$90,984	\$0	\$0	\$90,984	\$3,705	88	233
BRANCH Total			\$48,338	\$852,748	\$1,350	\$195,627	\$1,098,063	(\$5,794)	\$1,092,269	\$0	\$0	\$1,092,269	\$44,037	1,045	2,781
FIRC-COBRA FIRE PARTICIPANTS		Jan-14	\$3	\$36	\$0	\$0	\$39	\$0	\$39	\$0	\$0	\$39	\$84	2	2
		Feb-14	\$19	\$120	\$0	\$185	\$324	\$0	\$324	\$0	\$0	\$324	\$84	2	2
		Mar-14	\$34	\$0	\$0	\$0	\$34	\$0	\$34	\$0	\$0	\$34	\$84	2	2
		Apr-14	\$39	\$7	\$0	\$210	\$256	\$0	\$256	\$0	\$0	\$256	\$84	2	2
		May-14	\$34	\$3,112	\$0	\$206	\$3,352	\$0	\$3,352	\$0	\$0	\$3,352	\$84	2	2
		Jun-14	\$34	\$0	\$0	\$5	\$39	\$0	\$39	\$0	\$0	\$39	\$84	2	2
		Jul-14	\$32	\$280	\$0	\$179	\$492	\$0	\$492	\$0	\$0	\$492	\$84	2	2
		Aug-14	\$34	\$0	\$0	\$20	\$54	\$0	\$54	\$0	\$0	\$54	\$84	2	2
		Sep-14	\$34	\$3,236	\$0	\$127	\$3,397	\$0	\$3,397	\$0	\$0	\$3,397	\$84	2	2
		Oct-14	\$39	\$39	\$0	\$185	\$263	\$0	\$263	\$0	\$0	\$263	\$84	2	2
		Nov-14	\$34	\$2,007	\$0	\$267	\$2,308	\$0	\$2,308	\$0	\$0	\$2,308	\$84	2	2
		Dec-14	\$34	\$1,682	\$0	(\$185)	\$1,531	\$0	\$1,531	\$0	\$0	\$1,531	\$42	1	1
BRANCH Total			\$372	\$10,520	\$0	\$1,199	\$12,090	\$0	\$12,090	\$0	\$0	\$12,090	\$968	23	23
FIRU65-RETIRED FIRE -65		Jan-14	\$649	\$22,717	\$0	\$1,763	\$25,128	\$0	\$25,128	\$0	\$0	\$25,128	\$800	19	32
		Feb-14	\$545	\$2,538	\$0	\$4,311	\$7,394	\$0	\$7,394	\$0	\$0	\$7,394	\$842	20	33
		Mar-14	\$562	\$13,884	\$0	\$4,510	\$18,956	\$0	\$18,956	\$0	\$0	\$18,956	\$842	20	33
		Apr-14	\$591	\$25,843	\$0	\$4,195	\$30,628	\$0	\$30,628	\$0	\$0	\$30,628	\$842	20	33
		May-14	\$564	\$22,984	\$0	\$3,225	\$26,773	\$0	\$26,773	\$0	\$0	\$26,773	\$842	20	33
		Jun-14	\$564	\$9,074	\$0	\$3,941	\$13,579	\$0	\$13,579	\$0	\$0	\$13,579	\$842	20	33
		Jul-14	\$486	\$5,291	\$0	\$3,712	\$9,489	\$0	\$9,489	\$0	\$0	\$9,489	\$842	20	33
		Aug-14	\$564	\$4,300	\$0	\$3,198	\$8,062	\$0	\$8,062	\$0	\$0	\$8,062	\$800	19	31
		Sep-14	\$530	\$2,741	\$0	\$3,460	\$6,730	\$0	\$6,730	\$0	\$0	\$6,730	\$800	19	31
		Oct-14	\$560	\$2,525	\$0	\$4,823	\$7,907	\$0	\$7,907	\$0	\$0	\$7,907	\$800	19	31
		Nov-14	\$533	\$9,549	\$0	\$2,151	\$12,233	\$0	\$12,233	\$0	\$0	\$12,233	\$842	20	32
		Dec-14	\$550	\$3,309	\$0	\$3,903	\$7,762	\$0	\$7,762	\$0	\$0	\$7,762	\$758	18	29
BRANCH Total			\$6,696	\$124,755	\$0	\$43,191	\$174,642	\$0	\$174,642	\$0	\$0	\$174,642	\$9,851	234	384
FIR65O-RETIRED FIRE 65+		Jan-14	(\$9)	\$0	\$0	\$0	(\$9)	\$0	(\$9)	\$0	\$0	(\$9)	\$0	0	0
		Nov-14	(\$1)	\$0	\$0	\$0	(\$1)	\$0	(\$1)	\$0	\$0	(\$1)	\$0	0	0
BRANCH Total			(\$10)	\$0	\$0	\$0	(\$10)	\$0	(\$10)	\$0	\$0	(\$10)	\$0	0	0



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Date: 01/08/2015

CITY OF FORT LAUDERDALE

MONTHLY HEALTHCARE DETAIL EXPERIENCE REPORT

January 2014 thru December 2014

RAT : RETROSPECTIVELY RATED - PARTICIPATING

Reported Premium: ASO Fees

Reported Claims: All Claims, Med-Drug Elig, Med Elig

Note: Paid claim dollars include amounts deducted from your account and paid to vendors for cost containment services.

BENEFIT OPTION	BRANCH	Date	CAP	In	Out	DRUG	Gross	S/L	TOTAL CLAIMS NET OF STOP LOSS	HRA Drug	HRA Med	TOTAL HRA & CLAIMS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRS
GENA-TEAMSTER EES		Jan-14	\$11,569	\$201,874	\$426	\$53,752	\$267,622	\$2,763	\$270,385	\$0	\$0	\$270,385	\$14,777	350	714
		Feb-14	\$12,098	\$390,281	\$0	\$90,976	\$493,354	(\$5,248)	\$488,106	\$0	\$0	\$488,106	\$14,819	352	717
		Mar-14	\$13,064	\$187,914	\$769	\$48,027	\$249,774	\$0	\$249,774	\$0	\$0	\$249,774	\$14,398	342	702
		Apr-14	\$12,381	\$154,261	\$810	\$79,624	\$247,075	(\$12)	\$247,063	\$0	\$0	\$247,063	\$14,440	343	705
		May-14	\$11,987	\$225,996	\$0	\$68,306	\$306,289	\$0	\$306,289	\$0	\$0	\$306,289	\$14,398	341	698
		Jun-14	\$11,912	\$229,960	\$0	\$60,969	\$302,841	\$0	\$302,841	\$0	\$0	\$302,841	\$14,398	341	698
		Jul-14	\$10,054	\$317,677	\$0	\$57,145	\$384,876	\$0	\$384,876	\$0	\$0	\$384,876	\$14,356	340	698
		Aug-14	\$11,895	\$251,217	\$102	\$74,070	\$337,284	(\$1,030)	\$336,254	\$0	\$0	\$336,254	\$14,272	339	692
		Sep-14	\$11,860	\$200,460	\$0	\$47,120	\$259,440	\$0	\$259,440	\$0	\$0	\$259,440	\$14,230	338	696
		Oct-14	\$13,022	\$407,031	\$593	\$65,834	\$486,480	\$0	\$486,480	\$0	\$0	\$486,480	\$14,230	338	696
		Nov-14	\$11,954	\$187,298	\$1,420	\$65,594	\$266,265	\$0	\$266,265	\$0	\$0	\$266,265	\$14,230	338	694
		Dec-14	\$12,789	\$198,062	\$3,677	\$50,615	\$265,143	\$0	\$265,143	\$0	\$0	\$265,143	\$14,272	339	692
BRANCH Total			\$144,583	\$2,952,031	\$7,798	\$762,032	\$3,866,443	(\$3,528)	\$3,862,915	\$0	\$0	\$3,862,915	\$172,821	4,101	8,402
GENC-COBRA TEAMSTER PARTICIPANTS		Jan-14	\$155	\$3,310	\$0	\$9,542	\$13,007	\$0	\$13,007	\$0	\$0	\$13,007	\$295	7	8
		Feb-14	\$234	\$4,177	\$0	\$7,864	\$12,275	\$0	\$12,275	\$0	\$0	\$12,275	\$253	6	7
		Mar-14	\$136	\$13,033	\$0	\$4,476	\$17,645	\$0	\$17,645	\$0	\$0	\$17,645	\$211	5	6
		Apr-14	\$141	\$1,075	\$0	\$4,327	\$5,543	\$0	\$5,543	\$0	\$0	\$5,543	\$211	5	6
		May-14	\$137	\$1,177	\$0	\$3,899	\$5,213	\$0	\$5,213	\$0	\$0	\$5,213	\$211	5	6
		Jun-14	\$939	\$35,665	\$0	\$6,508	\$43,112	\$0	\$43,112	\$0	\$0	\$43,112	\$168	4	5
		Jul-14	\$102	\$36,700	\$551	\$5,841	\$43,194	\$0	\$43,194	\$0	\$0	\$43,194	\$168	4	5
		Aug-14	\$120	\$879	\$0	\$5,223	\$6,222	\$0	\$6,222	\$0	\$0	\$6,222	\$168	4	5
		Sep-14	\$34	\$7,211	\$0	\$9,581	\$16,826	\$0	\$16,826	\$0	\$0	\$16,826	\$168	4	5
		Oct-14	\$76	\$171	\$0	\$4,302	\$4,549	\$0	\$4,549	\$0	\$0	\$4,549	\$168	4	5
		Nov-14	\$86	(\$123)	\$0	\$6,004	\$5,967	\$0	\$5,967	\$0	\$0	\$5,967	\$168	4	5
		Dec-14	\$86	\$49,385	\$0	\$4,297	\$53,768	\$0	\$53,768	\$0	\$0	\$53,768	\$126	3	4
BRANCH Total			\$2,245	\$152,662	\$551	\$71,864	\$227,322	\$0	\$227,322	\$0	\$0	\$227,322	\$2,316	55	67
GENU65-RETIRED TEAMSTER -65		Jan-14	\$658	\$15,922	\$0	\$8,342	\$24,922	\$0	\$24,922	\$0	\$0	\$24,922	\$1,431	34	40
		Feb-14	\$674	\$12,710	\$0	\$6,232	\$19,616	\$0	\$19,616	\$0	\$0	\$19,616	\$1,431	34	40
		Mar-14	\$674	\$15,987	\$0	\$31,008	\$47,669	\$0	\$47,669	\$0	\$0	\$47,669	\$1,305	31	35
		Apr-14	\$609	\$11,676	\$0	\$2,611	\$14,895	\$0	\$14,895	\$0	\$0	\$14,895	\$1,263	30	33
		May-14	\$560	\$25,166	\$0	\$3,634	\$29,360	\$0	\$29,360	\$0	\$0	\$29,360	\$1,095	26	28
		Jun-14	\$477	\$18,161	\$0	\$3,014	\$21,651	\$0	\$21,651	\$0	\$0	\$21,651	\$1,053	25	26
		Jul-14	\$380	\$23,567	\$0	\$2,006	\$25,952	\$0	\$25,952	\$0	\$0	\$25,952	\$968	23	24
		Aug-14	\$410	\$17,822	\$0	\$2,755	\$20,987	\$0	\$20,987	\$0	\$0	\$20,987	\$926	22	23
		Sep-14	\$393	\$27,515	\$0	\$5,780	\$33,688	\$0	\$33,688	\$0	\$0	\$33,688	\$884	21	22
		Oct-14	\$391	\$15,711	\$0	\$30,727	\$46,829	\$0	\$46,829	\$0	\$0	\$46,829	\$884	21	22
		Nov-14	\$378	\$62,312	\$1,544	\$1,774	\$66,008	\$0	\$66,008	\$0	\$0	\$66,008	\$884	21	22
		Dec-14	\$378	\$23,315	(\$847)	\$31,221	\$54,067	\$0	\$54,067	\$0	\$0	\$54,067	\$800	19	20
BRANCH Total			\$5,981	\$269,863	\$698	\$129,103	\$405,644	\$0	\$405,644	\$0	\$0	\$405,644	\$12,925	307	335
GEN65O-RETIRED TEAMSTER 65+		Jan-14	\$61	\$15	\$0	\$993	\$1,070	\$0	\$1,070	\$0	\$0	\$1,070	\$126	3	4
		Feb-14	\$67	\$55	\$0	\$29	\$151	\$0	\$151	\$0	\$0	\$151	\$126	3	4
		Mar-14	\$67	\$0	\$0	\$36	\$103	\$0	\$103	\$0	\$0	\$103	\$126	3	4
		Apr-14	\$67	\$53	\$0	\$61	\$181	\$0	\$181	\$0	\$0	\$181	\$126	3	4
		May-14	\$68	\$667	\$0	\$61	\$796	\$0	\$796	\$0	\$0	\$796	\$126	3	4
		Jun-14	\$68	\$0	\$0	\$32	\$100	\$0	\$100	\$0	\$0	\$100	\$126	3	4
		Jul-14	\$56	\$0	\$0	\$56	\$112	\$0	\$112	\$0	\$0	\$112	\$126	3	4
		Aug-14	\$67	\$0	\$0	\$1,805	\$1,872	\$0	\$1,872	\$0	\$0	\$1,872	\$126	3	4
		Sep-14	\$67	\$59	\$0	\$66	\$191	\$0	\$191	\$0	\$0	\$191	\$126	3	4
		Oct-14	\$67	(\$126)	\$0	\$66	\$7	\$0	\$7	\$0	\$0	\$7	\$126	3	4
		Nov-14	\$67	\$498	\$106	(\$66)	\$606	\$0	\$606	\$0	\$0	\$606	\$126	3	4
		Dec-14	\$67	\$2,028	\$0	\$66	\$2,161	\$0	\$2,161	\$0	\$0	\$2,161	\$126	3	4
BRANCH Total			\$790	\$3,250	\$106	\$3,204	\$7,350	\$0	\$7,350	\$0	\$0	\$7,350	\$1,516	36	48
MGTA-ACTIVE MGMT EES		Jan-14	\$3,337	\$69,961	\$0	\$25,116	\$98,414	\$0	\$98,414	\$0	\$0	\$98,414	\$3,747	89	209
		Feb-14	\$3,456	\$67,622	\$0	\$21,381	\$92,459	\$0	\$92,459	\$0	\$0	\$92,459	\$3,831	91	211
		Mar-14	\$3,610	\$38,617	\$0	\$27,359	\$69,786	\$0	\$69,786	\$0	\$0	\$69,786	\$3,536	84	200
		Apr-14	\$3,508	\$50,718	\$0	\$22,373	\$76,599	\$0	\$76,599	\$0	\$0	\$76,599	\$3,621	87	209
		May-14	\$3,452	\$78,241	\$0	\$24,019	\$105,712	\$0	\$105,712	\$0	\$0	\$105,712	\$3,705	88	210
		Jun-14	\$3,469	\$100,446	\$0	\$30,251	\$134,166	\$0	\$134,166	\$0	\$0	\$134,166	\$3,747	89	214
		Jul-14	\$3,227	\$53,539	\$0	\$24,148	\$80,913	\$0	\$80,913	\$0	\$0	\$80,913	\$3,663	87	210
		Aug-14	\$3,640	\$52,104	\$0	\$30,237	\$85,981	\$0	\$85,981	\$0	\$0	\$85,981	\$3,579	85	202



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Reported Premium: ASO Fees

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BENEFIT OPTION	BRANCH	Date	CAP	In	Out	DRUG	Gross	S/L	TOTAL CLAIMS NET OF STOP LOSS	HRA Drug	HRA Med	TOTAL HRA & CLAIMS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRS
BRANCH Total		Sep-14	\$3,452	\$50,309	\$0	\$25,676	\$79,437	\$0	\$79,437	\$0	\$0	\$79,437	\$3,621	86	203
		Oct-14	\$3,591	\$53,684	\$0	\$25,642	\$82,917	\$0	\$82,917	\$0	\$0	\$82,917	\$3,705	88	207
		Nov-14	\$3,556	\$53,977	\$707	\$27,697	\$85,936	\$0	\$85,936	\$0	\$0	\$85,936	\$3,621	86	203
		Dec-14	\$3,488	\$43,044	\$0	\$54,383	\$100,914	\$0	\$100,914	\$0	\$0	\$100,914	\$3,663	87	209
			\$41,786	\$712,462	\$707	\$338,281	\$1,093,236	\$0	\$1,093,236	\$0	\$0	\$1,093,236	\$44,037	1,047	2,487
MGTC-COBRA MGMT PARTICIPANTS		Jan-14	\$122	\$255	\$0	\$366	\$742	\$0	\$742	\$0	\$0	\$742	\$295	7	7
		Feb-14	\$118	\$133	\$0	\$21	\$272	\$0	\$272	\$0	\$0	\$272	\$211	5	5
		Mar-14	\$70	\$319	\$0	(\$15)	\$374	\$0	\$374	\$0	\$0	\$374	\$211	5	5
		Apr-14	\$72	\$30	\$0	\$3	\$105	\$0	\$105	\$0	\$0	\$105	\$211	5	5
		May-14	\$84	\$4,141	\$0	\$3	\$4,228	\$0	\$4,228	\$0	\$0	\$4,228	\$211	5	5
		Jun-14	\$84	\$534	\$0	(\$2)	\$617	\$0	\$617	\$0	\$0	\$617	\$211	5	5
		Jul-14	\$74	\$0	\$0	\$0	\$74	\$0	\$74	\$0	\$0	\$74	\$211	5	5
		Aug-14	\$84	\$908	\$0	\$19	\$1,011	\$0	\$1,011	\$0	\$0	\$1,011	\$168	4	4
		Sep-14	\$68	\$1,281	\$0	\$166	\$1,515	\$0	\$1,515	\$0	\$0	\$1,515	\$168	4	4
		Oct-14	\$73	\$0	\$0	\$4	\$77	\$0	\$77	\$0	\$0	\$77	\$168	4	4
		Nov-14	\$69	\$105	\$0	\$107	\$280	\$0	\$280	\$0	\$0	\$280	\$168	4	4
		Dec-14	\$69	\$12,169	\$0	\$0	\$12,237	\$0	\$12,237	\$0	\$0	\$12,237	\$126	4	4
			\$987	\$19,874	\$0	\$672	\$21,533	\$0	\$21,533	\$0	\$0	\$21,533	\$2,358	57	57
MGTU65-RETIRED MGMT -65		Jan-14	\$560	\$10,763	\$136	\$4,902	\$16,361	\$0	\$16,361	\$0	\$0	\$16,361	\$1,221	29	36
		Feb-14	\$571	\$7,132	\$0	\$9,905	\$17,608	\$0	\$17,608	\$0	\$0	\$17,608	\$1,263	30	37
		Mar-14	\$588	\$5,588	\$0	\$12,791	\$18,967	\$0	\$18,967	\$0	\$0	\$18,967	\$1,221	29	36
		Apr-14	\$595	\$12,115	\$0	\$10,536	\$23,246	\$0	\$23,246	\$0	\$0	\$23,246	\$1,221	29	36
		May-14	\$573	\$2,160	\$0	\$9,063	\$11,796	\$0	\$11,796	\$0	\$0	\$11,796	\$1,179	28	35
		Jun-14	\$554	\$4,350	\$0	\$6,358	\$11,262	\$0	\$11,262	\$0	\$0	\$11,262	\$1,179	28	35
		Jul-14	\$480	\$5,543	\$0	\$15,862	\$21,885	\$0	\$21,885	\$0	\$0	\$21,885	\$1,137	27	34
		Aug-14	\$537	\$8,352	\$0	\$3,482	\$12,371	\$0	\$12,371	\$0	\$0	\$12,371	\$1,137	27	34
		Sep-14	\$537	\$12,627	\$0	\$7,073	\$20,237	\$0	\$20,237	\$0	\$0	\$20,237	\$1,137	27	34
		Oct-14	\$549	\$5,944	\$0	\$14,339	\$20,833	\$0	\$20,833	\$0	\$0	\$20,833	\$1,137	27	34
		Nov-14	\$540	\$2,567	\$0	\$3,465	\$6,573	\$0	\$6,573	\$0	\$0	\$6,573	\$1,137	27	34
		Dec-14	\$546	\$2,768	\$0	\$5,449	\$8,763	\$0	\$8,763	\$0	\$0	\$8,763	\$1,137	27	34
			\$6,630	\$79,908	\$136	\$103,227	\$189,901	\$0	\$189,901	\$0	\$0	\$189,901	\$14,104	335	419
MGT650-RETIRED MGMT 65+		Jan-14	\$62	\$0	\$0	\$2,237	\$2,299	\$0	\$2,299	\$0	\$0	\$2,299	\$84	2	4
		Feb-14	\$68	\$803	\$0	\$112	\$983	\$0	\$983	\$0	\$0	\$983	\$84	2	4
		Mar-14	\$68	\$184	\$0	\$117	\$369	\$0	\$369	\$0	\$0	\$369	\$84	2	4
		Apr-14	\$68	\$53	\$0	\$260	\$381	\$0	\$381	\$0	\$0	\$381	\$84	2	4
		May-14	\$68	\$1,019	\$0	\$112	\$1,199	\$0	\$1,199	\$0	\$0	\$1,199	\$84	2	4
		Jun-14	\$68	\$365	\$0	\$149	\$582	\$0	\$582	\$0	\$0	\$582	\$84	2	4
		Jul-14	\$56	\$116	\$0	\$320	\$492	\$0	\$492	\$0	\$0	\$492	\$84	2	4
		Aug-14	\$68	\$263	\$0	\$53	\$384	\$0	\$384	\$0	\$0	\$384	\$84	2	4
		Sep-14	\$68	\$665	\$0	\$536	\$1,270	\$0	\$1,270	\$0	\$0	\$1,270	\$84	2	4
		Oct-14	\$69	\$180	\$0	\$912	\$1,160	\$0	\$1,160	\$0	\$0	\$1,160	\$84	2	4
		Nov-14	\$69	\$110	\$19	\$664	\$861	\$0	\$861	\$0	\$0	\$861	\$84	2	4
		Dec-14	\$69	\$353	\$0	\$148	\$569	\$0	\$569	\$0	\$0	\$569	\$84	2	4
			\$802	\$4,111	\$19	\$5,619	\$10,549	\$0	\$10,549	\$0	\$0	\$10,549	\$1,010	24	48
PASA-ACTIVE PROF & SUPV EES		Jan-14	\$3,476	\$190,708	\$249	\$32,088	\$226,521	(\$62,437)	\$164,084	\$0	\$0	\$164,084	\$4,294	103	229
		Feb-14	\$3,849	\$110,681	\$0	\$50,888	\$165,418	(\$82,368)	\$83,050	\$0	\$0	\$83,050	\$4,378	104	233
		Mar-14	\$3,951	\$109,714	\$501	\$35,573	\$149,740	(\$981)	\$148,759	\$0	\$0	\$148,759	\$4,210	100	225
		Apr-14	\$4,059	\$84,360	\$25	\$48,799	\$137,242	\$0	\$137,242	\$0	\$0	\$137,242	\$4,294	102	230
		May-14	\$3,941	\$100,177	(\$25)	\$20,258	\$124,351	\$0	\$124,351	\$0	\$0	\$124,351	\$4,294	102	232
		Jun-14	\$3,965	\$85,007	\$1,387	\$37,010	\$127,369	(\$3,247)	\$124,123	\$0	\$0	\$124,123	\$4,463	106	240
		Jul-14	\$3,521	\$46,352	\$0	\$68,837	\$118,711	\$0	\$118,711	\$0	\$0	\$118,711	\$4,463	106	240
		Aug-14	\$4,153	\$157,753	\$0	\$44,360	\$206,266	\$0	\$206,266	\$0	\$0	\$206,266	\$4,463	106	237
		Sep-14	\$4,119	\$131,181	\$0	\$47,448	\$182,748	(\$257)	\$182,491	\$0	\$0	\$182,491	\$4,463	106	234
		Oct-14	\$4,144	\$129,157	\$0	\$67,347	\$200,648	(\$75,957)	\$124,690	\$0	\$0	\$124,690	\$4,547	108	236
		Nov-14	\$4,068	\$62,190	\$0	\$25,940	\$92,198	(\$10,882)	\$81,315	\$0	\$0	\$81,315	\$4,589	109	237
		Dec-14	\$4,068	\$55,324	\$0	\$31,769	\$91,161	(\$13,748)	\$77,413	\$0	\$0	\$77,413	\$4,589	109	238
			\$47,313	\$1,262,603	\$2,138	\$510,319	\$1,822,373	(\$249,877)	\$1,572,496	\$0	\$0	\$1,572,496	\$53,046	1,261	2,811
PASC-COBRA PROF & SUPV PARTICIPANT		Jan-14	(\$1)	\$4,317	\$0	\$0	\$4,316	\$0	\$4,316	\$0	\$0	\$4,316	\$42	1	1
		Feb-14	\$17	\$2,301	\$0	\$0	\$2,318	\$0	\$2,318	\$0	\$0	\$2,318	\$42	1	1
		Mar-14	\$17	\$59	\$0	\$0	\$76	\$0	\$76	\$0	\$0	\$76	\$84	2	2



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ADVICE Reporting System

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Date: 01/08/2015

CITY OF FORT LAUDERDALE

MONTHLY HEALTHCARE DETAIL EXPERIENCE REPORT

January 2014 thru December 2014

RAT : RETROSPECTIVELY RATED - PARTICIPATING

Reported Premium: ASO Fees

Reported Claims: All Claims, Med-Drug Elig, Med Elig

Note: Paid claim dollars include amounts deducted from your account and paid to vendors for cost containment services.

BENEFIT OPTION	BRANCH	Date	CAP	In	Out	DRUG	Gross	S/L	TOTAL CLAIMS NET OF STOP LOSS	HRA Drug	HRA Med	TOTAL HRA & CLAIMS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRS
		Apr-14	\$34	\$3,704	\$0	\$51	\$3,789	\$0	\$3,789	\$0	\$0	\$3,789	\$42	1	1
		May-14	\$34	\$156	\$0	\$0	\$190	\$0	\$190	\$0	\$0	\$190	\$42	1	1
		Jun-14	\$0	(\$16)	\$0	\$0	(\$16)	\$0	(\$16)	\$0	\$0	(\$16)	\$42	1	1
		Jul-14	\$14	\$722	\$0	\$0	\$736	\$0	\$736	\$0	\$0	\$736	\$42	1	1
		Aug-14	\$17	\$2,496	\$0	\$47	\$2,560	\$0	\$2,560	\$0	\$0	\$2,560	\$42	1	1
		Sep-14	\$17	\$0	\$0	\$0	\$17	\$0	\$17	\$0	\$0	\$17	\$42	1	1
		Oct-14	\$17	\$249	\$0	\$54	\$320	\$0	\$320	\$0	\$0	\$320	\$42	1	1
		Nov-14	\$17	\$312	\$0	\$52	\$380	\$0	\$380	\$0	\$0	\$380	\$42	1	1
		Dec-14	\$17	\$50	\$0	\$0	\$67	\$0	\$67	\$0	\$0	\$67	\$42	1	1
	BRANCH Total		\$201	\$14,347	\$0	\$204	\$14,752	\$0	\$14,752	\$0	\$0	\$14,752	\$547	13	13
	PASU65-RETIRED PROF & SUPV -65	Jan-14	\$371	\$8,018	\$0	\$2,288	\$10,677	\$0	\$10,677	\$0	\$0	\$10,677	\$463	11	18
		Feb-14	\$324	\$2,672	\$0	\$2,906	\$5,901	\$0	\$5,901	\$0	\$0	\$5,901	\$463	11	18
		Mar-14	\$290	\$1,735	\$0	\$3,668	\$5,693	\$0	\$5,693	\$0	\$0	\$5,693	\$421	10	14
		Apr-14	\$233	\$1,392	\$0	\$4,232	\$5,856	\$0	\$5,856	\$0	\$0	\$5,856	\$379	9	12
		May-14	\$205	\$4,553	\$0	\$2,952	\$7,710	\$0	\$7,710	\$0	\$0	\$7,710	\$421	10	13
		Jun-14	\$222	\$1,193	\$0	\$3,544	\$4,960	\$0	\$4,960	\$0	\$0	\$4,960	\$421	10	13
		Jul-14	\$185	\$3,357	\$0	\$5,044	\$8,586	\$0	\$8,586	\$0	\$0	\$8,586	\$337	8	11
		Aug-14	\$188	\$2,198	\$0	\$2,720	\$5,106	\$0	\$5,106	\$0	\$0	\$5,106	\$337	8	11
		Sep-14	\$188	\$5,050	\$0	\$3,383	\$8,620	\$0	\$8,620	\$0	\$0	\$8,620	\$337	8	11
		Oct-14	\$198	\$1,805	\$0	\$2,856	\$4,858	\$0	\$4,858	\$0	\$0	\$4,858	\$337	8	11
		Nov-14	\$189	\$21,914	\$0	\$3,347	\$25,449	\$0	\$25,449	\$0	\$0	\$25,449	\$337	8	11
		Dec-14	\$189	\$6,747	\$0	\$4,230	\$11,166	\$0	\$11,166	\$0	\$0	\$11,166	\$337	8	11
	BRANCH Total		\$2,781	\$60,632	\$0	\$41,170	\$104,583	\$0	\$104,583	\$0	\$0	\$104,583	\$4,589	109	154
	PAS65O-RETIRED PROF & SUPV 65+	Jan-14	(\$5)	\$0	\$0	\$0	(\$5)	\$0	(\$5)	\$0	\$0	(\$5)	\$0	0	0
		Jul-14	\$0	\$0	\$0	\$4	\$4	\$0	\$4	\$0	\$0	\$4	\$42	1	1
		Aug-14	\$17	\$0	\$0	\$4	\$21	\$0	\$21	\$0	\$0	\$21	\$42	1	1
		Sep-14	\$17	\$390	\$0	\$0	\$407	\$0	\$407	\$0	\$0	\$407	\$42	1	1
		Oct-14	\$17	\$2,888	\$0	\$557	\$3,462	\$0	\$3,462	\$0	\$0	\$3,462	\$42	1	1
		Nov-14	\$17	\$309	\$0	\$16	\$343	\$0	\$343	\$0	\$0	\$343	\$42	1	1
		Dec-14	\$17	\$0	\$0	\$0	\$17	\$0	\$17	\$0	\$0	\$17	\$42	1	1
	BRANCH Total		\$80	\$3,587	\$0	\$581	\$4,248	\$0	\$4,248	\$0	\$0	\$4,248	\$253	6	6
	RNOMC-RETIRES WITH MEDICARE A	Jan-14	\$0	\$673	\$0	\$0	\$673	\$0	\$673	\$0	\$0	\$673	\$0	0	0
	BRANCH Total		\$0	\$673	\$0	\$0	\$673	\$0	\$673	\$0	\$0	\$673	\$0	0	0
	SPEC-SPECIAL	Jan-14	\$144	\$19,864	\$0	\$268	\$20,276	\$0	\$20,276	\$0	\$0	\$20,276	\$168	4	9
		Feb-14	\$152	\$19,405	\$0	\$285	\$19,841	\$0	\$19,841	\$0	\$0	\$19,841	\$168	4	9
		Mar-14	\$152	\$15,533	\$0	\$302	\$15,987	\$0	\$15,987	\$0	\$0	\$15,987	\$168	4	9
		Apr-14	\$186	\$3,061	\$0	\$644	\$3,891	\$0	\$3,891	\$0	\$0	\$3,891	\$168	4	9
		May-14	\$152	\$339	\$0	\$281	\$772	\$0	\$772	\$0	\$0	\$772	\$168	4	9
		Jun-14	\$152	\$1,075	\$0	\$1,125	\$2,352	\$0	\$2,352	\$0	\$0	\$2,352	\$168	4	9
		Jul-14	\$151	\$344	\$0	\$685	\$1,180	\$0	\$1,180	\$0	\$0	\$1,180	\$168	4	9
		Aug-14	\$152	\$160	\$0	\$303	\$616	\$0	\$616	\$0	\$0	\$616	\$168	4	9
		Sep-14	\$152	(\$544)	\$0	\$1,298	\$907	\$0	\$907	\$0	\$0	\$907	\$168	4	9
		Oct-14	\$177	\$1,536	\$0	\$1,213	\$2,926	\$0	\$2,926	\$0	\$0	\$2,926	\$168	4	9
		Nov-14	\$153	\$1,537	\$0	\$786	\$2,476	\$0	\$2,476	\$0	\$0	\$2,476	\$168	4	9
		Dec-14	\$153	\$129	\$0	\$818	\$1,100	\$0	\$1,100	\$0	\$0	\$1,100	\$168	4	9
	BRANCH Total		\$1,875	\$62,440	\$0	\$8,007	\$72,323	\$0	\$72,323	\$0	\$0	\$72,323	\$2,021	48	108
BENEFIT OPTION Tot			\$319,210	\$6,820,492	\$13,502	\$2,275,987	\$9,429,191	(\$311,275)	\$9,117,915	\$0	\$0	\$9,117,915	\$381,931	9,043	18,524
OAPIN2	ADCH-ADULT/CHILD EES	Jan-14	\$15	\$0	\$0	\$0	\$15	\$0	\$15	\$0	\$0	\$15	\$42	1	1
		Feb-14	\$17	\$0	\$0	\$0	\$17	\$0	\$17	\$0	\$0	\$17	\$42	1	1
		Mar-14	\$17	\$0	\$0	\$0	\$17	\$0	\$17	\$0	\$0	\$17	\$42	1	1
		Apr-14	\$17	\$0	\$0	\$0	\$17	\$0	\$17	\$0	\$0	\$17	\$42	1	1
		May-14	\$17	\$0	\$0	\$0	\$17	\$0	\$17	\$0	\$0	\$17	\$42	1	1
		Jun-14	\$17	\$0	\$0	\$0	\$17	\$0	\$17	\$0	\$0	\$17	\$42	1	1
		Jul-14	\$14	\$0	\$0	\$0	\$14	\$0	\$14	\$0	\$0	\$14	\$42	1	1
		Aug-14	\$17	\$0	\$0	\$0	\$17	\$0	\$17	\$0	\$0	\$17	\$42	1	1
		Sep-14	\$17	\$0	\$0	\$0	\$17	\$0	\$17	\$0	\$0	\$17	\$42	1	1
		Oct-14	\$17	\$0	\$0	\$0	\$17	\$0	\$17	\$0	\$0	\$17	\$42	1	1
		Nov-14	\$17	\$0	\$0	\$0	\$17	\$0	\$17	\$0	\$0	\$17	\$42	1	1
		Dec-14	\$17	\$0	\$0	\$0	\$17	\$0	\$17	\$0	\$0	\$17	\$0	0	0



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ADVICE Reporting System

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CITY OF FORT LAUDERDALE

MONTHLY HEALTHCARE DETAIL EXPERIENCE REPORT

January 2014 thru December 2014

RAT : RETROSPECTIVELY RATED - PARTICIPATING

Reported Premium: ASO Fees

Reported Claims: All Claims, Med-Drug Elig, Med Elig

Note: Paid claim dollars include amounts deducted from your account and paid to vendors for cost containment services.

BENEFIT OPTION	BRANCH	Date	CAP	In	Out	DRUG	Gross	S/L	TOTAL CLAIMS NET OF STOP LOSS	HRA Drug	HRA Med	TOTAL HRA & CLAIMS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRS
BRANCH Total			\$200	\$0	\$0	\$0	\$200	\$0	\$200	\$0	\$0	\$200	\$463	11	11
CONA-ACTIVE CONFIDENTIAL EES		Jan-14	\$62	\$370	\$0	\$135	\$568	\$0	\$568	\$0	\$0	\$568	\$168	4	7
		Feb-14	\$68	\$22	\$0	\$40	\$131	\$0	\$131	\$0	\$0	\$131	\$168	4	7
		Mar-14	\$68	\$225	\$0	\$6,455	\$6,748	\$0	\$6,748	\$0	\$0	\$6,748	\$168	4	7
		Apr-14	\$222	\$5,255	\$0	\$844	\$6,321	\$0	\$6,321	\$0	\$0	\$6,321	\$168	4	7
		May-14	\$120	\$1,187	\$0	\$7,145	\$8,451	\$0	\$8,451	\$0	\$0	\$8,451	\$168	4	7
		Jun-14	\$120	\$760	\$0	\$757	\$1,637	\$0	\$1,637	\$0	\$0	\$1,637	\$168	4	7
		Jul-14	\$97	\$3,033	\$0	\$675	\$3,806	\$0	\$3,806	\$0	\$0	\$3,806	\$168	4	7
		Aug-14	\$120	\$2,335	\$0	\$6,495	\$8,950	\$0	\$8,950	\$0	\$0	\$8,950	\$168	4	7
		Sep-14	\$120	\$633	\$0	\$610	\$1,363	\$0	\$1,363	\$0	\$0	\$1,363	\$168	4	7
		Oct-14	\$120	\$18,334	\$0	\$1,005	\$19,459	\$0	\$19,459	\$0	\$0	\$19,459	\$168	4	7
		Nov-14	\$120	\$10,214	\$0	\$746	\$11,080	\$0	\$11,080	\$0	\$0	\$11,080	\$168	4	7
		Dec-14	\$120	\$1,022	\$0	\$7,624	\$8,766	\$0	\$8,766	\$0	\$0	\$8,766	\$168	4	7
BRANCH Total			\$1,356	\$43,392	\$0	\$32,530	\$77,279	\$0	\$77,279	\$0	\$0	\$77,279	\$2,021	48	84
FIRA-FIRE EES		Jan-14	\$371	\$505	\$0	\$377	\$1,253	\$0	\$1,253	\$0	\$0	\$1,253	\$379	9	27
		Feb-14	\$460	(\$113)	\$0	\$1,357	\$1,703	\$0	\$1,703	\$0	\$0	\$1,703	\$379	9	27
		Mar-14	\$460	\$1,483	\$0	\$1,266	\$3,209	\$0	\$3,209	\$0	\$0	\$3,209	\$379	9	27
		Apr-14	\$461	\$618	\$0	\$1,495	\$2,574	\$0	\$2,574	\$0	\$0	\$2,574	\$379	9	27
		May-14	\$461	\$1,136	\$0	\$1,610	\$3,208	\$0	\$3,208	\$0	\$0	\$3,208	\$379	9	27
		Jun-14	\$461	\$1,340	\$0	\$1,642	\$3,444	\$0	\$3,444	\$0	\$0	\$3,444	\$379	9	27
		Jul-14	\$375	\$1,188	\$0	\$1,150	\$2,713	\$0	\$2,713	\$0	\$0	\$2,713	\$379	9	27
		Aug-14	\$461	\$1,442	\$0	\$1,206	\$3,109	\$0	\$3,109	\$0	\$0	\$3,109	\$379	9	27
		Sep-14	\$461	\$1,488	\$0	\$709	\$2,658	\$0	\$2,658	\$0	\$0	\$2,658	\$463	11	29
		Oct-14	\$498	(\$117)	\$134	\$1,436	\$1,951	\$0	\$1,951	\$0	\$0	\$1,951	\$463	11	29
		Nov-14	\$498	\$380	\$0	\$207	\$1,085	\$0	\$1,085	\$0	\$0	\$1,085	\$463	11	29
		Dec-14	\$498	\$2,333	\$0	\$2,956	\$5,787	\$0	\$5,787	\$0	\$0	\$5,787	\$463	11	30
BRANCH Total			\$5,468	\$11,683	\$134	\$15,410	\$32,694	\$0	\$32,694	\$0	\$0	\$32,694	\$4,884	116	333
FIRU65-RETIRED FIRE -65		Jan-14	\$31	\$117	\$0	\$830	\$977	\$0	\$977	\$0	\$0	\$977	\$42	1	2
		Feb-14	\$34	\$92	\$0	\$553	\$679	\$0	\$679	\$0	\$0	\$679	\$42	1	2
		Mar-14	\$34	\$0	\$0	\$282	\$316	\$0	\$316	\$0	\$0	\$316	\$0	0	0
BRANCH Total			\$99	\$209	\$0	\$1,665	\$1,972	\$0	\$1,972	\$0	\$0	\$1,972	\$84	2	4
GENA-TEAMSTER EES		Jan-14	\$2,750	\$17,706	\$0	\$12,123	\$32,579	\$0	\$32,579	\$0	\$0	\$32,579	\$3,705	88	187
		Feb-14	\$3,167	\$25,591	\$0	\$8,132	\$36,889	\$0	\$36,889	\$0	\$0	\$36,889	\$3,831	91	189
		Mar-14	\$3,320	\$34,920	\$0	\$13,080	\$51,320	\$0	\$51,320	\$0	\$0	\$51,320	\$3,747	89	188
		Apr-14	\$3,381	\$66,182	\$0	\$10,727	\$80,289	\$0	\$80,289	\$0	\$0	\$80,289	\$3,789	90	187
		May-14	\$3,212	\$41,665	\$0	\$7,674	\$52,552	\$0	\$52,552	\$0	\$0	\$52,552	\$3,789	90	187
		Jun-14	\$3,212	\$115,957	\$0	\$11,657	\$130,827	\$0	\$130,827	\$0	\$0	\$130,827	\$3,747	89	184
		Jul-14	\$2,742	\$179,232	\$0	\$7,473	\$189,446	\$0	\$189,446	\$0	\$0	\$189,446	\$3,747	89	186
		Aug-14	\$3,161	\$72,320	\$0	\$12,049	\$87,529	\$0	\$87,529	\$0	\$0	\$87,529	\$3,579	85	182
		Sep-14	\$3,144	\$53,848	\$585	\$10,904	\$68,481	\$0	\$68,481	\$0	\$0	\$68,481	\$3,579	85	182
		Oct-14	\$3,291	\$139,938	\$639	\$6,758	\$150,626	(\$58,590)	\$92,036	\$0	\$0	\$92,036	\$3,705	88	189
		Nov-14	\$3,281	\$58,040	\$0	\$8,912	\$70,233	(\$1,005)	\$69,228	\$0	\$0	\$69,228	\$3,705	88	189
		Dec-14	\$3,281	\$56,922	\$0	\$20,533	\$80,736	(\$154)	\$80,582	\$0	\$0	\$80,582	\$3,705	88	188
BRANCH Total			\$37,942	\$862,321	\$1,224	\$130,022	\$1,031,508	(\$59,749)	\$971,759	\$0	\$0	\$971,759	\$44,626	1,060	2,238
GENC-COBRA TEAMSTER PARTICIPANTS		Jan-14	\$5	\$55	\$0	\$18	\$78	\$0	\$78	\$0	\$0	\$78	\$84	2	2
		Feb-14	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$84	2	2
		Mar-14	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$84	2	2
		Apr-14	\$5	\$0	\$0	\$0	\$5	\$0	\$5	\$0	\$0	\$5	\$84	2	2
		May-14	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$84	2	2
		Jun-14	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$84	2	2
		Jul-14	\$5	\$0	\$0	\$0	\$5	\$0	\$5	\$0	\$0	\$5	\$84	2	2
		Aug-14	\$0	\$687	\$0	\$0	\$687	\$0	\$687	\$0	\$0	\$687	\$84	2	2
		Sep-14	\$69	\$829	\$0	\$1,081	\$1,988	\$0	\$1,988	\$0	\$0	\$1,988	\$84	2	2
		Oct-14	\$22	\$816	\$0	\$1,042	\$1,879	\$0	\$1,879	\$0	\$0	\$1,879	\$84	2	2
		Nov-14	\$17	\$80	\$0	\$1,052	\$1,160	\$0	\$1,160	\$0	\$0	\$1,160	\$84	2	2
		Dec-14	\$17	\$6,835	\$0	\$1,107	\$7,959	\$0	\$7,959	\$0	\$0	\$7,959	\$84	2	2
BRANCH Total			\$140	\$9,302	\$0	\$4,320	\$13,761	\$0	\$13,761	\$0	\$0	\$13,761	\$1,010	24	24
GENU65-RETIRED TEAMSTER -65		Jan-14	\$128	\$994	\$0	\$1,734	\$2,856	\$0	\$2,856	\$0	\$0	\$2,856	\$379	9	9
		Feb-14	\$153	(\$78)	\$0	\$307	\$383	\$0	\$383	\$0	\$0	\$383	\$379	9	9



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CITY OF FORT LAUDERDALE

MONTHLY HEALTHCARE DETAIL EXPERIENCE REPORT

January 2014 thru December 2014

RAT : RETROSPECTIVELY RATED - PARTICIPATING

Reported Premium: ASO Fees

Reported Claims: All Claims, Med-Drug Elig, Med Elig

Note: Paid claim dollars include amounts deducted from your account and paid to vendors for cost containment services.

BENEFIT OPTION	BRANCH	Date	CAP	In	Out	DRUG	Gross	S/L	TOTAL CLAIMS NET OF STOP LOSS	HRA Drug	HRA Med	TOTAL HRA & CLAIMS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRS
		Mar-14	\$153	\$100	\$0	\$2,152	\$2,405	\$0	\$2,405	\$0	\$0	\$2,405	\$253	6	6
		Apr-14	\$103	\$58	\$0	\$1,431	\$1,591	\$0	\$1,591	\$0	\$0	\$1,591	\$211	5	5
		May-14	\$103	\$0	\$0	\$318	\$420	\$0	\$420	\$0	\$0	\$420	\$211	5	5
		Jun-14	\$68	\$25	\$0	\$432	\$525	\$0	\$525	\$0	\$0	\$525	\$211	5	6
		Jul-14	\$83	\$91	\$0	\$965	\$1,139	\$0	\$1,139	\$0	\$0	\$1,139	\$211	5	6
		Aug-14	\$102	\$630	\$0	\$2,378	\$3,111	\$0	\$3,111	\$0	\$0	\$3,111	\$211	5	6
		Sep-14	\$102	\$265	\$0	\$1,080	\$1,448	\$0	\$1,448	\$0	\$0	\$1,448	\$211	5	6
		Oct-14	\$103	\$129	\$0	\$2,162	\$2,394	\$0	\$2,394	\$0	\$0	\$2,394	\$211	5	6
		Nov-14	\$103	\$93	\$0	\$301	\$497	\$0	\$497	\$0	\$0	\$497	\$168	4	5
		Dec-14	\$86	\$131	\$0	\$1,762	\$1,979	\$0	\$1,979	\$0	\$0	\$1,979	\$168	4	5
	BRANCH Total		\$1,288	\$2,439	\$0	\$15,021	\$18,747	\$0	\$18,747	\$0	\$0	\$18,747	\$2,821	67	74
	MGT-ACTIVE MGMT EES	Jan-14	\$278	\$294	\$0	\$613	\$1,186	\$0	\$1,186	\$0	\$0	\$1,186	\$253	6	16
		Feb-14	\$255	(\$1,041)	\$0	\$1,232	\$447	\$0	\$447	\$0	\$0	\$447	\$253	6	16
		Mar-14	\$392	\$9,268	\$0	\$48	\$9,708	\$0	\$9,708	\$0	\$0	\$9,708	\$295	7	17
		Apr-14	\$188	(\$1,101)	\$0	\$331	(\$582)	\$0	(\$582)	\$0	\$0	(\$582)	\$337	8	17
		May-14	\$291	\$703	\$0	\$219	\$1,213	\$0	\$1,213	\$0	\$0	\$1,213	\$337	8	17
		Jun-14	\$291	\$1,586	\$0	\$705	\$2,581	\$0	\$2,581	\$0	\$0	\$2,581	\$337	8	17
		Jul-14	\$236	\$1,897	\$0	\$279	\$2,413	\$0	\$2,413	\$0	\$0	\$2,413	\$379	9	18
		Aug-14	\$308	\$962	\$0	\$284	\$1,554	\$0	\$1,554	\$0	\$0	\$1,554	\$379	9	16
		Sep-14	\$273	\$4,051	\$0	\$294	\$4,618	\$0	\$4,618	\$0	\$0	\$4,618	\$379	9	16
		Oct-14	\$275	\$5,192	\$0	\$496	\$5,962	\$0	\$5,962	\$0	\$0	\$5,962	\$379	9	16
		Nov-14	\$275	\$920	\$0	\$522	\$1,717	\$0	\$1,717	\$0	\$0	\$1,717	\$379	9	16
		Dec-14	\$275	\$754	\$0	\$117	\$1,145	\$0	\$1,145	\$0	\$0	\$1,145	\$379	9	16
	BRANCH Total		\$3,337	\$23,485	\$0	\$5,139	\$31,961	\$0	\$31,961	\$0	\$0	\$31,961	\$4,084	97	198
	MGTU65-RETIRED MGMT -65	Jan-14	\$93	\$2,130	\$0	\$3,414	\$5,637	\$0	\$5,637	\$0	\$0	\$5,637	\$168	4	7
		Feb-14	\$119	\$79	\$0	\$3,437	\$3,635	\$0	\$3,635	\$0	\$0	\$3,635	\$168	4	7
		Mar-14	\$119	\$1,560	\$0	\$3,702	\$5,381	\$0	\$5,381	\$0	\$0	\$5,381	\$168	4	7
		Apr-14	\$124	\$14	\$0	\$781	\$919	\$0	\$919	\$0	\$0	\$919	\$168	4	7
		May-14	\$120	\$987	\$0	\$3,635	\$4,742	\$0	\$4,742	\$0	\$0	\$4,742	\$168	4	7
		Jun-14	\$120	\$715	\$0	\$5,213	\$6,047	\$0	\$6,047	\$0	\$0	\$6,047	\$168	4	7
		Jul-14	\$102	\$1,750	\$0	\$4,614	\$6,466	\$0	\$6,466	\$0	\$0	\$6,466	\$168	4	7
		Aug-14	\$120	\$195	\$0	\$3,972	\$4,287	\$0	\$4,287	\$0	\$0	\$4,287	\$168	4	7
		Sep-14	\$120	\$998	\$0	\$3,647	\$4,765	\$0	\$4,765	\$0	\$0	\$4,765	\$168	4	7
		Oct-14	\$125	\$2,089	\$0	\$4,433	\$6,647	\$0	\$6,647	\$0	\$0	\$6,647	\$168	4	7
		Nov-14	\$120	\$407	\$0	\$4,520	\$5,048	\$0	\$5,048	\$0	\$0	\$5,048	\$168	4	7
		Dec-14	\$120	\$1,369	\$0	\$3,980	\$5,469	\$0	\$5,469	\$0	\$0	\$5,469	\$126	3	6
	BRANCH Total		\$1,401	\$12,293	\$0	\$45,346	\$59,041	\$0	\$59,041	\$0	\$0	\$59,041	\$1,979	47	83
	PASA-ACTIVE PROF & SUPV EES	Jan-14	\$355	\$2,058	\$0	\$3,636	\$6,050	\$0	\$6,050	\$0	\$0	\$6,050	\$758	18	39
		Feb-14	\$664	\$1,675	\$0	\$2,073	\$4,412	\$0	\$4,412	\$0	\$0	\$4,412	\$800	19	40
		Mar-14	\$681	\$4,677	\$0	\$974	\$6,332	\$0	\$6,332	\$0	\$0	\$6,332	\$800	19	40
		Apr-14	\$702	\$3,721	\$0	\$1,752	\$6,174	\$0	\$6,174	\$0	\$0	\$6,174	\$800	19	40
		May-14	\$684	\$2,416	\$0	\$2,221	\$5,320	\$0	\$5,320	\$0	\$0	\$5,320	\$800	19	40
		Jun-14	\$684	\$2,790	\$0	\$3,105	\$6,579	\$0	\$6,579	\$0	\$0	\$6,579	\$842	20	41
		Jul-14	\$588	\$2,144	\$0	\$4,484	\$7,215	\$0	\$7,215	\$0	\$0	\$7,215	\$842	20	41
		Aug-14	\$701	\$4,789	\$0	\$4,007	\$9,497	\$0	\$9,497	\$0	\$0	\$9,497	\$884	21	44
		Sep-14	\$752	\$7,496	\$0	\$4,348	\$12,596	\$0	\$12,596	\$0	\$0	\$12,596	\$842	20	41
		Oct-14	\$774	\$21,618	\$0	\$5,314	\$27,706	\$0	\$27,706	\$0	\$0	\$27,706	\$758	18	39
		Nov-14	\$618	\$4,406	\$0	\$3,856	\$8,880	\$0	\$8,880	\$0	\$0	\$8,880	\$716	17	38
		Dec-14	\$653	\$6,045	\$0	\$2,173	\$8,871	\$0	\$8,871	\$0	\$0	\$8,871	\$758	18	41
	BRANCH Total		\$7,855	\$63,834	\$0	\$37,942	\$109,632	\$0	\$109,632	\$0	\$0	\$109,632	\$9,599	228	484
	PASU65-RETIRED PROF & SUPV -65	Jan-14	\$31	\$48	\$0	\$166	\$245	\$0	\$245	\$0	\$0	\$245	\$84	2	4
		Feb-14	\$85	\$71	\$0	\$147	\$303	\$0	\$303	\$0	\$0	\$303	\$84	2	4
		Mar-14	\$85	\$30	\$0	\$89	\$205	\$0	\$205	\$0	\$0	\$205	\$84	2	3
		Apr-14	\$26	\$117	\$0	\$306	\$449	\$0	\$449	\$0	\$0	\$449	\$84	2	3
		May-14	\$51	\$48	\$0	\$309	\$409	\$0	\$409	\$0	\$0	\$409	\$84	2	3
		Jun-14	\$51	\$113	\$0	\$340	\$505	\$0	\$505	\$0	\$0	\$505	\$84	2	3
		Jul-14	\$51	\$223	\$0	\$371	\$644	\$0	\$644	\$0	\$0	\$644	\$84	2	3
		Aug-14	\$51	\$10	\$0	\$371	\$433	\$0	\$433	\$0	\$0	\$433	\$84	2	3
		Sep-14	\$51	\$6	\$0	\$609	\$666	\$0	\$666	\$0	\$0	\$666	\$84	2	3
		Oct-14	\$61	\$69	\$0	\$531	\$661	\$0	\$661	\$0	\$0	\$661	\$84	2	3
		Nov-14	\$52	\$72	\$0	\$605	\$729	\$0	\$729	\$0	\$0	\$729	\$84	2	3



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CITY OF FORT LAUDERDALE

MONTHLY HEALTHCARE DETAIL EXPERIENCE REPORT

January 2014 thru December 2014

RAT : RETROSPECTIVELY RATED - PARTICIPATING

Reported Premium: ASO Fees

Reported Claims: All Claims, Med-Drug Elig, Med Elig

Note: Paid claim dollars include amounts deducted from your account and paid to vendors for cost containment services.

BENEFIT OPTION	BRANCH	Date	CAP	In	Out	DRUG	Gross	S/L	TOTAL CLAIMS NET OF STOP LOSS	HRA Drug	HRA Med	TOTAL HRA & CLAIMS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRS
	BRANCH Total	Dec-14	\$52 \$647	\$1,182 \$1,991	\$0 \$0	\$318 \$4,162	\$1,552 \$6,800	\$0 \$0	\$1,552 \$6,800	\$0 \$0	\$0 \$0	\$1,552 \$6,800	\$42 \$968	1 23	2 37
	PAS650-RETIRED PROF & SUPV 65+	Jan-14	\$15	\$798	\$0	\$391	\$1,204	\$0	\$1,204	\$0	\$0	\$1,204	\$42	1	1
		Feb-14	\$17	\$961	\$0	\$0	\$978	\$0	\$978	\$0	\$0	\$978	\$42	1	1
		Mar-14	\$17	\$468	\$0	\$0	\$485	\$0	\$485	\$0	\$0	\$485	\$42	1	1
		Apr-14	\$17	\$309	\$0	\$23	\$349	\$0	\$349	\$0	\$0	\$349	\$42	1	1
		May-14	\$17	\$2,204	\$0	\$0	\$2,221	\$0	\$2,221	\$0	\$0	\$2,221	\$42	1	1
		Jun-14	\$17	\$1,781	\$0	\$4	\$1,801	\$0	\$1,801	\$0	\$0	\$1,801	\$42	1	1
		Jul-14	\$14	\$104	\$0	\$337	\$455	\$0	\$455	\$0	\$0	\$455	\$42	1	1
		Aug-14	\$17	\$105	\$0	\$35	\$157	\$0	\$157	\$0	\$0	\$157	\$42	1	1
		Sep-14	\$17	\$13	\$0	\$0	\$30	\$0	\$30	\$0	\$0	\$30	\$42	1	1
		Oct-14	\$17	\$204	\$0	\$6	\$227	\$0	\$227	\$0	\$0	\$227	\$42	1	1
		Nov-14	\$17	\$53	\$0	\$22	\$92	\$0	\$92	\$0	\$0	\$92	\$42	1	1
		Dec-14	\$17	\$18	\$0	\$13	\$48	\$0	\$48	\$0	\$0	\$48	\$42	1	1
	BRANCH Total		\$200	\$7,018	\$0	\$830	\$8,049	\$0	\$8,049	\$0	\$0	\$8,049	\$505	12	12
BENEFIT OPTION Tot			\$59,933	\$1,037,966	\$1,358	\$292,387	\$1,391,644	(\$59,749)	\$1,331,895	\$0	\$0	\$1,331,895	\$73,044	1,735	3,582
POS1	MGTA-ACTIVE MGMT EES	Mar-14	\$0	(\$165)	\$0	\$0	(\$165)	\$0	(\$165)	\$0	\$0	(\$165)	\$0	0	0
	BRANCH Total		\$0	(\$165)	\$0	\$0	(\$165)	\$0	(\$165)	\$0	\$0	(\$165)	\$0	0	0
	MGTU65-RETIRED MGMT -65	Jan-14	(\$11)	\$0	\$0	\$0	(\$11)	\$0	(\$11)	\$0	\$0	(\$11)	\$0	0	0
		Nov-14	(\$2)	\$0	\$0	\$0	(\$2)	\$0	(\$2)	\$0	\$0	(\$2)	\$0	0	0
	BRANCH Total		(\$13)	\$0	\$0	\$0	(\$13)	\$0	(\$13)	\$0	\$0	(\$13)	\$0	0	0
	PASU65-RETIRED PROF & SUPV -65	Jan-14	\$0	(\$237)	\$0	\$0	(\$237)	\$0	(\$237)	\$0	\$0	(\$237)	\$0	0	0
	BRANCH Total		\$0	(\$237)	\$0	\$0	(\$237)	\$0	(\$237)	\$0	\$0	(\$237)	\$0	0	0
BENEFIT OPTION Tot			(\$13)	(\$401)	\$0	\$0	(\$414)	\$0	(\$414)	\$0	\$0	(\$414)	\$0	0	0
POS2	GEN650-RETIRED TEAMSTER 65+	Jan-14	(\$5)	\$0	\$0	\$0	(\$5)	\$0	(\$5)	\$0	\$0	(\$5)	\$0	0	0
	BRANCH Total		(\$5)	\$0	\$0	\$0	(\$5)	\$0	(\$5)	\$0	\$0	(\$5)	\$0	0	0
BENEFIT OPTION Tot			(\$5)	\$0	\$0	\$0	(\$5)	\$0	(\$5)	\$0	\$0	(\$5)	\$0	0	0
VISION	GENA-TEAMSTER EES	Apr-14	\$0	\$60	\$0	\$0	\$60	\$0	\$60	\$0	\$0	\$60	\$0	0	0
	BRANCH Total		\$0	\$60	\$0	\$0	\$60	\$0	\$60	\$0	\$0	\$60	\$0	0	0
BENEFIT OPTION Tot			\$0	\$60	\$0	\$0	\$60	\$0	\$60	\$0	\$0	\$60	\$0	0	0
Grand Total			\$667,352	\$11,009,268	\$127,893	\$2,827,834	\$14,632,347	(\$503,357)	\$14,128,990	\$155,853	\$495,130	\$14,779,972	\$838,563	18,932	42,876
			\$667,352	\$11,137,161		\$2,827,840		\$503,356		\$650,982		\$14,779,972			
			\$0	(\$0)		\$6		\$1		\$650,979		(\$0)			
										(\$3)					



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RAT : RETROSPECTIVELY RATED - PARTICIPATING

Reported Premium: ASO Fees

Reported Claims: All Claims, Med-Drug Elig, Med Elig

Note: Paid claim dollars include amounts deducted from your account and paid to vendors for cost containment services.

BENEFIT OPTION	BRANCH	YTD/MONTH	FIXED CHARGES	IN NETWORK	OUT OF NETWORK	DRUG	GROSS CLAIMS	STOP LOSS	TOTAL CLAIMS NET OF STOP LOSS	HRA MED DRUG ELIGIBLE	HRA MED ELIGIBLE	TOTAL HRA & CLAIMS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRS
HDHP RETIREE	CON650-RETIRED CONFIDENTIAL 65+	Jan-15	\$13	\$44	\$15	\$0	\$72	\$0	\$72	\$0	\$0	\$72	\$42	0	0
		Feb-15	\$14	\$0	\$0	\$0	\$14	\$0	\$14	\$0	\$0	\$14	\$42	0	0
		Mar-15	\$14	\$30	\$0	\$0	\$44	\$0	\$44	\$0	\$0	\$44	\$0	0	0
		Apr-15	\$14	\$27	\$0	\$0	\$41	\$0	\$41	\$0	\$0	\$41	\$0	0	0
		May-15	\$3	\$0	\$0	\$0	\$3	\$0	\$3	\$0	\$0	\$3	\$0	0	0
		Jun-15	(\$31)	\$27	\$0	\$0	(\$4)	\$0	(\$4)	\$0	\$0	(\$4)	\$0	0	0
		Sep-15	\$0	\$0	\$13	\$0	\$13	\$0	\$13	\$0	\$0	\$13	\$0	0	0
		Oct-15	(\$10)	\$0	\$0	\$0	(\$10)	\$0	(\$10)	\$0	\$0	(\$10)	\$0	0	0
		BRANCH Total	\$16	\$129	\$28	\$0	\$173	\$0	\$173	\$0	\$0	\$173	\$84	0	0
	FIRU65-RETIRED FIRE -65	Jan-15	\$26	\$0	\$0	\$20	\$45	\$0	\$45	\$0	\$0	\$45	\$42	1	1
		Feb-15	\$14	\$0	\$0	\$0	\$14	\$0	\$14	\$0	\$0	\$14	\$42	1	1
		Mar-15	\$14	\$0	\$0	\$0	\$14	\$0	\$14	\$0	\$0	\$14	\$42	1	1
		Apr-15	\$14	\$0	\$0	\$0	\$14	\$0	\$14	\$0	\$0	\$14	\$42	1	1
		May-15	\$14	\$0	\$0	\$0	\$14	\$0	\$14	\$0	\$0	\$14	\$42	1	1
		Jun-15	\$14	\$0	\$0	\$0	\$14	\$0	\$14	\$0	\$0	\$14	\$42	1	1
		Jul-15	\$14	\$0	\$0	\$0	\$14	\$0	\$14	\$0	\$0	\$14	\$42	1	1
		Aug-15	\$14	\$0	\$0	\$0	\$14	\$0	\$14	\$0	\$0	\$14	\$42	1	1
		Sep-15	\$14	\$0	\$0	\$0	\$14	\$0	\$14	\$0	\$0	\$14	\$42	1	1
		Oct-15	\$17	\$211	\$0	\$8	\$236	\$0	\$236	\$0	\$0	\$236	\$42	1	1
		Nov-15	\$10	\$0	\$0	\$0	\$10	\$0	\$10	\$0	\$0	\$10	\$42	1	1
		Dec-15	\$14	\$0	\$0	\$0	\$14	\$0	\$14	\$0	\$0	\$14	\$42	1	1
		BRANCH Total	\$177	\$211	\$0	\$28	\$415	\$0	\$415	\$0	\$0	\$415	\$505	12	12
	FIR650-RETIRED FIRE 65+	Jan-15	\$0	\$45	\$0	\$0	\$45	\$0	\$45	\$0	\$0	\$45	\$0	0	0
		BRANCH Total	\$0	\$45	\$0	\$0	\$45	\$0	\$45	\$0	\$0	\$45	\$0	0	0
GENU65-RETIRED TEAMSTER -65		Jan-15	\$63	\$17,402	\$1,001	\$1,232	\$19,698	\$0	\$19,698	\$0	\$0	\$19,698	\$126	2	3
		Feb-15	\$54	\$4,679	\$639	\$678	\$6,049	\$0	\$6,049	\$0	\$0	\$6,049	\$126	2	3
		Mar-15	\$54	\$12,579	\$943	\$446	\$14,021	\$0	\$14,021	\$0	\$0	\$14,021	\$126	2	3
		Apr-15	\$68	\$3,564	(\$82)	\$151	\$3,701	\$0	\$3,701	\$0	\$0	\$3,701	\$126	2	3
		May-15	\$54	\$5,608	\$508	\$479	\$6,649	\$0	\$6,649	\$0	\$0	\$6,649	\$84	2	3
		Jun-15	\$54	\$12,298	\$477	\$1,017	\$13,846	\$0	\$13,846	\$0	\$0	\$13,846	\$84	2	3
		Jul-15	\$40	\$11,036	\$0	\$364	\$11,441	\$0	\$11,441	\$0	\$0	\$11,441	\$84	2	3
		Aug-15	\$32	\$683	\$0	\$2,102	\$2,816	\$0	\$2,816	\$0	\$0	\$2,816	\$84	2	3
		Sep-15	\$32	\$10,444	\$0	\$1,500	\$11,976	\$0	\$11,976	\$0	\$0	\$11,976	\$84	2	3
		Oct-15	\$54	\$57,796	\$530	\$1,155	\$59,535	\$0	\$59,535	\$0	\$0	\$59,535	\$84	2	3
		Nov-15	\$36	\$923	\$0	\$2,077	\$3,036	\$0	\$3,036	\$0	\$0	\$3,036	\$84	2	3
		Dec-15	\$41	\$3,183	\$0	\$1,492	\$4,716	\$0	\$4,716	\$0	\$0	\$4,716	\$126	3	4
		BRANCH Total	\$580	\$140,195	\$4,016	\$12,692	\$157,484	\$0	\$157,484	\$0	\$0	\$157,484	\$1,221	25	37
GEN650-RETIRED TEAMSTER 65+		Jan-15	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	1	1
		Feb-15	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	1	1
		Mar-15	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	1	1
		Apr-15	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	1	1
		May-15	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$42	1	1
		Jun-15	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$42	1	1
		Jul-15	\$41	\$0	\$0	\$0	\$41	\$0	\$41	\$0	\$0	\$41	\$42	1	1
		Aug-15	\$12	\$0	\$0	\$95	\$107	\$0	\$107	\$0	\$0	\$107	\$42	1	1
		Sep-15	\$12	\$0	\$0	\$0	\$12	\$0	\$12	\$0	\$0	\$12	\$42	1	1
		Oct-15	\$12	\$0	\$0	\$0	\$12	\$0	\$12	\$0	\$0	\$12	\$42	1	1
		Nov-15	\$10	\$0	\$0	\$64	\$74	\$0	\$74	\$0	\$0	\$74	\$42	1	1
		Dec-15	\$11	\$0	\$0	\$11	\$11	\$0	\$11	\$0	\$0	\$11	\$42	1	1
		BRANCH Total	\$98	\$0	\$0	\$169	\$258	\$0	\$258	\$0	\$0	\$258	\$337	12	12
MGU65-RETIRED MGMT -65		Jan-15	\$112	\$174	\$0	\$19	\$305	\$0	\$305	\$0	\$0	\$305	\$126	3	8
		Feb-15	\$120	\$83	\$0	\$6	\$209	\$0	\$209	\$0	\$0	\$209	\$126	3	8
		Mar-15	\$120	\$16	\$0	\$6	\$142	\$0	\$142	\$0	\$0	\$142	\$126	3	8
		Apr-15	\$135	\$46	\$0	\$667	\$848	\$0	\$848	\$0	\$0	\$848	\$126	3	8
		May-15	\$120	\$1,089	\$0	\$51	\$1,260	\$0	\$1,260	\$0	\$0	\$1,260	\$126	3	8
		Jun-15	\$120	\$444	\$0	\$680	\$1,243	\$0	\$1,243	\$0	\$0	\$1,243	\$126	3	8
		Jul-15	\$127	\$872	\$0	\$30	\$1,029	\$0	\$1,029	\$0	\$0	\$1,029	\$126	3	8
		Aug-15	\$120	\$200	\$0	\$355	\$675	\$0	\$675	\$0	\$0	\$675	\$168	4	9
		Sep-15	\$120	\$12	\$0	\$0	\$132	\$0	\$132	\$0	\$0	\$132	\$168	4	9
		Oct-15	\$186	\$601	\$0	\$663	\$1,449	\$0	\$1,449	\$0	\$0	\$1,449	\$168	4	9
		Nov-15	\$104	\$926	\$0	\$49	\$1,079	\$0	\$1,079	\$0	\$0	\$1,079	\$168	4	9
		Dec-15	\$134	\$4,370	\$0	\$228	\$4,732	\$0	\$4,732	\$0	\$0	\$4,732	\$168	4	9
		BRANCH Total	\$1,515	\$8,833	\$0	\$2,754	\$13,101	\$0	\$13,101	\$0	\$0	\$13,101	\$1,726	41	101
PASU65-RETIRED PROF & SUPV -65		Jan-15	\$30	\$684	\$0	\$35	\$749	\$0	\$749	\$0	\$0	\$749	\$42	1	2
		Feb-15	\$33	\$17	\$0	\$0	\$49	\$0	\$49	\$0	\$0	\$49	\$42	1	2
		Mar-15	\$33	\$0	\$0	\$0	\$33	\$0	\$33	\$0	\$0	\$33	\$42	1	2
		Apr-15	\$33	\$0	\$0	\$18	\$51	\$0	\$51	\$0	\$0	\$51	\$0	0	0
		May-15	\$7	\$0	\$0	\$0	\$7	\$0	\$7	\$0	\$0	\$7	\$0	0	0
		Oct-15	(\$7)	\$0	\$0	\$0	(\$7)	\$0	(\$7)	\$0	\$0	(\$7)	\$0	0	0
		BRANCH Total	\$128	\$700	\$0	\$53	\$881	\$0	\$881	\$0	\$0	\$881	\$126	3	6

CITY OF FORT LAUDERDALE
MONTHLY HEALTHCARE DETAIL EXPERIENCE REPORT

January 2015 thru December 2015

RAT : RETROSPECTIVELY RATED - PARTICIPATING

Reported Premium: ASO Fees

Reported Claims: All Claims, Med-Drug Elig, Med Elig

Note: Paid claim dollars include amounts deducted from your account and paid to vendors for cost containment services.

BENEFIT OPTION	BRANCH	YTD/MONTH	FIXED CHARGES	IN NETWORK	OUT OF NETWORK	DRUG	GROSS CLAIMS	STOP LOSS	TOTAL CLAIMS NET OF STOP LOSS	HRA MED DRUG ELIGIBLE	HRA MED ELIGIBLE	TOTAL HRA & CLAIMS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRS
BENEFIT OPTION Total			\$2,514	\$150,113	\$4,044	\$15,686	\$172,357	\$0	\$172,357	\$0	\$0	\$172,357	\$4,000	93	168
HRA	ADCH-ADULT/CHILD EES	Jan-15	\$13	\$0	\$0	\$5	\$18	\$0	\$18	\$0	\$0	\$18	\$94	3	4
		Feb-15	\$14	\$0	\$0	\$7	\$20	\$0	\$20	\$0	(\$156)	(\$136)	\$94	3	4
		Mar-15	\$40	\$2,064	\$0	\$0	\$2,104	\$0	\$2,104	\$0	\$0	\$2,104	\$94	3	4
		Apr-15	\$32	\$120	\$0	\$0	\$151	\$0	\$151	\$0	\$116	\$267	\$94	3	4
		May-15	\$28	\$0	\$0	\$0	\$28	\$0	\$28	\$0	(\$103)	(\$75)	\$94	3	4
		Jun-15	\$19	\$0	\$0	\$72	\$91	\$0	\$91	\$138	\$79	\$307	\$94	3	4
		Jul-15	\$28	\$0	\$0	\$34	\$63	\$0	\$63	\$117	\$0	\$180	\$141	3	4
		Aug-15	\$28	\$443	\$0	\$0	\$471	\$0	\$471	\$0	\$0	\$471	\$141	3	4
		Sep-15	\$28	\$0	\$0	\$34	\$63	\$0	\$63	\$0	(\$7)	\$56	\$141	3	4
		Oct-15	\$159	\$476	\$0	\$0	\$635	\$0	\$635	\$0	\$0	\$635	\$141	3	4
		Nov-15	\$43	\$0	\$0	\$0	\$43	\$0	\$43	\$0	\$0	\$43	\$94	2	2
		Dec-15	\$28	\$0	\$0	\$0	\$28	\$0	\$28	\$0	\$0	\$28	\$94	2	2
BRANCH Total			\$460	\$3,103	\$0	\$153	\$3,716	\$0	\$3,716	\$254	(\$72)	\$3,898	\$1,317	34	44
	CONA-ACTIVE CONFIDENTIAL EES	Jan-15	\$497	\$1,872	\$0	\$323	\$2,693	\$0	\$2,693	\$726	\$278	\$3,697	\$774	15	31
		Feb-15	\$524	\$2,283	\$0	\$441	\$3,249	\$0	\$3,249	\$620	\$718	\$4,587	\$774	15	31
		Mar-15	\$466	\$2,538	\$0	\$245	\$3,249	\$0	\$3,249	\$1,172	\$993	\$5,399	\$726	14	30
		Apr-15	\$566	\$1,117	\$3,069	\$296	\$5,049	\$0	\$5,049	\$143	\$2,131	\$7,323	\$726	14	30
		May-15	\$478	\$423	\$1,498	\$386	\$2,785	\$0	\$2,785	\$78	\$298	\$3,161	\$726	14	30
		Jun-15	\$478	\$6,541	\$844	\$239	\$8,103	\$0	\$8,103	\$113	\$1,040	\$9,256	\$726	14	30
		Jul-15	\$552	\$3,797	\$2,178	\$579	\$7,106	\$0	\$7,106	\$14	\$1,639	\$8,759	\$774	15	35
		Aug-15	\$545	\$2,016	\$4,431	\$605	\$7,597	\$0	\$7,597	(\$72)	\$1,783	\$9,309	\$774	15	35
		Sep-15	\$551	\$799	\$375	\$951	\$2,677	\$0	\$2,677	\$0	\$400	\$3,076	\$871	17	37
		Oct-15	\$797	\$3,198	\$11,422	\$462	\$15,878	\$0	\$15,878	\$10	\$160	\$16,047	\$823	17	37
		Nov-15	\$451	\$1,798	\$6,478	\$1,026	\$9,752	\$0	\$9,752	\$166	\$528	\$10,447	\$871	18	35
		Dec-15	\$446	\$12,982	\$0	\$532	\$13,960	\$0	\$13,960	\$2	\$306	\$14,268	\$871	18	35
BRANCH Total			\$6,351	\$39,364	\$30,295	\$6,087	\$82,097	\$0	\$82,097	\$2,959	\$10,274	\$95,330	\$9,436	186	396
	FIRA-FIRE EES	Jan-15	\$7,036	\$42,966	\$630	(\$328)	\$50,305	\$0	\$50,305	\$13,828	\$13,762	\$77,895	\$8,938	190	511
		Feb-15	\$7,519	\$23,549	\$0	\$777	\$31,845	\$0	\$31,845	\$7,981	\$19,142	\$58,969	\$8,938	190	511
		Mar-15	\$7,484	\$58,459	\$732	\$1,884	\$68,559	\$0	\$68,559	\$5,968	\$25,834	\$100,362	\$8,938	190	511
		Apr-15	\$8,619	\$40,158	\$764	\$3,432	\$52,973	\$0	\$52,973	\$6,183	\$20,974	\$80,129	\$8,891	189	506
		May-15	\$7,427	\$24,176	\$505	\$4,871	\$36,980	\$0	\$36,980	\$2,099	\$15,767	\$54,846	\$8,749	185	493
		Jun-15	\$7,278	\$42,700	\$663	\$4,263	\$54,904	\$0	\$54,904	\$2,389	\$12,200	\$69,493	\$8,749	185	493
		Jul-15	\$8,063	\$32,746	\$190	\$3,988	\$44,988	\$0	\$44,988	\$1,686	\$9,733	\$56,407	\$8,702	185	492
		Aug-15	\$7,281	\$61,722	\$348	\$7,180	\$76,530	\$0	\$76,530	\$3,164	\$5,087	\$84,781	\$8,749	186	493
		Sep-15	\$6,996	\$120,920	\$2,533	\$6,597	\$137,046	\$0	\$137,046	\$1,878	\$5,697	\$144,620	\$8,749	186	494
		Oct-15	\$9,543	\$102,241	\$417	\$7,289	\$119,490	\$0	\$119,490	\$2,093	\$5,643	\$127,226	\$8,749	186	494
		Nov-15	\$5,720	\$92,142	\$588	\$7,344	\$105,795	\$0	\$105,795	\$1,452	\$6,088	\$113,335	\$9,220	196	510
		Dec-15	\$7,461	\$138,595	\$921	\$5,076	\$152,052	\$0	\$152,052	\$1,302	\$3,439	\$156,793	\$9,173	195	505
BRANCH Total			\$90,426	\$780,375	\$8,291	\$52,373	\$931,466	\$0	\$931,466	\$50,024	\$143,367	\$1,124,856	\$106,546	2,263	6,013
	GENA-TEAMSTER EES	Jan-15	\$11,071	\$75,278	\$1,501	\$7,563	\$95,413	(\$834)	\$94,579	\$11,503	\$26,260	\$132,342	\$15,241	324	768
		Feb-15	\$11,363	\$111,404	\$809	\$3,052	\$126,628	\$0	\$126,628	\$9,050	\$38,165	\$173,842	\$15,288	325	769
		Mar-15	\$11,328	\$66,145	\$594	\$5,907	\$83,974	\$0	\$83,974	\$5,720	\$36,163	\$125,858	\$15,288	325	767
		Apr-15	\$13,119	\$67,433	\$0	\$11,008	\$91,561	\$0	\$91,561	\$6,700	\$19,415	\$117,676	\$15,241	324	766
		May-15	\$11,300	\$54,169	\$583	\$13,748	\$79,800	\$0	\$79,800	\$5,130	\$19,508	\$104,438	\$15,335	326	765
		Jun-15	\$11,263	\$90,429	\$162	\$11,141	\$112,994	\$0	\$112,994	\$6,234	\$20,327	\$139,554	\$15,335	326	767
		Jul-15	\$13,484	\$58,619	\$420	\$10,918	\$83,442	\$0	\$83,442	\$1,864	\$10,053	\$95,359	\$15,335	326	765
		Aug-15	\$11,285	\$118,204	\$0	\$11,636	\$141,125	\$0	\$141,125	\$2,989	\$13,536	\$157,651	\$15,476	329	771
		Sep-15	\$11,379	\$88,595	\$1,319	\$13,977	\$115,271	\$0	\$115,271	\$2,747	\$10,149	\$128,167	\$15,429	328	768
		Oct-15	\$15,277	\$179,852	\$883	\$14,591	\$210,604	\$0	\$210,604	\$4,600	\$9,463	\$224,667	\$15,570	331	771
		Nov-15	\$8,862	\$129,817	\$750	\$14,749	\$154,178	\$0	\$154,178	\$2,142	\$14,759	\$171,079	\$15,664	333	772
		Dec-15	\$11,344	\$115,372	\$7,307	\$23,434	\$157,457	\$0	\$157,457	\$1,523	\$8,940	\$167,919	\$15,852	337	782
BRANCH Total			\$141,076	\$1,155,318	\$14,328	\$141,724	\$1,452,447	(\$834)	\$1,451,613	\$60,201	\$226,737	\$1,738,551	\$185,055	3,934	9,231
	GENC-COBRA TEAMSTER PARTICIPANTS	Jan-15	\$17	\$0	\$0	\$0	\$17	\$0	\$17	\$0	\$0	\$17	\$47	1	1
		Feb-15	\$14	\$204	\$0	\$78	\$296	\$0	\$296	\$31	\$0	\$327	\$47	1	1
		Mar-15	\$14	\$0	\$0	\$0	\$14	\$0	\$14	\$0	\$0	\$14	\$47	1	1
		Apr-15	\$14	\$0	\$0	\$0	\$14	\$0	\$14	\$0	\$0	\$14	\$0	0	0
		Oct-15	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$47	1	5
		Dec-15	\$60	\$0	\$0	\$0	\$60	\$0	\$60	\$0	\$0	\$60	\$0	0	0
BRANCH Total			\$119	\$204	\$0	\$78	\$401	\$0	\$401	\$31	\$0	\$432	\$188	4	8
	MGTA-ACTIVE MGMT EES	Jan-15	\$2,919	\$19,298	\$0	\$507	\$22,724	\$0	\$22,724	\$3,267	\$9,158	\$35,150	\$3,920	84	206
		Feb-15	\$2,890	\$12,234	\$0	\$798	\$15,923	\$0	\$15,923	\$2,855	\$8,646	\$27,424	\$4,065	86	214
		Mar-15	\$3,095	\$23,732	(\$0)	\$3,615	\$30,442	\$0	\$30,442	\$1,774	\$10,386	\$42,603	\$4,065	86	210
		Apr-15	\$3,524	\$14,946	\$0	\$3,528	\$21,998	\$0	\$21,998	\$1,392	\$6,530	\$29,920	\$3,920	83	205
		May-15	\$3,045	\$21,737	\$0	\$10,878	\$35,659	\$0	\$35,659	\$925	\$7,696	\$44,280	\$3,968	84	206
		Jun-15	\$2,923	\$62,799	\$265	\$2,421	\$68,408	\$0	\$68,408	\$2,741	\$6,203	\$77,352	\$3,823	81	199
		Jul-15	\$3,354	\$21,400	\$0	\$12,945	\$37,700	\$0	\$37,700	\$1,056	\$2,957	\$41,713	\$3,968	84	202
		Aug-15	\$2,853	\$92,056	\$0	\$1,850	\$96,759	\$0	\$96,759	\$394	\$2,495	\$99,649	\$4,016	83	201
		Sep-15	\$2,983	\$11,153	\$0	\$11,826	\$25,962	\$0	\$25,962	\$486	\$1,448	\$27,896	\$4,016	85	203
		Oct-15	\$4,096	\$20,391	\$0	\$6,075	\$30,562	\$0	\$30,562	\$3,050	\$5,889	\$39,501	\$4,065	84	201
		Nov-15	\$2,180	\$27,230	\$0	\$13,267	\$42,677	\$0	\$42,677	\$362	\$3,954	\$46,993	\$4,016	84	202

CITY OF FORT LAUDERDALE
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RAT : RETROSPECTIVELY RATED - PARTICIPATING

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Reported Claims: All Claims, Med-Drug Elig, Med Elig

Note: Paid claim dollars include amounts deducted from your account and paid to vendors for cost containment services.

BENEFIT OPTION	BRANCH	YTD/MONTH	FIXED CHARGES	IN NETWORK	OUT OF NETWORK	DRUG	GROSS CLAIMS	STOP LOSS	TOTAL CLAIMS NET OF STOP LOSS	HRA MED DRUG ELIGIBLE	HRA MED ELIGIBLE	TOTAL HRA & CLAIMS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRS
BRANCH Total		Dec-15	\$2,969	\$32,088	\$0	\$4,102	\$39,159	\$0	\$39,159	\$191	\$744	\$40,094	\$4,065	84	200
			\$36,832	\$359,064	\$265	\$71,813	\$467,974	\$0	\$467,974	\$18,495	\$66,106	\$552,575	\$47,906	1,008	2,449
MGTC-COBRA MGMT PARTICIPANTS		Jan-15	\$13	\$0	\$0	\$0	\$13	\$0	\$13	\$25	\$225	\$263	\$47	1	1
		Feb-15	\$14	\$0	\$0	\$0	\$14	\$0	\$14	\$9	\$0	\$23	\$47	1	1
		Mar-15	\$14	\$0	\$0	\$0	\$14	\$0	\$14	\$0	\$0	\$14	\$47	1	1
		Apr-15	\$14	\$0	\$0	\$0	\$14	\$0	\$14	\$0	\$0	\$14	\$47	1	1
		May-15	\$14	\$0	\$0	\$0	\$14	\$0	\$14	\$0	\$99	\$113	\$47	1	1
		Jun-15	\$14	\$0	\$0	\$0	\$14	\$0	\$14	\$0	\$288	\$302	\$47	1	1
		Jul-15	\$14	\$0	\$0	\$0	\$14	\$0	\$14	\$0	\$418	\$431	\$47	1	1
		Aug-15	\$14	\$0	\$0	\$0	\$14	\$0	\$14	\$42	\$0	\$56	\$47	1	1
		Sep-15	\$14	\$501	\$0	\$0	\$515	\$0	\$515	\$0	\$510	\$1,024	\$47	1	1
		Oct-15	\$14	\$0	\$0	\$0	\$14	\$0	\$14	\$0	\$154	\$168	\$0	0	0
BRANCH Total			\$136	\$601	\$0	\$0	\$637	\$0	\$637	\$76	\$1,694	\$2,407	\$423	9	9
PASA-ACTIVE PROF & SUPV EES		Jan-15	\$2,706	\$10,164	\$0	\$2,417	\$15,287	\$0	\$15,287	\$5,285	\$5,466	\$26,038	\$3,678	74	195
		Feb-15	\$2,963	\$3,504	\$939	\$2,454	\$9,880	\$0	\$9,880	\$2,501	\$7,426	\$19,807	\$3,678	75	197
		Mar-15	\$2,936	\$3,775	\$0	\$960	\$7,671	\$0	\$7,671	\$2,637	\$6,217	\$16,525	\$3,774	77	204
		Apr-15	\$3,694	(\$1,726)	\$0	\$2,334	\$4,302	\$0	\$4,302	\$1,702	\$8,756	\$14,760	\$3,823	78	204
		May-15	\$3,016	\$23,995	\$0	\$4,858	\$31,868	\$0	\$31,868	\$1,455	\$5,472	\$38,795	\$3,920	80	209
		Jun-15	\$3,106	\$26,774	\$0	\$4,179	\$34,059	\$0	\$34,059	\$959	\$3,374	\$38,392	\$3,968	81	213
		Jul-15	\$3,460	\$12,398	\$0	\$3,705	\$19,562	\$0	\$19,562	\$1,098	\$2,097	\$22,758	\$3,968	82	214
		Aug-15	\$3,158	\$12,494	\$0	\$5,173	\$20,824	\$0	\$20,824	\$805	\$3,249	\$24,879	\$3,920	82	213
		Sep-15	\$3,110	\$24,892	\$0	\$7,090	\$35,092	\$0	\$35,092	\$1,456	\$6,440	\$42,988	\$4,065	83	216
		Oct-15	\$4,241	\$29,025	\$0	\$4,687	\$37,953	\$0	\$37,953	\$1,284	\$2,885	\$42,122	\$4,065	84	219
		Nov-15	\$2,515	\$87,375	\$0	\$4,823	\$94,713	\$0	\$94,713	\$872	\$2,391	\$97,976	\$4,162	85	226
		Dec-15	\$3,426	\$52,947	\$0	\$6,744	\$63,117	\$0	\$63,117	\$372	\$3,703	\$67,192	\$4,162	86	229
BRANCH Total			\$38,348	\$285,618	\$939	\$49,424	\$374,329	\$0	\$374,329	\$20,425	\$57,477	\$452,231	\$47,180	967	2,539
PTACA-PART-TIME EES/ACA		Mar-15	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$282	6	6
		Apr-15	\$77	\$0	\$0	\$0	\$77	\$0	\$77	\$43	\$15	\$135	\$235	5	5
		May-15	\$62	\$0	\$0	\$0	\$62	\$0	\$62	\$16	\$0	\$78	\$235	5	5
		Jun-15	\$62	\$127	\$0	\$10	\$199	\$0	\$199	\$15	\$593	\$807	\$188	4	4
		Jul-15	\$67	\$1,916	\$0	\$6	\$1,989	\$0	\$1,989	\$0	\$0	\$1,989	\$141	3	3
		Aug-15	\$24	\$0	\$0	\$0	\$24	\$0	\$24	\$0	\$0	\$24	\$141	3	3
		Sep-15	\$38	\$0	\$0	\$19	\$57	\$0	\$57	\$12	\$0	\$69	\$141	3	3
		Oct-15	\$49	\$2,492	\$0	\$288	\$2,829	\$0	\$2,829	\$0	\$0	\$2,829	\$141	3	3
		Nov-15	\$31	\$804	\$0	\$336	\$1,172	\$0	\$1,172	\$0	\$0	\$1,172	\$141	3	3
		Dec-15	\$38	\$772	\$0	\$7	\$817	\$0	\$817	\$0	\$0	\$817	\$141	3	3
BRANCH Total			\$449	\$6,111	\$0	\$666	\$7,226	\$0	\$7,226	\$86	\$608	\$7,921	\$1,788	38	38
SPEC-SPECIAL		Jan-15	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$141	3	3
		Feb-15	\$0	\$64	\$0	\$0	\$64	\$0	\$64	\$0	\$54	\$117	\$141	3	3
		Mar-15	\$73	\$0	\$0	\$0	\$73	\$0	\$73	\$0	\$0	\$73	\$0	0	0
BRANCH Total			\$73	\$64	\$0	\$0	\$136	\$0	\$136	\$0	\$54	\$190	\$282	6	6
BENEFIT OPTION Total			\$314,269	\$2,629,722	\$54,119	\$322,319	\$3,320,429	(\$834)	\$3,319,595	\$152,552	\$506,245	\$3,978,392	\$400,122	8,449	20,733
OAPIN1	ADCH-ADULT/CHILD EES	Jan-15	\$34	\$606	\$0	\$38	\$678	\$0	\$678	\$0	\$0	\$678	\$126	4	7
		Feb-15	\$37	\$2,019	\$0	\$0	\$2,056	\$0	\$2,056	\$0	\$0	\$2,056	\$168	4	7
		Mar-15	\$186	\$10	\$0	\$0	\$197	\$0	\$197	\$0	\$0	\$197	\$126	3	4
		Apr-15	\$129	\$0	\$0	\$0	\$129	\$0	\$129	\$0	\$0	\$129	\$126	3	4
		May-15	\$75	\$0	\$0	\$0	\$75	\$0	\$75	\$0	\$0	\$75	\$126	3	4
		Jun-15	\$75	\$208	\$0	\$60	\$342	\$0	\$342	\$0	\$0	\$342	\$168	4	5
		Jul-15	\$98	\$296	\$0	\$25	\$418	\$0	\$418	\$0	\$0	\$418	\$168	4	5
		Aug-15	\$93	\$148	\$0	\$3	\$244	\$0	\$244	\$0	\$0	\$244	\$168	4	5
		Sep-15	\$93	\$555	\$0	\$0	\$648	\$0	\$648	\$0	\$0	\$648	\$168	4	5
		Oct-15	\$115	\$1,206	\$0	\$51	\$1,372	\$0	\$1,372	\$0	\$0	\$1,372	\$168	4	5
		Nov-15	\$77	\$489	\$0	\$276	\$842	\$0	\$842	\$0	\$0	\$842	\$126	3	4
		Dec-15	\$75	\$251	\$0	\$0	\$326	\$0	\$326	\$0	\$0	\$326	\$84	2	3
BRANCH Total			\$1,086	\$5,787	\$0	\$454	\$7,327	\$0	\$7,327	\$0	\$0	\$7,327	\$1,726	42	58
ADCH-COBRA ADULT/CHILD PARTICIPANTS		Jun-15	(\$42)	\$0	\$0	\$0	(\$42)	\$0	(\$42)	\$0	\$0	(\$42)	\$0	0	0
BRANCH Total			(\$42)	\$0	\$0	\$0	(\$42)	\$0	(\$42)	\$0	\$0	(\$42)	\$0	0	0
CONA-ACTIVE CONFIDENTIAL EES		Jan-15	\$353	\$10,942	\$0	\$1,220	\$12,515	\$0	\$12,515	\$0	\$0	\$12,515	\$478	10	13
		Feb-15	\$279	\$5,461	\$0	\$2,025	\$7,766	\$0	\$7,766	\$0	\$0	\$7,766	\$521	11	16
		Mar-15	\$335	\$1,458	\$0	\$1,295	\$3,089	\$0	\$3,089	\$0	\$0	\$3,089	\$521	11	16
		Apr-15	\$373	\$3,008	\$0	\$1,531	\$4,912	\$0	\$4,912	\$0	\$0	\$4,912	\$521	11	16
		May-15	\$335	\$2,895	\$0	\$3,373	\$6,604	\$0	\$6,604	\$0	\$0	\$6,604	\$521	11	16
		Jun-15	\$335	\$1,524	\$0	\$461	\$2,319	\$0	\$2,319	\$0	\$0	\$2,319	\$565	12	18
		Jul-15	\$393	\$9,384	\$0	\$853	\$10,630	\$0	\$10,630	\$0	\$0	\$10,630	\$521	12	18
		Aug-15	\$373	\$6,711	\$0	\$3,074	\$10,158	\$0	\$10,158	\$0	\$0	\$10,158	\$521	12	17
		Sep-15	\$354	\$1,181	\$593	\$755	\$2,883	\$0	\$2,883	\$0	\$0	\$2,883	\$521	12	17
		Oct-15	\$374	\$3,956	\$0	\$1,678	\$6,008	\$0	\$6,008	\$0	\$0	\$6,008	\$565	13	19
		Nov-15	\$230	\$2,604	\$0	\$1,190	\$4,023	\$0	\$4,023	\$0	\$0	\$4,023	\$565	13	19
		Dec-15	\$355	\$2,571	\$0	\$1,246	\$4,172	\$0	\$4,172	\$0	\$0	\$4,172	\$565	13	19

CITY OF FORT LAUDERDALE
MONTHLY HEALTHCARE DETAIL EXPERIENCE REPORT

January 2015 thru December 2015

RAT : RETROSPECTIVELY RATED - PARTICIPATING

Reported Premium: ASO Fees

Reported Claims: All Claims, Med-Drug Elig, Med Elig

Note: Paid claim dollars include amounts deducted from your account and paid to vendors for cost containment services.

BENEFIT OPTION	BRANCH	YTD/MONTH	FIXED CHARGES	IN NETWORK	OUT OF NETWORK	DRUG	GROSS CLAIMS	STOP LOSS	TOTAL CLAIMS NET OF STOP LOSS	HRA MED DRUG ELIGIBLE	HRA MED ELIGIBLE	TOTAL HRA & CLAIMS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRS
BRANCH Total			\$4,090	\$51,695	\$593	\$18,700	\$75,079	\$0	\$75,079	\$0	\$0	\$75,079	\$6,387	141	204
CONU65-RETIRED CONFIDENTIAL -65		Jan-15	\$117	\$3,964	\$0	\$751	\$4,832	\$0	\$4,832	\$0	\$0	\$4,832	\$253	6	6
		Feb-15	\$112	\$125	\$0	\$2,191	\$2,427	\$0	\$2,427	\$0	\$0	\$2,427	\$253	6	6
		Mar-15	\$112	\$334	\$0	\$994	\$1,340	\$0	\$1,340	\$0	\$0	\$1,340	\$295	7	7
		Apr-15	\$144	\$1,024	\$0	\$1,583	\$2,752	\$0	\$2,752	\$0	\$0	\$2,752	\$295	7	7
		May-15	\$130	\$243	\$0	\$1,529	\$1,903	\$0	\$1,903	\$0	\$0	\$1,903	\$295	7	7
		Jun-15	\$130	\$2,831	\$0	\$1,385	\$4,346	\$0	\$4,346	\$0	\$0	\$4,346	\$295	7	7
		Jul-15	\$144	\$897	\$0	\$781	\$1,822	\$0	\$1,822	\$0	\$0	\$1,822	\$295	7	7
		Aug-15	\$130	\$413	\$0	\$796	\$1,339	\$0	\$1,339	\$0	\$0	\$1,339	\$295	7	7
		Sep-15	\$130	\$199	\$0	\$1,356	\$1,686	\$0	\$1,686	\$0	\$0	\$1,686	\$295	7	7
		Oct-15	\$168	\$1,091	\$0	\$749	\$2,008	\$0	\$2,008	\$0	\$0	\$2,008	\$295	7	7
		Nov-15	\$107	\$333	\$662	\$825	\$1,927	\$0	\$1,927	\$0	\$0	\$1,927	\$295	7	7
		Dec-15	\$131	\$2,169	\$538	\$663	\$3,501	\$0	\$3,501	\$0	\$0	\$3,501	\$295	7	7
BRANCH Total			\$1,555	\$13,624	\$1,200	\$13,502	\$29,882	\$0	\$29,882	\$0	\$0	\$29,882	\$3,452	82	82
FIRA-FIRE EES		Jan-15	\$4,060	\$56,517	\$259	\$15,270	\$76,106	\$31	\$76,137	\$0	\$0	\$76,137	\$3,326	79	205
		Feb-15	\$3,912	\$38,882	\$0	\$15,495	\$58,089	\$72	\$58,161	\$0	\$0	\$58,161	\$3,368	80	207
		Mar-15	\$3,763	\$68,649	\$0	\$16,650	\$89,063	\$0	\$89,063	\$0	\$0	\$89,063	\$3,368	80	206
		Apr-15	\$4,339	\$55,605	\$0	\$14,468	\$74,411	\$0	\$74,411	\$0	\$0	\$74,411	\$3,368	80	206
		May-15	\$3,867	\$62,761	\$1,115	\$16,664	\$84,407	\$3,003	\$87,410	\$0	\$0	\$87,410	\$3,368	80	206
		Jun-15	\$3,782	\$56,064	\$0	\$20,093	\$79,939	\$87	\$80,026	\$0	\$0	\$80,026	\$3,326	79	203
		Jul-15	\$4,094	\$64,996	\$708	\$17,616	\$87,413	\$0	\$87,413	\$0	\$0	\$87,413	\$3,410	81	208
		Aug-15	\$3,845	\$83,097	\$0	\$11,812	\$98,755	\$2,602	\$101,357	\$0	\$0	\$101,357	\$3,410	81	208
		Sep-15	\$3,867	\$25,979	\$0	\$17,137	\$46,983	\$0	\$46,983	\$0	\$0	\$46,983	\$3,410	81	211
		Oct-15	\$4,967	\$45,575	\$0	\$13,721	\$64,263	\$0	\$64,263	\$0	\$0	\$64,263	\$3,368	80	209
		Nov-15	\$3,206	\$30,543	\$0	\$24,518	\$58,267	\$0	\$58,267	\$0	\$0	\$58,267	\$3,368	80	209
		Dec-15	\$3,891	\$35,018	(\$701)	\$28,162	\$66,369	\$0	\$66,369	\$0	\$0	\$66,369	\$3,368	80	209
BRANCH Total			\$47,594	\$623,486	\$1,380	\$211,606	\$884,066	\$5,794	\$889,860	\$0	\$0	\$889,860	\$40,458	961	2,487
FIRC-COBRA FIRE PARTICIPANTS		Jan-15	\$22	\$0	\$0	\$0	\$22	\$0	\$22	\$0	\$0	\$22	\$42	1	1
		Feb-15	\$19	\$0	\$0	\$0	\$19	\$0	\$19	\$0	\$0	\$19	\$42	1	1
		Mar-15	\$19	\$0	\$0	\$0	\$19	\$0	\$19	\$0	\$0	\$19	\$42	1	1
		Apr-15	\$24	\$0	\$0	\$0	\$24	\$0	\$24	\$0	\$0	\$24	\$42	1	1
		May-15	\$19	\$0	\$0	\$0	\$19	\$0	\$19	\$0	\$0	\$19	\$42	1	1
		Jun-15	\$19	\$0	\$0	\$0	\$19	\$0	\$19	\$0	\$0	\$19	\$42	1	1
		Jul-15	\$19	\$0	\$0	\$0	\$19	\$0	\$19	\$0	\$0	\$19	\$42	1	1
		Aug-15	\$19	\$0	\$0	\$0	\$19	\$0	\$19	\$0	\$0	\$19	\$42	1	1
		Sep-15	\$19	\$0	\$0	\$0	\$19	\$0	\$19	\$0	\$0	\$19	\$42	1	1
		Oct-15	\$22	\$0	\$0	\$0	\$22	\$0	\$22	\$0	\$0	\$22	\$42	1	1
		Nov-15	\$15	\$0	\$0	\$0	\$15	\$0	\$15	\$0	\$0	\$15	\$42	1	1
		Dec-15	\$19	\$1	\$0	\$83	\$102	\$0	\$102	\$0	\$0	\$102	\$42	1	1
BRANCH Total			\$233	\$1	\$0	\$83	\$316	\$0	\$316	\$0	\$0	\$316	\$505	12	12
FIRU65-RETIRED FIRE -65		Jan-15	\$525	\$12,704	\$0	\$2,452	\$15,680	\$0	\$15,680	\$0	\$0	\$15,680	\$716	16	26
		Feb-15	\$557	\$9,608	\$0	\$3,695	\$13,861	\$0	\$13,861	\$0	\$0	\$13,861	\$674	15	24
		Mar-15	\$435	\$10,954	\$0	\$4,574	\$15,963	\$0	\$15,963	\$0	\$0	\$15,963	\$632	14	23
		Apr-15	\$508	\$14,970	\$0	\$2,895	\$18,374	\$0	\$18,374	\$0	\$0	\$18,374	\$632	14	23
		May-15	\$435	\$12,084	\$0	\$5,144	\$17,662	\$0	\$17,662	\$0	\$0	\$17,662	\$632	14	23
		Jun-15	\$441	\$3,864	\$0	\$1,876	\$6,181	\$0	\$6,181	\$0	\$0	\$6,181	\$632	14	23
		Jul-15	\$486	\$7,785	\$0	\$4,440	\$12,711	\$0	\$12,711	\$0	\$0	\$12,711	\$589	14	23
		Aug-15	\$441	\$5,573	\$0	\$3,743	\$9,756	\$0	\$9,756	\$0	\$0	\$9,756	\$547	13	21
		Sep-15	\$408	\$26,697	\$0	\$4,440	\$31,544	\$0	\$31,544	\$0	\$0	\$31,544	\$547	13	21
		Oct-15	\$444	\$21,937	\$801	\$2,086	\$26,068	\$0	\$26,068	\$0	\$0	\$26,068	\$589	14	24
		Nov-15	\$368	\$951	\$3,785	\$3,031	\$8,135	\$0	\$8,135	\$0	\$0	\$8,135	\$589	14	24
		Dec-15	\$446	(\$11,102)	\$0	\$5,028	(\$5,627)	\$0	(\$5,627)	\$0	\$0	(\$5,627)	\$589	14	24
BRANCH Total			\$5,494	\$116,024	\$4,586	\$44,205	\$170,308	\$0	\$170,308	\$0	\$0	\$170,308	\$7,368	169	279
FIR650-RETIRED FIRE 65+		Jan-15	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	1	1
		Feb-15	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	1	1
		Mar-15	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	1	1
		Apr-15	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	1	1
		May-15	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	1	1
		Jun-15	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	1	1
		Jul-15	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$42	1	1
		Aug-15	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$42	1	1
		Sep-15	\$0	\$0	\$0	\$250	\$250	\$0	\$250	\$0	\$0	\$250	\$42	1	1
		Oct-15	\$68	\$0	\$0	\$352	\$420	\$0	\$420	\$0	\$0	\$420	\$42	1	1
		Nov-15	\$15	\$0	\$0	\$7	\$23	\$0	\$23	\$0	\$0	\$23	\$42	1	1
		Dec-15	\$19	\$67	\$0	\$248	\$334	\$0	\$334	\$0	\$0	\$334	\$42	1	1
BRANCH Total			\$102	\$67	\$0	\$857	\$1,026	\$0	\$1,026	\$0	\$0	\$1,026	\$253	12	12
GENA-TEAMSTER EES		Jan-15	\$12,356	\$600,201	\$1,833	\$65,268	\$679,657	\$0	\$679,657	\$0	\$0	\$679,657	\$14,525	342	699
		Feb-15	\$14,047	\$326,270	\$701	\$77,086	\$418,105	\$0	\$418,105	\$0	\$0	\$418,105	\$14,314	337	690
		Mar-15	\$13,823	\$328,998	\$0	\$62,546	\$405,367	\$0	\$405,367	\$0	\$0	\$405,367	\$14,314	337	689
		Apr-15	\$14,779	\$309,131	\$2,324	\$67,136	\$393,370	\$0	\$393,370	\$0	\$0	\$393,370	\$14,272	337	689
		May-15	\$12,868	\$313,024	\$5,086	\$79,491	\$410,469	\$0	\$410,469	\$0	\$0	\$410,469	\$14,356	337	691

CITY OF FORT LAUDERDALE
MONTHLY HEALTHCARE DETAIL EXPERIENCE REPORT

January 2015 thru December 2015

RAT : RETROSPECTIVELY RATED - PARTICIPATING

Reported Premium: ASO Fees

Reported Claims: All Claims, Med-Drug Elig, Med Elig

Note: Paid claim dollars include amounts deducted from your account and paid to vendors for cost containment services.

BENEFIT OPTION	BRANCH	YTD/MONTH	FIXED CHARGES	IN NETWORK	OUT OF NETWORK	DRUG	GROSS CLAIMS	STOP LOSS	TOTAL CLAIMS NET OF STOP LOSS	HRA MED DRUG ELIGIBLE	HRA MED ELIGIBLE	TOTAL HRA & CLAIMS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRS
		Jun-15	\$13,034	\$574,891	\$48	\$71,220	\$659,194	(\$9,631)	\$649,563	\$0	\$0	\$649,563	\$14,146	334	688
		Jul-15	\$14,280	\$319,818	\$2,169	\$92,277	\$428,544	\$0	\$428,544	\$0	\$0	\$428,544	\$14,272	337	692
		Aug-15	\$12,784	\$277,473	\$0	\$51,579	\$341,837	(\$133)	\$341,703	\$0	\$0	\$341,703	\$14,314	338	692
		Sep-15	\$12,997	\$256,054	\$712	\$73,533	\$343,296	(\$2,845)	\$340,451	\$0	\$0	\$340,451	\$14,272	337	690
		Oct-15	\$16,571	\$373,540	\$2,555	\$82,532	\$475,199	\$0	\$475,199	\$0	\$0	\$475,199	\$14,272	339	692
		Nov-15	\$10,722	\$221,295	\$1,978	\$96,765	\$320,760	\$0	\$320,760	\$0	\$0	\$320,760	\$14,146	336	688
		Dec-15	\$12,592	\$268,989	\$1,580	\$67,531	\$350,692	\$0	\$350,692	\$0	\$0	\$350,692	\$14,230	338	689
	BRANCH Total		\$160,855	\$4,169,686	\$18,985	\$876,963	\$5,226,489	(\$12,609)	\$5,213,879	\$0	\$0	\$5,213,879	\$171,431	4,049	8,289
	GENC-COBRA TEAMSTER PARTICIPANTS	Jan-15	\$69	(\$1)	\$0	\$5,723	\$5,791	\$0	\$5,791	\$0	\$0	\$5,791	\$126	3	3
		Feb-15	\$56	\$80,702	\$0	\$4,617	\$85,374	\$0	\$85,374	\$0	\$0	\$85,374	\$84	2	2
		Mar-15	\$37	\$1,464	\$0	\$7,072	\$8,574	\$0	\$8,574	\$0	\$0	\$8,574	\$84	2	2
		Apr-15	\$52	\$524	\$0	\$4,617	\$5,192	\$0	\$5,192	\$0	\$0	\$5,192	\$84	2	2
		May-15	\$37	\$256	\$0	\$1,954	\$2,247	\$0	\$2,247	\$0	\$0	\$2,247	\$84	2	2
		Jun-15	(\$4)	\$203	\$0	\$5,536	\$5,735	\$0	\$5,735	\$0	\$0	\$5,735	\$84	2	2
		Jul-15	\$44	\$0	\$0	\$6,024	\$6,069	\$0	\$6,069	\$0	\$0	\$6,069	\$42	1	1
		Aug-15	\$19	\$0	\$0	\$4,634	\$4,652	\$0	\$4,652	\$0	\$0	\$4,652	\$42	1	1
		Sep-15	\$19	\$0	\$0	\$4,634	\$4,652	\$0	\$4,652	\$0	\$0	\$4,652	\$42	1	1
		Oct-15	\$29	\$70	\$0	\$9,671	\$9,770	\$0	\$9,770	\$0	\$0	\$9,770	\$42	1	1
		Nov-15	\$15	\$0	\$0	\$5,058	\$5,073	\$0	\$5,073	\$0	\$0	\$5,073	\$42	1	1
		Dec-15	\$19	\$107	\$0	\$4,959	\$5,085	\$0	\$5,085	\$0	\$0	\$5,085	\$42	1	1
	BRANCH Total		\$391	\$83,326	\$0	\$64,498	\$148,215	\$0	\$148,215	\$0	\$0	\$148,215	\$800	19	19
	GENU65-RETIRED TEAMSTER -65	Jan-15	\$366	\$17,889	\$696	\$1,459	\$20,409	\$0	\$20,409	\$0	\$0	\$20,409	\$842	18	19
		Feb-15	\$389	\$11,143	\$2	\$5,599	\$17,133	\$0	\$17,133	\$0	\$0	\$17,133	\$800	18	19
		Mar-15	\$389	\$2,649	(\$696)	\$2,328	\$4,670	\$0	\$4,670	\$0	\$0	\$4,670	\$758	18	19
		Apr-15	\$345	\$3,407	\$99	\$2,203	\$6,054	\$0	\$6,054	\$0	\$0	\$6,054	\$758	18	19
		May-15	\$371	(\$13,277)	\$913	\$2,638	(\$9,356)	\$0	(\$9,356)	\$0	\$0	(\$9,356)	\$758	18	19
		Jun-15	\$306	\$49,608	(\$24)	\$4,598	\$54,489	\$0	\$54,489	\$0	\$0	\$54,489	\$800	19	20
		Jul-15	\$385	\$16,493	\$0	\$6,291	\$23,169	\$0	\$23,169	\$0	\$0	\$23,169	\$800	19	20
		Aug-15	\$364	\$39,710	\$0	\$2,986	\$42,970	\$0	\$42,970	\$0	\$0	\$42,970	\$800	19	20
		Sep-15	\$371	\$51,185	\$0	\$3,112	\$54,668	\$0	\$54,668	\$0	\$0	\$54,668	\$800	19	20
		Oct-15	\$459	\$24,463	\$0	\$2,805	\$27,727	\$0	\$27,727	\$0	\$0	\$27,727	\$800	19	20
		Nov-15	\$306	\$6,458	\$0	\$1,877	\$8,641	\$0	\$8,641	\$0	\$0	\$8,641	\$800	19	20
		Dec-15	\$372	\$223,759	\$0	\$2,105	\$226,235	(\$23,307)	\$202,928	\$0	\$0	\$202,928	\$800	19	20
	BRANCH Total		\$4,424	\$433,486	\$989	\$37,911	\$476,810	(\$23,307)	\$453,503	\$0	\$0	\$453,503	\$9,515	223	235
	GEN650-RETIRED TEAMSTER 65+	Jan-15	\$67	\$4,004	\$0	\$48	\$4,119	\$0	\$4,119	\$0	\$0	\$4,119	\$84	4	5
		Feb-15	\$56	\$0	\$51	\$558	\$665	\$0	\$665	\$0	\$0	\$665	\$126	4	5
		Mar-15	\$56	\$711	\$0	\$48	\$815	\$0	\$815	\$0	\$0	\$815	\$168	4	5
		Apr-15	\$130	\$572	\$0	\$80	\$782	\$0	\$782	\$0	\$0	\$782	\$168	4	5
		May-15	\$75	\$58	\$0	\$1,111	\$1,243	\$0	\$1,243	\$0	\$0	\$1,243	\$168	4	5
		Jun-15	\$139	\$831	\$0	\$121	\$1,092	\$0	\$1,092	\$0	\$0	\$1,092	\$126	3	4
		Jul-15	\$93	\$1,360	\$0	\$703	\$2,157	\$0	\$2,157	\$0	\$0	\$2,157	\$126	3	4
		Aug-15	\$56	\$1,983	\$0	\$1,015	\$3,054	\$0	\$3,054	\$0	\$0	\$3,054	\$126	3	4
		Sep-15	\$75	\$1,405	\$5	\$932	\$2,416	\$0	\$2,416	\$0	\$0	\$2,416	\$126	3	4
		Oct-15	\$88	\$462	\$0	\$240	\$790	\$0	\$790	\$0	\$0	\$790	\$126	3	4
		Nov-15	\$61	\$1,175	\$2	\$628	\$1,867	\$0	\$1,867	\$0	\$0	\$1,867	\$126	3	4
		Dec-15	\$75	\$2,318	\$0	\$591	\$2,984	\$0	\$2,984	\$0	\$0	\$2,984	\$126	3	4
	BRANCH Total		\$971	\$14,879	\$58	\$6,076	\$21,984	\$0	\$21,984	\$0	\$0	\$21,984	\$1,600	41	53
	MGTA-ACTIVE MGMT EES	Jan-15	\$3,736	\$47,636	\$0	\$59,356	\$110,727	\$0	\$110,727	\$0	\$0	\$110,727	\$3,867	94	227
		Feb-15	\$4,061	\$52,211	\$0	\$61,368	\$117,640	\$0	\$117,640	\$0	\$0	\$117,640	\$3,954	94	224
		Mar-15	\$3,888	\$62,091	\$688	\$25,002	\$91,668	\$0	\$91,668	\$0	\$0	\$91,668	\$4,041	96	226
		Apr-15	\$4,399	\$126,347	\$556	\$28,273	\$159,575	\$0	\$159,575	\$0	\$0	\$159,575	\$4,041	95	225
		May-15	\$4,385	\$59,619	\$0	\$18,906	\$81,909	\$0	\$81,909	\$0	\$0	\$81,909	\$3,997	94	226
		Jun-15	\$4,213	\$64,988	\$674	\$30,340	\$100,215	\$0	\$100,215	\$0	\$0	\$100,215	\$4,084	96	231
		Jul-15	\$4,623	\$65,170	\$1,613	\$28,758	\$100,164	\$0	\$100,164	\$0	\$0	\$100,164	\$4,302	100	238
		Aug-15	\$4,371	\$53,586	\$1,909	\$36,229	\$96,095	\$0	\$96,095	\$0	\$0	\$96,095	\$4,302	100	238
		Sep-15	\$5,196	\$84,748	\$0	\$27,882	\$117,826	\$0	\$117,826	\$0	\$0	\$117,826	\$4,302	100	238
		Oct-15	\$5,640	\$147,493	\$50	\$27,413	\$180,596	\$0	\$180,596	\$0	\$0	\$180,596	\$4,345	100	240
		Nov-15	\$3,669	\$49,728	\$723	\$28,076	\$82,196	\$0	\$82,196	\$0	\$0	\$82,196	\$4,432	102	242
		Dec-15	\$4,502	\$53,334	\$310	\$35,772	\$93,918	\$0	\$93,918	\$0	\$0	\$93,918	\$4,432	102	242
	BRANCH Total		\$52,682	\$865,949	\$6,523	\$407,376	\$1,332,530	\$0	\$1,332,530	\$0	\$0	\$1,332,530	\$50,098	1,173	2,797
	MGTC-COBRA MGMT PARTICIPANTS	Jan-15	\$73	(\$4,679)	\$0	\$4	(\$4,602)	\$0	(\$4,602)	\$0	\$0	(\$4,602)	\$42	2	2
		Feb-15	\$56	\$18	\$0	\$74	\$74	\$0	\$74	\$0	\$0	\$74	\$42	2	2
		Mar-15	\$56	\$0	\$0	\$56	\$56	\$0	\$56	\$0	\$0	\$56	\$42	2	2
		Apr-15	\$56	\$0	\$0	\$0	\$56	\$0	\$56	\$0	\$0	\$56	\$42	1	1
		May-15	\$37	\$0	\$0	\$0	\$37	\$0	\$37	\$0	\$0	\$37	\$42	1	1
		Jun-15	\$37	\$22	\$0	\$0	\$59	\$0	\$59	\$0	\$0	\$59	\$42	1	1
		Jul-15	\$37	\$0	\$0	\$0	\$37	\$0	\$37	\$0	\$0	\$37	\$42	1	1
		Aug-15	\$7	\$0	\$0	\$0	\$7	\$0	\$7	\$0	\$0	\$7	\$42	1	1
		Sep-15	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$42	1	1
		Oct-15	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$42	1	1
		Nov-15	\$15	\$0	\$0	\$0	\$15	\$0	\$15	\$0	\$0	\$15	\$42	1	1
		Dec-15	\$19	\$0	\$0	\$0	\$19	\$0	\$19	\$0	\$0	\$19	\$42	1	1

CITY OF FORT LAUDERDALE
MONTHLY HEALTHCARE DETAIL EXPERIENCE REPORT

January 2015 thru December 2015

RAT : RETROSPECTIVELY RATED - PARTICIPATING

Reported Premium: ASO Fees

Reported Claims: All Claims, Med-Drug Elig, Med Elig

Note: Paid claim dollars include amounts deducted from your account and paid to vendors for cost containment services.

BENEFIT OPTION	BRANCH	YTD/MONTH	FIXED CHARGES	IN NETWORK	OUT OF NETWORK	DRUG	GROSS CLAIMS	STOP LOSS	TOTAL CLAIMS NET OF STOP LOSS	HRA MED DRUG ELIGIBLE	HRA MED ELIGIBLE	TOTAL HRA & CLAIMS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRS
BRANCH Total			\$393	(\$4,640)	\$0	\$4	(\$4,243)	\$0	(\$4,243)	\$0	\$0	(\$4,243)	\$505	15	15
MGTU65-RETIRED MGMT -65		Jan-15	\$580	\$2,957	\$0	\$13,475	\$17,012	\$0	\$17,012	\$0	\$0	\$17,012	\$1,095	26	31
		Feb-15	\$576	\$9,541	\$0	\$4,300	\$14,416	\$0	\$14,416	\$0	\$0	\$14,416	\$1,095	26	31
		Mar-15	\$505	\$10,966	\$0	\$9,033	\$20,503	\$0	\$20,503	\$0	\$0	\$20,503	\$1,137	27	33
		Apr-15	\$604	\$3,775	\$0	\$12,527	\$16,906	\$0	\$16,906	\$0	\$0	\$16,906	\$1,095	26	32
		May-15	\$567	\$9,848	\$0	\$7,742	\$18,157	\$0	\$18,157	\$0	\$0	\$18,157	\$1,053	25	31
		Jun-15	\$554	\$3,685	\$0	\$9,049	\$13,288	\$0	\$13,288	\$0	\$0	\$13,288	\$1,053	25	31
		Jul-15	\$588	\$4,754	\$0	\$17,152	\$22,494	\$0	\$22,494	\$0	\$0	\$22,494	\$1,053	25	31
		Aug-15	\$551	\$5,920	\$0	\$6,762	\$13,233	\$0	\$13,233	\$0	\$0	\$13,233	\$1,053	25	31
		Sep-15	\$1,374	\$16,376	\$0	\$16,609	\$34,359	\$0	\$34,359	\$0	\$0	\$34,359	\$1,053	25	31
		Oct-15	\$658	\$19,800	\$47	\$5,759	\$26,263	\$0	\$26,263	\$0	\$0	\$26,263	\$1,053	25	31
		Nov-15	\$476	\$6,387	\$0	\$23,478	\$30,341	\$0	\$30,341	\$0	\$0	\$30,341	\$1,053	25	31
		Dec-15	\$557	\$8,798	\$0	\$4,364	\$13,720	\$0	\$13,720	\$0	\$0	\$13,720	\$1,053	25	31
BRANCH Total			\$7,590	\$102,806	\$47	\$130,250	\$240,693	\$0	\$240,693	\$0	\$0	\$240,693	\$12,841	305	375
MGT650-RETIRED MGMT 65+		Jan-15	\$69	\$39	\$0	\$401	\$509	\$0	\$509	\$0	\$0	\$509	\$42	1	2
		Feb-15	\$37	\$109	\$0	\$480	\$626	\$0	\$626	\$0	\$0	\$626	\$42	1	2
		Mar-15	\$37	\$14	\$0	\$4	\$54	\$0	\$54	\$0	\$0	\$54	\$42	1	2
		Apr-15	\$37	\$0	\$0	\$186	\$223	\$0	\$223	\$0	\$0	\$223	\$42	1	2
		May-15	\$37	\$21	\$0	\$485	\$544	\$0	\$544	\$0	\$0	\$544	\$42	1	2
		Jun-15	\$37	\$33	\$0	\$3	\$74	\$0	\$74	\$0	\$0	\$74	\$42	1	2
		Jul-15	\$37	\$209	\$0	\$129	\$376	\$0	\$376	\$0	\$0	\$376	\$42	1	2
		Aug-15	\$37	\$122	\$0	\$532	\$691	\$0	\$691	\$0	\$0	\$691	\$42	1	2
		Sep-15	\$37	\$148	\$0	\$257	\$442	\$0	\$442	\$0	\$0	\$442	\$42	1	2
		Oct-15	\$44	\$227	\$0	\$3	\$274	\$0	\$274	\$0	\$0	\$274	\$42	1	2
		Nov-15	\$31	\$193	\$0	\$1,257	\$1,481	\$0	\$1,481	\$0	\$0	\$1,481	\$42	1	2
		Dec-15	\$37	\$176	\$0	\$23	\$237	\$0	\$237	\$0	\$0	\$237	\$42	1	2
BRANCH Total			\$479	\$1,291	\$0	\$3,761	\$5,530	\$0	\$5,530	\$0	\$0	\$5,530	\$505	12	24
PASA-ACTIVE PROF & SUPV EES		Jan-15	\$4,293	\$93,325	\$912	\$83,869	\$182,400	(\$31,725)	\$150,675	\$0	\$0	\$150,675	\$5,084	117	243
		Feb-15	\$4,597	\$88,276	\$0	\$66,287	\$159,160	\$0	\$159,160	\$0	\$0	\$159,160	\$4,997	115	240
		Mar-15	\$4,478	\$55,187	\$542	\$26,292	\$86,499	\$0	\$86,499	\$0	\$0	\$86,499	\$4,953	116	244
		Apr-15	\$5,036	\$107,096	\$1,436	\$74,478	\$188,045	\$0	\$188,045	\$0	\$0	\$188,045	\$5,040	117	243
		May-15	\$4,190	\$51,470	\$701	\$62,125	\$118,486	\$0	\$118,486	\$0	\$0	\$118,486	\$5,084	118	244
		Jun-15	\$4,345	\$79,858	\$177	\$38,811	\$123,191	\$0	\$123,191	\$0	\$0	\$123,191	\$4,997	116	241
		Jul-15	\$5,053	\$1,867	\$0	\$36,870	\$93,789	\$0	\$93,789	\$0	\$0	\$93,789	\$5,084	118	251
		Aug-15	\$4,432	\$64,096	\$691	\$57,814	\$127,032	\$0	\$127,032	\$0	\$0	\$127,032	\$5,171	120	255
		Sep-15	\$4,658	\$56,714	\$707	\$46,283	\$108,361	\$0	\$108,361	\$0	\$0	\$108,361	\$5,214	121	256
		Oct-15	\$5,985	\$71,783	(\$177)	\$57,592	\$135,182	\$0	\$135,182	\$0	\$0	\$135,182	\$5,301	122	257
		Nov-15	\$3,868	\$36,088	\$0	\$42,311	\$82,267	\$0	\$82,267	\$0	\$0	\$82,267	\$5,431	125	261
		Dec-15	\$5,154	\$57,387	\$0	\$58,458	\$120,999	(\$696)	\$120,303	\$0	\$0	\$120,303	\$5,431	125	261
BRANCH Total			\$56,088	\$813,146	\$4,989	\$651,189	\$1,525,412	(\$32,420)	\$1,492,991	\$0	\$0	\$1,492,991	\$61,786	1,430	2,996
PASC-COBRA PROF & SUPV PARTICIPANTS		Jan-15	\$17	(\$2,017)	\$0	\$0	(\$2,000)	\$0	(\$2,000)	\$0	\$0	(\$2,000)	\$42	1	1
		Feb-15	\$19	\$183	\$0	\$31	\$233	\$0	\$233	\$0	\$0	\$233	\$42	1	1
		Mar-15	\$19	(\$1,174)	\$0	\$0	(\$1,156)	\$0	(\$1,156)	\$0	\$0	(\$1,156)	\$42	1	1
		Apr-15	\$20	\$0	\$0	\$0	\$20	\$0	\$20	\$0	\$0	\$20	\$42	1	1
		May-15	\$19	\$109	\$0	\$17	\$145	\$0	\$145	\$0	\$0	\$145	\$42	1	1
		Jun-15	\$19	\$140	\$0	\$13	\$172	\$0	\$172	\$0	\$0	\$172	\$42	1	1
		Jul-15	\$23	\$137	\$0	\$0	\$161	\$0	\$161	\$0	\$0	\$161	\$42	1	1
		Aug-15	\$19	\$14	\$0	\$5	\$38	\$0	\$38	\$0	\$0	\$38	\$42	1	1
		Sep-15	\$19	\$121	\$0	\$0	\$139	\$0	\$139	\$0	\$0	\$139	\$42	1	1
		Oct-15	\$27	\$0	\$0	\$5	\$31	\$0	\$31	\$0	\$0	\$31	\$42	1	1
		Nov-15	\$0	\$0	\$0	\$12	\$27	\$0	\$27	\$0	\$0	\$27	\$42	1	1
		Dec-15	\$19	\$133	\$0	\$0	\$152	\$0	\$152	\$0	\$0	\$152	\$42	1	1
BRANCH Total			\$233	(\$2,354)	\$0	\$83	(\$2,038)	\$0	(\$2,038)	\$0	\$0	(\$2,038)	\$505	12	12
PASU65-RETIRED PROF & SUPV -65		Jan-15	\$198	\$43,424	\$0	\$2,081	\$45,703	\$0	\$45,703	\$0	\$0	\$45,703	\$295	7	9
		Feb-15	\$186	\$44,786	\$0	\$4,724	\$49,696	\$0	\$49,696	\$0	\$0	\$49,696	\$295	7	9
		Mar-15	\$970	\$16,688	\$0	\$629	\$18,287	\$0	\$18,287	\$0	\$0	\$18,287	\$295	7	9
		Apr-15	\$177	\$14,013	\$0	\$3,266	\$17,456	\$0	\$17,456	\$0	\$0	\$17,456	\$295	7	9
		May-15	\$168	\$3,199	\$0	\$3,415	\$6,782	\$0	\$6,782	\$0	\$0	\$6,782	\$295	7	9
		Jun-15	\$168	\$1,389	\$0	\$52	\$1,609	\$0	\$1,609	\$0	\$0	\$1,609	\$295	7	9
		Jul-15	\$177	\$1,983	\$0	\$2,427	\$4,587	\$0	\$4,587	\$0	\$0	\$4,587	\$295	7	9
		Aug-15	\$164	\$5,921	\$0	\$316	\$6,401	\$0	\$6,401	\$0	\$0	\$6,401	\$295	7	9
		Sep-15	\$168	\$7,115	\$0	\$2,224	\$9,507	\$0	\$9,507	\$0	\$0	\$9,507	\$337	8	10
		Oct-15	\$234	\$18,182	\$0	\$2,174	\$20,590	\$0	\$20,590	\$0	\$0	\$20,590	\$337	8	10
		Nov-15	\$153	\$13,873	\$0	\$110	\$14,136	\$0	\$14,136	\$0	\$0	\$14,136	\$337	8	10
		Dec-15	\$187	\$3,157	\$0	\$3,938	\$7,282	\$0	\$7,282	\$0	\$0	\$7,282	\$337	8	10
BRANCH Total			\$2,949	\$173,730	\$0	\$25,357	\$202,036	\$0	\$202,036	\$0	\$0	\$202,036	\$3,705	88	112
PAS650-RETIRED PROF & SUPV 65+		Jan-15	\$17	\$150	\$0	\$32	\$199	\$0	\$199	\$0	\$0	\$199	\$42	1	1
		Feb-15	\$19	\$0	\$0	\$34	\$52	\$0	\$52	\$0	\$0	\$52	\$42	1	1
		Mar-15	\$19	\$434	\$0	\$22	\$474	\$0	\$474	\$0	\$0	\$474	\$42	1	1
		Apr-15	\$19	\$361	\$0	\$124	\$504	\$0	\$504	\$0	\$0	\$504	\$42	1	1
		May-15	\$19	\$61	\$0	\$775	\$855	\$0	\$855	\$0	\$0	\$855	\$42	1	1

CITY OF FORT LAUDERDALE
MONTHLY HEALTHCARE DETAIL EXPERIENCE REPORT

January 2015 thru December 2015

RAT : RETROSPECTIVELY RATED - PARTICIPATING

Reported Premium: ASO Fees

Reported Claims: All Claims, Med-Drug Elig, Med Elig

Note: Paid claim dollars include amounts deducted from your account and paid to vendors for cost containment services.

BENEFIT OPTION	BRANCH	YTD/MONTH	FIXED CHARGES	IN NETWORK	OUT OF NETWORK	DRUG	GROSS CLAIMS	STOP LOSS	TOTAL CLAIMS NET OF STOP LOSS	HRA MED DRUG ELIGIBLE	HRA MED ELIGIBLE	TOTAL HRA & CLAIMS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRS
		Jun-15	\$19	\$0	\$0	\$0	\$19	\$0	\$19	\$0	\$0	\$19	\$42	1	1
		Jul-15	\$19	\$0	\$0	\$0	\$29	\$0	\$29	\$0	\$0	\$29	\$42	1	1
		Aug-15	\$19	\$0	\$0	\$0	\$19	\$0	\$19	\$0	\$0	\$19	\$42	1	1
		Sep-15	\$19	\$1,056	\$0	\$1,011	\$2,086	\$0	\$2,086	\$0	\$0	\$2,086	\$42	1	1
		Oct-15	\$22	\$78	\$0	\$0	\$100	\$0	\$100	\$0	\$0	\$100	\$0	0	0
		Nov-15	\$15	\$0	\$0	\$0	\$15	\$0	\$15	\$0	\$0	\$15	\$0	0	0
	BRANCH Total		\$204	\$2,139	\$0	\$2,009	\$4,352	\$0	\$4,352	\$0	\$0	\$4,352	\$379	9	9
	PTACA-PART-TIME EES/ACA	Mar-15	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$84	2	2
		Apr-15	\$34	\$0	\$0	\$0	\$34	\$0	\$34	\$0	\$0	\$34	\$84	2	2
		May-15	\$34	\$648	\$0	\$0	\$682	\$0	\$682	\$0	\$0	\$682	\$84	2	2
		Jun-15	\$34	\$0	\$0	\$0	\$34	\$0	\$34	\$0	\$0	\$34	\$84	2	2
		Jul-15	\$34	\$0	\$0	\$0	\$34	\$0	\$34	\$0	\$0	\$34	\$84	2	2
		Aug-15	\$34	\$0	\$0	\$3	\$37	\$0	\$37	\$0	\$0	\$37	\$84	2	2
		Sep-15	\$34	\$103	\$0	\$0	\$137	\$0	\$137	\$0	\$0	\$137	\$84	2	2
		Oct-15	\$37	\$0	\$0	\$0	\$37	\$0	\$37	\$0	\$0	\$37	\$84	2	2
		Nov-15	\$31	\$0	\$0	\$0	\$31	\$0	\$31	\$0	\$0	\$31	\$84	2	2
		Dec-15	\$34	\$0	\$0	\$0	\$34	\$0	\$34	\$0	\$0	\$34	\$84	2	2
	BRANCH Total		\$306	\$751	\$0	\$3	\$1,060	\$0	\$1,060	\$0	\$0	\$1,060	\$842	20	20
	SPEC-SPECIAL	Jan-15	\$177	\$4,940	\$0	\$809	\$5,927	\$0	\$5,927	\$0	\$0	\$5,927	\$211	5	10
		Feb-15	\$165	\$918	\$0	\$300	\$1,383	\$0	\$1,383	\$0	\$0	\$1,383	\$211	5	10
		Mar-15	\$199	\$2,232	\$0	\$1,840	\$4,271	\$0	\$4,271	\$0	\$0	\$4,271	\$168	4	9
		Apr-15	\$235	\$1,505	\$0	\$758	\$2,497	\$0	\$2,497	\$0	\$0	\$2,497	\$168	4	9
		May-15	\$165	\$93	\$0	\$796	\$1,055	\$0	\$1,055	\$0	\$0	\$1,055	\$168	4	9
		Jun-15	\$165	\$976	\$0	\$335	\$1,476	\$0	\$1,476	\$0	\$0	\$1,476	\$168	4	9
		Jul-15	\$204	\$28,548	\$0	\$307	\$29,059	\$0	\$29,059	\$0	\$0	\$29,059	\$168	4	9
		Aug-15	\$165	\$781	\$0	\$428	\$1,375	\$0	\$1,375	\$0	\$0	\$1,375	\$168	4	9
		Sep-15	\$165	\$324	\$0	\$366	\$855	\$0	\$855	\$0	\$0	\$855	\$168	4	9
		Oct-15	\$232	\$5,790	\$0	\$429	\$6,451	\$0	\$6,451	\$0	\$0	\$6,451	\$168	4	9
		Nov-15	\$139	\$1,023	\$0	\$629	\$1,791	\$0	\$1,791	\$0	\$0	\$1,791	\$168	4	9
		Dec-15	\$166	\$436	\$0	\$360	\$962	\$0	\$962	\$0	\$0	\$962	\$168	4	9
	BRANCH Total		\$2,180	\$47,567	\$0	\$7,355	\$57,102	\$0	\$57,102	\$0	\$0	\$57,102	\$2,105	50	110
BENEFIT OPTION Total			\$349,856	\$7,512,447	\$39,351	\$2,502,240	\$10,403,894	(\$62,542)	\$10,341,351	\$0	\$0	\$10,341,351	\$376,765	8,865	18,200
OAPIN2	CONA-ACTIVE CONFIDENTIAL EES	Jan-15	\$122	\$15,296	\$0	\$92	\$15,510	\$0	\$15,510	\$0	\$0	\$15,510	\$217	5	10
		Feb-15	\$186	\$561	\$0	\$1,185	\$1,933	\$0	\$1,933	\$0	\$0	\$1,933	\$217	5	9
		Mar-15	\$168	\$176	\$0	\$7,618	\$7,962	\$0	\$7,962	\$0	\$0	\$7,962	\$217	5	9
		Apr-15	\$182	\$2,665	\$0	\$1,074	\$3,921	\$0	\$3,921	\$0	\$0	\$3,921	\$261	6	10
		May-15	\$186	\$81	\$0	\$468	\$736	\$0	\$736	\$0	\$0	\$736	\$261	6	10
		Jun-15	\$186	\$768	\$0	\$539	\$1,494	\$0	\$1,494	\$0	\$0	\$1,494	\$261	6	10
		Jul-15	\$194	\$176	\$0	\$10,032	\$10,401	\$0	\$10,401	\$0	\$0	\$10,401	\$304	7	11
		Aug-15	\$205	\$165	\$0	\$3,921	\$4,291	\$0	\$4,291	\$0	\$0	\$4,291	\$304	7	11
		Sep-15	\$205	\$851	\$0	\$9,755	\$10,810	\$0	\$10,810	\$0	\$0	\$10,810	\$304	7	11
		Oct-15	\$254	\$326	\$0	\$3,121	\$3,701	\$0	\$3,701	\$0	\$0	\$3,701	\$304	7	11
		Nov-15	\$170	\$1,994	\$0	\$2,941	\$5,105	\$0	\$5,105	\$0	\$0	\$5,105	\$261	7	11
		Dec-15	\$205	\$5,966	\$0	\$10,532	\$16,703	\$0	\$16,703	\$0	\$0	\$16,703	\$304	7	9
	BRANCH Total		\$2,263	\$29,025	\$0	\$51,278	\$82,566	\$0	\$82,566	\$0	\$0	\$82,566	\$3,215	75	122
	FIRA-FIRE EES	Jan-15	\$524	\$4,343	\$0	\$1,560	\$6,427	\$0	\$6,427	\$0	\$0	\$6,427	\$379	9	26
		Feb-15	\$484	\$879	\$0	\$1,307	\$2,670	\$0	\$2,670	\$0	\$0	\$2,670	\$379	9	26
		Mar-15	\$484	\$646	\$0	\$354	\$1,485	\$0	\$1,485	\$0	\$0	\$1,485	\$379	9	26
		Apr-15	\$560	\$1,903	\$0	\$1,602	\$4,066	\$0	\$4,066	\$0	\$0	\$4,066	\$379	9	26
		May-15	\$484	\$1,641	\$0	\$216	\$2,341	\$0	\$2,341	\$0	\$0	\$2,341	\$379	9	26
		Jun-15	\$484	\$3,792	\$0	\$737	\$5,013	\$0	\$5,013	\$0	\$0	\$5,013	\$379	9	26
		Jul-15	\$538	\$4,656	\$0	\$1,572	\$6,767	\$0	\$6,767	\$0	\$0	\$6,767	\$379	9	26
		Aug-15	\$484	\$1,823	\$0	\$1,265	\$3,573	\$0	\$3,573	\$0	\$0	\$3,573	\$379	9	26
		Sep-15	\$484	\$2,772	\$0	\$1,718	\$4,974	\$0	\$4,974	\$0	\$0	\$4,974	\$379	9	27
		Oct-15	\$627	\$704	\$0	\$233	\$1,563	\$0	\$1,563	\$0	\$0	\$1,563	\$379	9	26
		Nov-15	\$399	\$1,465	\$0	\$2,549	\$4,414	\$0	\$4,414	\$0	\$0	\$4,414	\$463	12	34
		Dec-15	\$647	\$1,739	\$0	\$359	\$2,745	\$0	\$2,745	\$0	\$0	\$2,745	\$463	11	32
	BRANCH Total		\$6,202	\$26,364	\$0	\$13,473	\$46,039	\$0	\$46,039	\$0	\$0	\$46,039	\$4,715	113	327
	FIRU65-RETIRED FIRE -65	Jan-15	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$42	1	1
		Feb-15	\$19	\$41	\$0	\$0	\$60	\$0	\$60	\$0	\$0	\$60	\$42	1	1
		Mar-15	\$19	\$0	\$0	\$0	\$19	\$0	\$19	\$0	\$0	\$19	\$42	1	1
		Apr-15	\$33	\$0	\$0	\$0	\$33	\$0	\$33	\$0	\$0	\$33	\$42	1	1
		May-15	\$19	\$0	\$0	\$0	\$19	\$0	\$19	\$0	\$0	\$19	\$42	1	1
		Jun-15	\$19	\$0	\$0	\$0	\$19	\$0	\$19	\$0	\$0	\$19	\$42	1	1
		Jul-15	\$26	\$4,553	\$0	\$0	\$4,579	\$0	\$4,579	\$0	\$0	\$4,579	\$42	1	1
		Aug-15	\$19	\$4,745	\$1,594	\$0	\$6,358	\$0	\$6,358	\$0	\$0	\$6,358	\$42	1	1
		Sep-15	\$19	\$600	\$0	\$0	\$618	\$0	\$618	\$0	\$0	\$618	\$42	1	1
		Oct-15	\$29	\$33	\$0	\$0	\$63	\$0	\$63	\$0	\$0	\$63	\$42	1	1
		Nov-15	\$15	\$0	\$0	\$0	\$15	\$0	\$15	\$0	\$0	\$15	\$42	1	1
		Dec-15	\$19	\$0	\$0	\$0	\$19	\$0	\$19	\$0	\$0	\$19	\$42	1	1
	BRANCH Total		\$234	\$9,972	\$1,594	\$0	\$11,800	\$0	\$11,800	\$0	\$0	\$11,800	\$505	12	12

CITY OF FORT LAUDERDALE
MONTHLY HEALTHCARE DETAIL EXPERIENCE REPORT

January 2015 thru December 2015

RAT : RETROSPECTIVELY RATED - PARTICIPATING

Reported Premium: ASO Fees

Reported Claims: All Claims, Med-Drug Elig, Med Elig

Note: Paid claim dollars include amounts deducted from your account and paid to vendors for cost containment services.

BENEFIT OPTION	BRANCH	YTD/MONTH	FIXED CHARGES	IN NETWORK	OUT OF NETWORK	DRUG	GROSS CLAIMS	STOP LOSS	TOTAL CLAIMS NET OF STOP LOSS	HRA MED DRUG ELIGIBLE	HRA MED ELIGIBLE	TOTAL HRA & CLAIMS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRS
GENA-TEAMSTER EES		Jan-15	\$3,291	\$4,840	(\$145)	\$35,237	\$43,222	\$827	\$44,050	\$0	\$0	\$44,050	\$4,042	96	212
		Feb-15	\$3,949	\$34,942	\$0	\$15,897	\$54,787	(\$156)	\$54,631	\$0	\$0	\$54,631	\$4,042	96	212
		Mar-15	\$3,936	\$51,517	\$0	\$28,450	\$83,903	\$500	\$84,404	\$0	\$0	\$84,404	\$4,000	95	214
		Apr-15	\$4,508	\$40,454	\$0	\$17,238	\$62,201	\$0	\$62,201	\$0	\$0	\$62,201	\$4,042	96	215
		May-15	\$3,969	\$59,134	\$0	\$41,574	\$104,678	\$0	\$104,678	\$0	\$0	\$104,678	\$4,042	96	215
		Jun-15	\$3,986	\$40,836	\$0	(\$2,103)	\$42,718	\$0	\$42,718	\$0	\$0	\$42,718	\$3,957	94	210
		Jul-15	\$4,392	\$42,654	\$4,460	\$19,370	\$70,877	\$11	\$70,888	\$0	\$0	\$70,888	\$4,000	95	211
		Aug-15	\$3,801	\$13,356	\$0	\$15,105	\$32,262	\$0	\$32,262	\$0	\$0	\$32,262	\$4,084	97	212
		Sep-15	\$3,950	\$53,536	\$2,017	\$20,949	\$80,452	\$0	\$80,452	\$0	\$0	\$80,452	\$4,084	97	214
		Oct-15	\$5,097	\$17,892	\$0	\$17,631	\$40,621	\$0	\$40,621	\$0	\$0	\$40,621	\$4,252	101	221
		Nov-15	\$4,208	\$88,918	\$0	\$19,547	\$112,674	\$0	\$112,674	\$0	\$0	\$112,674	\$4,252	100	220
		Dec-15	\$4,133	\$127,224	\$580	\$15,348	\$147,285	\$0	\$147,285	\$0	\$0	\$147,285	\$4,252	101	221
	BRANCH Total			\$49,220	\$575,303	\$6,911	\$244,244	\$875,678	\$1,183	\$876,862	\$0	\$0	\$876,862	\$49,047	1,164
GENC-COBRA TEAMSTER PARTICIPANTS		Jan-15	\$26	\$1,265	\$413	\$1,051	\$2,755	\$0	\$2,755	\$0	\$0	\$2,755	\$84	2	2
		Feb-15	\$19	\$1,785	\$0	\$1,107	\$2,911	\$0	\$2,911	\$0	\$0	\$2,911	\$84	2	2
		Mar-15	\$19	\$1,114	\$0	\$1,107	\$2,240	\$0	\$2,240	\$0	\$0	\$2,240	\$84	2	2
		Apr-15	\$25	\$560	\$0	\$2,214	\$2,799	\$0	\$2,799	\$0	\$0	\$2,799	\$84	2	2
		May-15	\$19	\$723	\$0	\$1,200	\$1,942	\$0	\$1,942	\$0	\$0	\$1,942	\$84	2	2
		Jun-15	\$19	(\$5,047)	\$0	\$1,200	(\$3,828)	\$0	(\$3,828)	\$0	\$0	(\$3,828)	\$84	2	2
		Jul-15	\$25	\$2,338	\$0	\$0	\$2,363	\$0	\$2,363	\$0	\$0	\$2,363	\$42	1	1
		Aug-15	\$0	\$570	\$0	\$0	\$570	\$0	\$570	\$0	\$0	\$570	\$42	1	1
		Sep-15	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$42	1	1
		Oct-15	\$6	\$0	\$0	(\$3,414)	(\$3,408)	\$0	(\$3,408)	\$0	\$0	(\$3,408)	\$42	1	1
		Nov-15	\$0	\$43	\$0	\$0	\$43	\$0	\$43	\$0	\$0	\$43	\$42	1	1
		Dec-15	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$42	1	1
	BRANCH Total			\$158	\$3,352	\$413	\$4,465	\$8,388	\$0	\$8,388	\$0	\$0	\$8,388	\$758	18
GENU65-RETIRED TEAMSTER -65		Jan-15	\$90	\$119	\$0	\$934	\$1,143	\$0	\$1,143	\$0	\$0	\$1,143	\$168	3	4
		Feb-15	\$93	\$697	\$0	\$334	\$1,124	\$0	\$1,124	\$0	\$0	\$1,124	\$168	3	4
		Mar-15	\$93	\$1,245	\$0	\$950	\$2,288	\$0	\$2,288	\$0	\$0	\$2,288	\$168	3	4
		Apr-15	\$98	(\$383)	\$0	\$2,411	\$2,126	\$0	\$2,126	\$0	\$0	\$2,126	\$168	3	4
		May-15	\$93	\$65	\$0	\$104	\$262	\$0	\$262	\$0	\$0	\$262	\$126	2	3
		Jun-15	\$75	\$338	\$0	\$867	\$1,280	\$0	\$1,280	\$0	\$0	\$1,280	\$126	2	3
		Jul-15	\$79	\$84	\$0	\$240	\$403	\$0	\$403	\$0	\$0	\$403	\$126	2	3
		Aug-15	\$75	\$171	\$0	\$75	\$321	\$0	\$321	\$0	\$0	\$321	\$126	2	3
		Sep-15	\$75	\$18	\$0	\$988	\$1,080	\$0	\$1,080	\$0	\$0	\$1,080	\$126	2	3
		Oct-15	\$93	\$75	\$0	\$92	\$260	\$0	\$260	\$0	\$0	\$260	\$84	2	3
		Nov-15	\$61	\$319	\$0	\$818	\$1,198	\$0	\$1,198	\$0	\$0	\$1,198	\$84	2	3
		Dec-15	\$41	\$0	\$0	\$0	\$41	\$0	\$41	\$0	\$0	\$41	\$84	2	2
	BRANCH Total			\$965	\$2,748	\$0	\$7,813	\$11,526	\$0	\$11,526	\$0	\$0	\$11,526	\$1,558	28
GEN650-RETIRED TEAMSTER 65+		Jan-15	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	1	1
		Feb-15	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	1	1
		Mar-15	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	1	1
		Apr-15	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	1	1
		May-15	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	1	1
		Jun-15	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	1	1
		Jul-15	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	1	1
		Aug-15	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	1	1
		Sep-15	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	1	1
		Oct-15	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$42	1	1
		Nov-15	\$0	\$476	\$0	\$0	\$476	\$0	\$476	\$0	\$0	\$476	\$42	1	1
		Dec-15	\$65	\$2,274	\$0	\$1,093	\$3,432	\$0	\$3,432	\$0	\$0	\$3,432	\$42	1	2
	BRANCH Total			\$65	\$2,750	\$0	\$1,093	\$3,908	\$0	\$3,908	\$0	\$0	\$3,908	\$126	12
MGTA-ACTIVE MGMT EES		Jan-15	\$275	(\$5,296)	\$0	\$718	(\$4,303)	\$0	(\$4,303)	\$0	\$0	(\$4,303)	\$391	9	17
		Feb-15	\$317	\$508	\$0	\$434	\$1,259	\$0	\$1,259	\$0	\$0	\$1,259	\$391	9	17
		Mar-15	\$317	\$857	\$0	\$265	\$1,438	\$0	\$1,438	\$0	\$0	\$1,438	\$348	8	16
		Apr-15	\$347	\$1,464	\$0	(\$115)	\$1,695	\$0	\$1,695	\$0	\$0	\$1,695	\$435	10	22
		May-15	\$398	\$1,748	\$0	\$169	\$2,315	\$0	\$2,315	\$0	\$0	\$2,315	\$391	9	21
		Jun-15	\$388	\$1,545	\$0	\$563	\$2,496	\$0	\$2,496	\$0	\$0	\$2,496	\$391	9	21
		Jul-15	\$410	\$8,237	\$0	\$548	\$9,194	\$0	\$9,194	\$0	\$0	\$9,194	\$391	9	21
		Aug-15	\$391	\$298	\$0	\$178	\$867	\$0	\$867	\$0	\$0	\$867	\$391	9	21
		Sep-15	\$391	\$2,123	\$0	\$317	\$2,831	\$0	\$2,831	\$0	\$0	\$2,831	\$435	10	22
		Oct-15	\$525	\$1,078	\$0	\$95	\$1,698	\$0	\$1,698	\$0	\$0	\$1,698	\$435	10	22
		Nov-15	\$337	\$549	\$0	\$242	\$1,128	\$0	\$1,128	\$0	\$0	\$1,128	\$435	10	22
		Dec-15	\$411	\$1,634	\$0	\$258	\$2,303	\$0	\$2,303	\$0	\$0	\$2,303	\$435	10	22
	BRANCH Total			\$4,507	\$14,745	\$0	\$3,672	\$22,923	\$0	\$22,923	\$0	\$0	\$22,923	\$4,866	112
MGU65-RETIRED MGMT -65		Jan-15	\$113	\$5,102	\$0	\$8,134	\$13,350	\$0	\$13,350	\$0	\$0	\$13,350	\$126	3	6
		Feb-15	\$112	\$1,022	\$0	\$3,224	\$4,358	\$0	\$4,358	\$0	\$0	\$4,358	\$126	3	6
		Mar-15	\$112	\$1,367	\$0	\$3,095	\$4,573	\$0	\$4,573	\$0	\$0	\$4,573	\$126	3	6
		Apr-15	\$121	\$6,405	\$0	\$5,826	\$12,352	\$0	\$12,352	\$0	\$0	\$12,352	\$126	3	6
		May-15	\$112	\$1,804	\$0	\$1,044	\$2,959	\$0	\$2,959	\$0	\$0	\$2,959	\$126	3	6
		Jun-15	\$108	\$1,294	\$0	\$7,037	\$8,439	\$0	\$8,439	\$0	\$0	\$8,439	\$126	3	6

CITY OF FORT LAUDERDALE
MONTHLY HEALTHCARE DETAIL EXPERIENCE REPORT

January 2015 thru December 2015

RAT : RETROSPECTIVELY RATED - PARTICIPATING

Reported Premium: ASO Fees

Reported Claims: All Claims, Med-Drug Elig, Med Elig

Note: Paid claim dollars include amounts deducted from your account and paid to vendors for cost containment services.

BENEFIT OPTION	BRANCH	YTD/MONTH	FIXED CHARGES	IN NETWORK	OUT OF NETWORK	DRUG	GROSS CLAIMS	STOP LOSS	TOTAL CLAIMS NET OF STOP LOSS	HRA MED DRUG ELIGIBLE	HRA MED ELIGIBLE	TOTAL HRA & CLAIMS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRS
		Jul-15	\$130	\$3,075	\$0	\$6,168	\$9,372	\$0	\$9,372	\$0	\$0	\$9,372	\$126	3	6
		Aug-15	\$112	\$835	\$0	\$2,801	\$3,748	\$0	\$3,748	\$0	\$0	\$3,748	\$126	3	6
		Sep-15	\$112	\$1,938	\$0	\$6,567	\$8,617	\$0	\$8,617	\$0	\$0	\$8,617	\$126	3	6
		Oct-15	\$150	\$1,062	\$0	\$8,506	\$9,718	\$0	\$9,718	\$0	\$0	\$9,718	\$126	3	6
		Nov-15	\$92	\$468	\$0	\$5,573	\$6,133	\$0	\$6,133	\$0	\$0	\$6,133	\$126	3	6
		Dec-15	\$112	\$784	\$0	\$8,514	\$9,410	\$0	\$9,410	\$0	\$0	\$9,410	\$126	3	6
	BRANCH Total		\$1,386	\$25,155	\$0	\$66,488	\$93,028	\$0	\$93,028	\$0	\$0	\$93,028	\$1,516	36	72
	PASA-ACTIVE PROF & SUPV EES	Jan-15	\$727	\$3,487	\$0	\$5,000	\$9,214	\$0	\$9,214	\$0	\$0	\$9,214	\$695	16	38
		Feb-15	\$708	\$1,268	\$0	\$1,063	\$3,040	\$0	\$3,040	\$0	\$0	\$3,040	\$652	15	36
		Mar-15	\$671	\$5,213	\$0	\$2,503	\$8,386	\$0	\$8,386	\$0	\$0	\$8,386	\$652	15	36
		Apr-15	\$765	\$7,311	\$0	\$5,303	\$13,378	\$0	\$13,378	\$0	\$0	\$13,378	\$652	15	36
		May-15	\$671	\$7,591	\$0	\$4,419	\$12,681	\$0	\$12,681	\$0	\$0	\$12,681	\$652	15	36
		Jun-15	\$671	\$2,984	\$0	\$5,945	\$9,599	\$0	\$9,599	\$0	\$0	\$9,599	\$739	17	39
		Jul-15	\$776	\$2,936	\$0	\$7,827	\$11,539	\$0	\$11,539	\$0	\$0	\$11,539	\$739	17	39
		Aug-15	\$727	\$4,766	\$0	\$3,737	\$9,229	\$0	\$9,229	\$0	\$0	\$9,229	\$695	16	38
		Sep-15	\$708	\$6,576	\$0	\$2,187	\$9,470	\$0	\$9,470	\$0	\$0	\$9,470	\$695	16	38
		Oct-15	\$864	\$4,222	\$0	\$2,213	\$7,319	\$0	\$7,319	\$0	\$0	\$7,319	\$695	16	38
		Nov-15	\$584	\$603	\$0	\$3,977	\$5,164	\$0	\$5,164	\$0	\$0	\$5,164	\$739	16	37
		Dec-15	\$681	\$4,961	\$0	\$1,075	\$6,717	\$0	\$6,717	\$0	\$0	\$6,717	\$826	19	47
	BRANCH Total		\$8,572	\$51,917	\$0	\$45,248	\$105,736	\$0	\$105,736	\$0	\$0	\$105,736	\$8,429	193	458
	PASU65-RETIRED PROF & SUPV -65	Jan-15	\$43	\$477	\$0	\$356	\$876	\$0	\$876	\$0	\$0	\$876	\$84	2	4
		Feb-15	\$75	\$4,166	\$0	\$696	\$4,936	\$0	\$4,936	\$0	\$0	\$4,936	\$84	2	4
		Mar-15	\$75	\$1,963	\$0	\$728	\$2,766	\$0	\$2,766	\$0	\$0	\$2,766	\$84	2	4
		Apr-15	\$86	\$446	\$0	\$704	\$1,236	\$0	\$1,236	\$0	\$0	\$1,236	\$84	2	4
		May-15	\$75	\$268	\$0	\$2,132	\$2,475	\$0	\$2,475	\$0	\$0	\$2,475	\$84	2	4
		Jun-15	\$75	\$197	\$0	\$1,469	\$1,741	\$0	\$1,741	\$0	\$0	\$1,741	\$84	2	4
		Jul-15	\$64	\$303	\$0	(\$259)	\$127	\$0	\$127	\$0	\$0	\$127	\$84	2	4
		Aug-15	\$75	\$701	\$0	\$2,653	\$3,429	\$0	\$3,429	\$0	\$0	\$3,429	\$126	3	5
		Sep-15	\$93	\$300	\$0	\$698	\$1,091	\$0	\$1,091	\$0	\$0	\$1,091	\$126	3	5
		Oct-15	\$126	\$385	\$0	\$4,184	\$4,695	\$0	\$4,695	\$0	\$0	\$4,695	\$126	3	5
		Nov-15	\$77	\$325	\$0	\$1,557	\$1,959	\$0	\$1,959	\$0	\$0	\$1,959	\$168	4	7
		Dec-15	\$127	\$1,574	\$0	\$1,449	\$3,150	\$0	\$3,150	\$0	\$0	\$3,150	\$168	4	7
	BRANCH Total		\$1,009	\$11,107	\$0	\$16,366	\$28,482	\$0	\$28,482	\$0	\$0	\$28,482	\$1,305	31	57
	PAS650-RETIRED PROF & SUPV 65+	Jan-15	\$17	\$45	\$0	\$13	\$75	\$0	\$75	\$0	\$0	\$75	\$42	1	1
		Feb-15	\$19	\$250	\$0	\$11	\$280	\$0	\$280	\$0	\$0	\$280	\$42	1	1
		Mar-15	\$19	\$0	\$0	\$4	\$23	\$0	\$23	\$0	\$0	\$23	\$42	1	1
		Apr-15	\$19	\$5	\$0	\$4	\$27	\$0	\$27	\$0	\$0	\$27	\$42	1	1
		May-15	\$19	\$115	\$0	\$4	\$137	\$0	\$137	\$0	\$0	\$137	\$42	1	1
		Jun-15	\$19	\$45	\$0	\$2	\$66	\$0	\$66	\$0	\$0	\$66	\$42	1	1
		Jul-15	\$19	\$21	\$0	\$8	\$47	\$0	\$47	\$0	\$0	\$47	\$42	1	1
		Aug-15	\$19	\$150	\$0	\$3	\$172	\$0	\$172	\$0	\$0	\$172	\$42	1	1
		Sep-15	\$19	\$0	\$0	\$0	\$19	\$0	\$19	\$0	\$0	\$19	\$42	1	1
		Oct-15	\$22	\$5	\$0	\$3	\$30	\$0	\$30	\$0	\$0	\$30	\$42	1	1
		Nov-15	\$15	\$5	\$0	\$3	\$23	\$0	\$23	\$0	\$0	\$23	\$42	1	1
		Dec-15	\$19	\$182	\$0	\$0	\$201	\$0	\$201	\$0	\$0	\$201	\$42	1	1
	BRANCH Total		\$222	\$823	\$0	\$55	\$1,100	\$0	\$1,100	\$0	\$0	\$1,100	\$505	12	12
BENEFIT OPTION Total			\$74,801	\$753,259	\$8,919	\$454,195	\$1,291,174	\$1,183	\$1,292,358	\$0	\$0	\$1,292,358	\$76,546	1,806	3,951
POS1	PASA-ACTIVE PROF & SUPV EES	Mar-15	\$0	\$0	\$0	\$1,969	\$1,969	\$0	\$1,969	\$0	\$0	\$1,969	\$0	0	0
	BRANCH Total		\$0	\$0	\$0	\$1,969	\$1,969	\$0	\$1,969	\$0	\$0	\$1,969	\$0	0	0
BENEFIT OPTION Total			\$0	\$0	\$0	\$1,969	\$1,969	\$0	\$1,969	\$0	\$0	\$1,969	\$0	0	0
Grand Total			\$741,441	\$11,045,541	\$106,432	\$3,296,409	\$15,189,824	(\$62,193)	\$15,127,631	\$152,562	\$506,245	\$15,786,428	\$857,432	19,213	43,052

**Pages 728-754
are exempt from
Public Records
and have been
removed.**

BUSINESS ASSOCIATE AGREEMENT

This Agreement is made and entered into this _____ day of _____, 2015, by and between the City of Fort Lauderdale, a Florida municipality (hereinafter referred to as the "Covered Entity" or "City") and _____, Inc., a _____ corporation (hereinafter referred to as "Business Associate").

WHEREAS, the Covered Entity and the Business Associate have established a business relationship in which Business Associate, acting for or on behalf of Covered Entity, receives Protected Health Information as defined by the Health Insurance Portability and Accountability Act of 1996 ("Act"); and

WHEREAS, the Covered Entity and the Business Associate desire to comply with the requirements of the Act's Privacy Rule as further set out below.

NOW, THEREFORE, in consideration of the mutual covenants, promises and agreements set forth herein, the Covered Entity and the Business Associate agree as follows:

1. Definitions

a. Terms used, but not otherwise defined, in this Agreement shall have the same meaning as those terms in the Privacy and Security Rules ("Privacy Rule"), as codified in 45 Code of Federal Regulations Parts 160 through 164, as may be amended.

2. Obligations and Activities of Business Associate

a. Business Associate agrees to not use or disclose Protected Health Information other than as permitted or required by the Agreement or as Required by Law.

b. Business Associate agrees to use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement.

c. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement.

d. Business Associate agrees to report to Covered Entity any use or disclosure of the Protected Health Information not provided for by this Agreement of which it becomes aware.

e. Business Associate agrees to ensure that any agent or subcontractor, to whom it provides Protected Health Information received from, or created or received by Business Associate on behalf of Covered Entity, agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.

f. Business Associate agrees to provide access, at the request of Covered Entity, and in a reasonable time and manner, to Protected Health Information in a Designated Record Set, to Covered Entity or, as directed by Covered Entity, to an Individual in order to meet the requirements under 45 C.F.R. § 164.524, if the Business Associate has Protected Health Information in a Designated Record Set.

g. Business Associate agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 C.F.R. § 164.526 at the request of Covered Entity or an Individual, in a reasonable time and manner, if Business Associate has Protected Health Information in a Designated Record Set.

h. Business Associate agrees to make internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Covered Entity available to the Covered Entity, or to the Secretary, in a reasonable time and manner or as designated by the Secretary, for purposes of the Secretary determining Covered Entity's compliance with the Privacy Rule.

i. Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 C.F.R. § 164.528.

j. Business Associate agrees to provide to Covered Entity or an Individual, within thirty (30) days of receipt of a written request from the Covered Entity or an Individual, information collected in accordance with Section 2.i of this Agreement, to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 C.F.R. § 164.528.

k. Sections 164.308, 164.310, 164.312, and 164.316 of Title 45, Code of Federal Regulations, shall apply to Business Associate in the same manner that such sections apply to Covered Entity.

l. Business Associate shall comply with the privacy, security, and security breach notification provisions applicable to a business associate pursuant to Subtitle D of the Health Information Technology for Economic and Clinical Health Act which is Title XIII of Division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111-5), 42 U.S.C.A. §13400 *et seq.* (2010), as may be amended or revised, ("HITECH"), any regulations promulgated thereunder, and any amendments to the Privacy Rule, all of which are hereby incorporated herein by reference.

3. Permitted Uses and Disclosures by Business Associate

a. Except as otherwise limited in this Agreement, Business Associate may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in the Pharmacy Benefit Management Agreement, No. 195-10309, between the City of Fort Lauderdale and the Business Associate ("Original Contract"), provided that such use or disclosure would not violate the Privacy Rule if done by Covered Entity or the minimum necessary policies and procedures of the Covered Entity.

4. Specific Use and Disclosure Provisions

a. Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.

b. Except as otherwise limited in this Agreement, Business Associate may disclose Protected Health Information for the proper management and administration of the Business Associate, provided that disclosures are Required By Law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required By Law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

c. Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information to provide Data Aggregation services to Covered Entity as permitted by 45 C.F.R. § 164.504(e)(2)(i)(B).

d. Business Associate may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with 45 C.F.R. § 164.502(j)(1).

5. Obligations of Covered Entity

a. Covered Entity shall notify Business Associate of any limitation(s) in its notice of privacy practices of Covered Entity in accordance with 45 C.F.R. § 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of Protected Health Information.

b. Covered Entity shall notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, to the extent that such changes may affect Business Associate's use or disclosure of Protected Health Information.

c. Covered Entity shall notify Business Associate of any restriction to the use or disclosure of Protected Health Information that Covered Entity has agreed to in accordance with 45 C.F.R. § 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of Protected Health Information.

6. Permissible Requests by Covered Entity

a. Covered Entity shall not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if done by Covered Entity, except that Business Associate may use or disclose Protected Health Information for data aggregation or management and administrative activities of Business Associate if required by the terms of the Original Contract.

7. Term and Termination

a. The Term of this Agreement shall be effective as of the effective date of the Original Contract, and shall terminate when the Original Contract terminates. Upon termination, all of the Protected Health Information provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, shall be destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy Protected Health Information, or if it is illegal to destroy Protected Health Information, the protections are extended to such information, in accordance with the termination provisions in this Section.

b. Upon either party's knowledge of a material breach by the other party, the nonbreaching party shall either:

1. Provide an opportunity of at least thirty (30) days for the breaching party to cure the breach or end the violation and terminate this Agreement and the Original Contract if the breaching party does not cure the breach or end the violation within the time specified by the nonbreaching party;

2. Immediately terminate this Agreement and the Original Contract if the breaching party has breached a material term of this Agreement and cure is not possible; or

3. If neither termination nor cure is feasible, the nonbreaching party shall report the violation to the Secretary.

c. Effect of Termination

1. Except as provided in paragraph (2) of this section, upon termination of this Agreement, for any reason, Business Associate shall return, or destroy, except as prohibited by the Florida public records law, all Protected Health Information received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information.

2. In the event that Business Associate's return or destruction of the Protected Health Information would be infeasible or illegal, Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible or illegal, for so long as Business Associate maintains such Protected Health Information. Upon written request from the Covered Entity, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible or illegal. At all times Business Associate shall comply with the Florida public records law and exemptions therefrom, and applicable Florida records retention requirements.

8. Miscellaneous

a. A reference in this Agreement to a section in the Privacy Rule means the section as in effect or as amended or revised.

b. The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for Covered Entity to comply with the requirements of the Privacy Rule and the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191. If the parties are unable to reach agreement regarding an amendment to this Agreement, either Business Associate or

Covered Entity may terminate this Agreement upon ninety (90) days written notice to the other party.

c. The respective rights and obligations of Business Associate under Sections 7(c)(1) and 7(c)(2) of this Agreement shall survive the termination of this Agreement.

d. Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the Privacy Rule.

e. Business Associate shall indemnify, hold harmless, and defend at Business Associate's expense, counsel being subject to Covered Entity's approval, the Covered Entity, and the Covered Entity's officers and employees (collectively "indemnitees"), against any and all claims, actions, lawsuits, damages, losses, liabilities, judgments, fines, penalties, costs, and expenses incurred by any of the indemnitees arising out of or in connection with Business Associate's or any of Business Associate's officers', employees', agents', or subcontractors' breach of this Agreement or any act or omission by Business Associate or by any of Business Associate's officers, employees, agents, or subcontractors, including Business Associate's failure to perform any of its obligations under the Privacy Rule. Business Associate shall pay any and all expenses, fines, judgments, and penalties, including court costs and attorney fees, which may be imposed upon any of the indemnitees resulting from or arising out of Business Associate's or any of Business Associate's officers', employees', agents', or subcontractors' breach of this Agreement or other act or omission.

f. Venue for any lawsuit or any other legal proceedings brought by either party against the other party or otherwise arising out of this Agreement, shall be in Broward County, Florida, or, in the event of federal jurisdiction, in the United States District Court for the Southern District of Florida, with appellate jurisdiction in the respective corresponding appellate tribunals.

IN WITNESS WHEREOF, the City of Fort Lauderdale and P & A Administrative Services, Inc., execute this Business Associate Agreement as follows:

CITY OF FORT LAUDERDALE

By: _____
Director of Finance

WITNESSES:

(company name)

(Signature)
Print Name:

By _____
Chairman

(Signature)
Print Name:

ATTEST:

Secretary

(CORPORATE SEAL)

STATE OF _____:
COUNTY OF _____:

The foregoing Business Associate Agreement was acknowledged before me this
_____ day of _____, 2015, by _____ as (title)
_____ for _____ (name of company)
_____.

(SEAL)

Notary Public, State of _____
(Signature of Notary Public - State of _____)

(Print, Type, or Stamp Commissioned Name of
Notary Public)

Personally Known _____ OR Produced Identification

Type of Identification Produced _____

Date		Page		Subject		Topic		Date		Page		Subject		Topic	
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Year	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100
1990	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100											

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[illegible]

Dispensary of Medications

City of Fort Lauderdale Health and Wellness Center

NDC	Drug Name
54569476504	Acyclovir Oral Tablet 400 MG
54569590101	AmLODIPine Besylate Oral Tablet 5 MG
54569590100	AmLODIPine Besylate Oral Tablet 5 MG
54569518200	Amoxicillin Oral Tablet 500 MG
54569519300	Amoxicillin Oral Tablet 875 MG
54569368900	Amoxicillin Oral Tablet Chewable 250 MG
54569547100	Amoxicillin-Pot Clavulanate Oral Tablet 875-125 MG
54569388505	Atenolol 25mg Tab
54569388500	Atenolol Oral Tablet 25 MG
54569581000	Azithromycin Oral Suspension Reconstituted 200 MG/5ML
54569575500	Azithromycin Oral Tablet 250 MG
54569409102	Benzonatate Oral Capsule 100 MG
54569616000	Bupropion Hcl SR 150mg Tab
54569592101	Cefdinir Oral Capsule 300 MG
54569030500	Cephalexin Oral Capsule 500 MG
54569557400	Ciprofloxacin HCl Oral Tablet 500 MG
54569562600	Citalopram Hydrobromide Oral Tablet 20 MG
54569629900	Fenofibrate 160mg Tab
54569558500	Fluconazole Oral Tablet 150 MG
54569578000	Fluticasone Propionate Nasal Suspension 50 MCG/ACT
54569334100	HC/Neo/Poly B Otic Sol 3.5-10000-1
54569231900	HumuLIN R Injection Solution 100 UNIT/ML
54569643900	hydrochlorothiazide (HCTZ) 90 Tab 25mg
54569054700	Hydrochlorothiazide Oral Tablet 25 MG
54569028904	Ibuprofen Oral Tablet 800 MG
54569560500	Lantus Subcutaneous Solution 100 UNIT/ML
54569561701	Levothyroxine 0.05mg Tab
54569543405	Lisinopril 10mg Tab
54569543505	Lisinopril 20mg Tab
54569543400	Lisinopril Oral Tablet 10 MG
54569543500	Lisinopril Oral Tablet 20 MG
54569554603	Metformin 180 ER Tab 500 mg
54569554600	MetFORMIN HCl Oral Tablet Extended Release 24 Hou 500 MG
54569084303	Methocarbamol Oral Tablet 750 MG
54569103600	MethylPREDNISolone (Pak) Oral Tablet 4 MG
54569471302	Minocycline HCl Oral Capsule 100 MG
54569616200	Nicotine Polacrilex Mouth/Throat Lozenge 2 MG
54569616300	Nicotine Polacrilex Mouth/Throat Lozenge 4 MG
54569557600	Nitrofurantoin Monohyd Macro Oral Capsule 100 MG
54569548205	Omeprazole 20mg DR Cap
54569548200	Omeprazole Oral Capsule Delayed Release 20 MG
54569612400	Ondansetron Oral Tablet Dispersible 8 MG
54569271005	Penicillin V Potassium Oral Tablet 500 MG
54569450701	Ranitidine HCl Oral Tablet 150 MG

54569520200	Silver Sulfadiazine External Cream 1 %
54569583302	Simvastatin Oral Tablet 20 MG
54569583301	Simvastatin Oral Tablet 20 MG
54569007500	Sulfamethoxazole-TMP DS Oral Tablet 800-160 MG
54569378100	Tobramycin Sulfate Ophthalmic Solution 0.3 %
54569108400	Triamcinolone Acetonide External Cream 0.1 %
54569616600	Ventolin HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT
54569616700	Ventolin HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT
TOTAL	

2016 NO COST-SHARE PREVENTIVE MEDICATIONS

by drug category

At Cigna, your health and well-being is most important, and we want you to be at your 100% best. It's good to take care of yourself. Getting the right preventive care services at the right time can help you stay healthy.

Health care reform requires coverage of specific preventive medications with no patient cost-sharing

The Patient Protection and Affordable Care Act (PPACA) requires that certain categories of drugs and other products be included in preventive care services coverage based on recommendations from the U.S. Preventive Services Task Force as well as the Institute of Medicine. These recommendations are meant to help prevent disease and meet women's unique health care needs, and are updated periodically to reflect new advances in science and medicine.

Preventive medication coverage

The following prescription medications (as well as certain over-the-counter medications) and products may be available to you with no cost-sharing (copay, coinsurance and/or deductible) depending on your plan. Check your plan materials or visit **myCigna.com** for more information. You can also use the Prescription Drug Price Quote tool on myCigna.com to compare prices at local retail pharmacies and Cigna Home Delivery PharmacySM. If you have questions, you can **call customer service using the number on the back of your ID card, 24 hours a day, 365 days a year, and we'll be happy to help.**

Religious exemptions to covering contraceptives

PPACA allows certain employers to exclude coverage for contraceptive services due to religious beliefs.

If you're a woman with medical coverage through one of these employers, Cigna will let you know that your plan does not cover these medications. Where required by law, Cigna will offer to pay for your contraceptive services and specific medications at no additional cost to you if you choose. This coverage isn't administered, funded by or connected in any way to your employer's health coverage, and is private and confidential.

Your healthcare professional

Talk with your doctor about choosing the medication or product that's right for you. If your doctor feels a certain contraceptive product (on this list) or smoking cessation product (on this list) isn't medically appropriate for you, have your doctor contact us to determine what other products (not on this list) may be available with no cost-sharing. For preventive medications (including over-the-counter medications) or products to be covered, you'll need to get a prescription from your doctor.

Together, all the way.®



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

This list represents the medications that Cigna administered plans will cover with no cost-sharing due to PPACA requirements. Please note: this list is subject to change.

Aspirin Products

Available to:

Males: 45-79 years

Females*: 55-79 years

*Available for females of childbearing age at risk of preeclampsia during pregnancy

Adult Low Dose Aspirin
Adult Low Dose Aspirin EC
Aspirin EC 81
Aspirin 81 mg
Aspir-Low
Bayer Chewable Aspirin
Children's Aspirin
Children's Chewable Aspirin
Ecotrin 81 mg
Halfprin
Low Dose Aspirin
Low Dose Aspirin EC
St. Joseph Aspirin

Breast Cancer Prevention

(Females)

raloxifene
tamoxifen

Barrier Contraception

Available to Females

Conceptrol
FC2 Female Condom
Femcap
Gynol II
Options Conceptrol Vaginal Contraceptive
Options Gynol II Vaginal Contraceptive
Today Contraceptive Sponge
VCF Vaginal Contraceptive Film
VCF Vaginal Contraceptive Foam
Wide Seal Diaphragm 60
Wide Seal Diaphragm 70
Wide Seal Diaphragm 75
Wide Seal Diaphragm 80
Wide Seal Diaphragm 85
Wide Seal Diaphragm 90
Wide Seal Diaphragm 95
Wide Seal Diaphragm 65

Emergency Contraception

Available to Females

Ella
My Way
Next Choice One Dose
Take Action

Hormonal Contraception^*

Available to Females

Altavera
Alyacen 1/35
Alyacen 7/7/7
Amethia
Amethia Lo
Apri
Aranelle
Aubra
Aviane
Azurette
Balziva
Briellyn
Camila
Camrese
Camrese Lo
Caziant
Chateal
Cryselle-28
Cyclafem 1/35
Cyclafem 7/7/7
Dasetta 1/35
Dasetta 7/7/7
Daysee
desogestrel/ethinyl estradiol
drospirenone/ethinyl estradiol
Elinest
Emoquette
Enpresse-28
Enskyce
Errin
Estarylla
Falmina
Generess Fe
Gianvi
Gildagia
Gildess 1.5/30
Gildess 1/20
Gildess FE 1.5/30
Gildess FE 1/20
Heather
Introvale

Jencycla
Jolessa
Jolivette
Junel 1.5/30
Junel 1/20
Junel FE 1.5/30
Junel FE 1/20
Kariva
Kurvelo
Larin 1/20
Larin FE 1.5/30
Larin FE 1/20
Leena
Lessina
Levonest
levonorgestrel
levonorgestrel and ethinyl estradiol
levonorgestrel/ethinyl estradiol
Levora 0.15/30-28
Loryna
Low-Ogestrel
Lutera
Lyza
Marlissa
medroxyprogesterone acetate
150 MG/ML
Microgestin 1.5/30
Microgestin 1/20
Microgestin FE
Microgestin FE 1.5/30
Mono-Linyah
Mononessa
Myzila
Necon 0.5/35-28
Necon 1/35
Necon 7/7/7
Nora-Be
norethindrone
norgestimate/ethinyl estradiol
norgestrel/ethinyl estradiol
Nortrel 0.5/35 (28)
Nortrel 1/35
Nortrel 7/7/7
Nuvaring
Ocella
Orsythia
Philith
Pimtrea
Pirmella 1/35
Pirmella 7/7/7
Portia-28
Previfem
Quasense
Redlipsen

Sprintec 28
Sronyx
Syeda
Tilia FE
Tri-Estarylla
Tri-Legest FE
Tri-Linyah
Trinessa
Tri-Previfem
Tri-Sprintec
Trivora-28
Velivet
Vestura
Violele
Vyfemla
Wera
Wymzya FE
Xulane
Zarah
Zenchant
Zenchant FE
Zeosa
Zovia 1/35E

^ If your doctor feels these medications are medically inappropriate, have them call us. Brands may be available with no cost-sharing to you.

* Generic hormonal contraceptives are available at no cost-sharing to you, even though they may not be listed here.

Fall Prevention / Vitamin D Supplementation

* adults 65 years of age and older to prevent falls

Children's Replesta
Children's Vitamin D
D3 Dots
D3-2000
D3-50
Decara
Delta D3
Dialyte Vitamin D3 Max
Dialyvite Vitamin D
D-Vi-Sol
D-Vita
Just D
Kids Vitamin D3
Maximum D3
Optimal D3
Replesta
Replesta NX
Thera-D
Vitamin D
Vitamin D3
Vitamin D-400

Folic Acid Supplementation

Available to Females (Only products containing 0.4 mg-0.8 mg of folic acid are included)

Classic Prenatal
Daily Prenatal
Folic Acid
KPN
Maxinate
One Daily Prenatal
P-D Natal Plus With Folic Acid
Prenatal
Prenatal Formula
Prenatal Multi + DHA
Prenatal OTC
Prenatal Vitamins
Preque 10
Right Step Prenatal Vitamins
Urosex

Pediatric Multivitamins

(containing fluoride and fluoride supplements)
Available to Males and Females: six months - six years

Escavite
Escavite D
Floriva
Fluorabon
Fluor-a-day
Fluoride
Fluoritab
Flura-drops
Ludent Fluoride
Multivitamin and Fluoride
Multivitamins with Fluoride
Multivitamins with Fluoride-Iron
MVC-Fluoride
MyKidz Iron FL
Poly-VI-Flor
Poly-VI-Flor with Iron
Polyvitamins with Fluoride
Quflora
Sodium Fluoride
Texavite LQ
Triple Vitamin w/Fluoride
Tri-VI-Flor
Tri-vitamin with Fluoride
Tri-vite w/Fluoride
Tri-vite w/Fluoride Iron
Vitamins A,C,D & Fluoride

Pediatric Iron-Containing Products/Fluoride Supplementation

Available to Males and Females:
six months - 12 months

Children's Ferrous Sulfate
Children's Iron
Fer-In-Sol
Fer-Iron
Ferrous Sulfate
Flura Drops
Urosex

IronUp
Multivitamins with Fluoride-Iron
MyKidz Iron 10
Novaferum
Wee Care

Smoking Cessation^*

Quantity Limitations apply.

bupropion (generic for Zyban®)

May also be known as:

Bupropion HCl SR 12HR

Buproban

nicotine replacement therapy*

patches, gum and lozenges

May also be known as:

Commit

Nicoderm

Nicorelief

Nicorette

Nicotine Polacrilex Gum

Nicotine Polacrilex Lozenge

Nicotine TD Patch 24HR

Nicotine Transdermal System

^ If your doctor feels these medications are medically inappropriate, have them call us. Brands may be available with no cost-sharing to you.

* Generic nicotine replacement therapy (so called "store-brands") are available at no cost-sharing to you, even though they may not be listed here.



All health benefit plans and insurance policies contain exclusions and limitations. Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill or purchase the prescription. If you use a pharmacy that does not participate in your plan's network, your prescription may not be covered, or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

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2016 PREVENTIVE GENERIC DRUG LIST



Preventive medications are used for the prevention of conditions such as high blood pressure, high cholesterol, diabetes, asthma, osteoporosis, heart attack, stroke and prenatal nutrient deficiency.

You may not have to pay a copay, a coinsurance (the percentage you pay after you meet your deductible) and/or a deductible (the amount you pay before your plan starts to pay) for preventive generic medications. For some, the cost of generic preventive medications may be covered 100% by your pharmacy benefits plan. Please check your plan materials to understand how preventive medications are covered for you.

Please check your plan's prescription drug list and your plan documents to understand how your plan covers preventive medications. You can refer to **myCigna.com** for a complete and up-to-date drug listing for your plan. Preventive medications are indicated on the drug list with a "PM" symbol after the drug name. You can also use the Prescription Drug Price Quote tool on **myCigna.com** to view and compare drug prices.

Following is a list of generic preventive medications, arranged by type of condition.

Please note: this list is subject to change and may not include all preventive medications that your plan covers. Please refer to your plan's prescription drug list for a complete and up-to-date drug listing.

If you have questions

Please call the toll-free number on the back of your Cigna ID card. We're here to help.

Together, all the way.®



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates.

Preventive Generics Drug List

Asthma related

albuterol sulfate
albuterol sulfate (nebulizer solution)
albuterol sulfate/ipratropium
nebulizer solution
budesonide
caffeine citrate
cromolyn sodium inhalation solution
dyphylline
ipratropium bromide
levalbuterol
levalbuterol HCl
metaproterenol sulfate
montelukast
racementhine HCl
terbutaline sulfate
theophylline anhydrous
zafirlukast

Blood Pressure related

acebutolol HCl
acetazolamide
amiloride HCl
amiloride/hydrochlorothiazide
amlodipine besylate
amlodipine besylate/benazepril
amlodipine/atorvastatin calcium
amlodipine/valsartan
amlodipine/valsartan/
hydrochlorothiazide
atenolol
benazepril HCl
benazepril HCl/hctz
betaxolol
bisoprolol fumarate
bisoprolol/hctz
bumetanide
candesartan
candesartan/hctz
captopril
captopril/hctz
carvedilol
chlorothiazide
chlorthalidone/atenolol
clonidine

clonidine HCl
clonidine HCl/chlorthalidone
diltiazem
diltiazem HCl
doxazosin mesylate
enalapril maleate
enalapril maleate/hctz
eplerenone
eprosartan mesylate 600 mg only
felodipine
fosinopril sodium
fosinopril sodium/hctz
furosemide
guanfacine HCl
hydralazine HCl
hydrochlorothiazide
indapamide
irbesartan
irbesartan/hctz
isradipine
labetalol HCl
lisinopril
lisinopril/hctz
losartan potassium
losartan/hctz
methazolamide
methyclothiazide
methyldopa
methyldopa/hctz
metolazone
metoprolol succinate
metoprolol tartrate
metoprolol/hctz
minoxidil
moexepiril HCl/hctz
moexepiril HCl
nadolol
nadolol/bendroflumethiazide
nebivolol HCl
nicardipine HCl
nifedipine
nimodipine
nisoldipine
perindopril erbumine
pindolol
prazosin HCl
propanolol HCl

propranolol/hctz
quinapril
quinapril HCl/hctz
ramipril
reserpine
sotalol HCl
spironolactone
spironolactone/hctz
telmisartan
telmisartan/amlodipine
telmisartan/hctz
terazosin HCl
timolol maleate
torsemide
trandolapril
trandolapril/verapamil
triamterene/hctz
valsartan
valsartan/hctz
Vecamyl - mecamlamine HCl
verapamil

Blood Thinner related

aspirin/dipyridamole ER
cilostazol
clopidogrel bisulfate
dipyridamole
ticlopidine HCl
warfarin

Cholesterol related

amlodipine/atorvastatin
atorvastatin calcium
cholestyramine/aspartame
cholestyramine/sucrose
colestipol HCl
fenofibrate
fenofibrate, micronized
fenofibric acid
fluvastatin HCl
gemfibrozil
lovastatin
niacin
omega-3 acid ethyl esters
pravastatin HCl
simvastatin

Diabetes related

acarbose
Diagnostic Agents and Supplies
(i.e., test strips, lancets, syringes,
urine tests, alcohol pads)
chlorpropamide
glimepiride
glipizide
glipizide er
glipizide/metformin HCl
glyburide
glyburide micronized
glyburide/metformin
metformin HCl
nateglinide
pioglitazone HCl
pioglitazone HCl/metformin HCl
pioglitazone/glimiperide
repaglinide
tolazamide
tolbutamide

Osteoporosis related

alendronate sodium
alendronate sodium/vitamin D3
etidronate disodium
(Fortical) calcitonin-salmon
ibandronate sodium
raloxifene
risedronate sodium 150 mg only

Prenatal Vitamins

*All prescription strength
prenatal vitamins are
considered preventative*

*Check your plan materials for
formulary placement of branded
prenatal vitamins*



Cigna reserves the right to make changes to this drug list without notice. Your plan may cover additional medications; please refer to your enrollment materials for details. Cigna does not take responsibility for any medication decisions made by the doctor or pharmacist.

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, your prescription may not be covered, or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

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Powered by Consultative AnalyticsSM

City of Fort Lauderdale

TOTAL HEALTH INSIGHT

March 30, 2016



Together, all the way.®

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Table of Contents and Analytical Framework

Table of Contents

- Introduction
- Large claim review
- Illness/condition overview
- Pharmacy
- Prevention and compliance
- Appendix
- Cohort report for Health Center users

Analytical Framework

- Current period reflects claims incurred between January 2015 and December 2015, paid through January 2016
- Base period reflects claims incurred between January 2014 and December 2014, paid through January 2015
- Norm represents CIGNA Florida average for municipal clients across all medical plan designs





Consultative Analytics Summary

Plan cost per member 1.2% higher in 2015 compared to prior year

Key Numbers at a Glance

Trend

	Medical	-1.3%
	Pharmacy	10.8%
	Total	1.2%

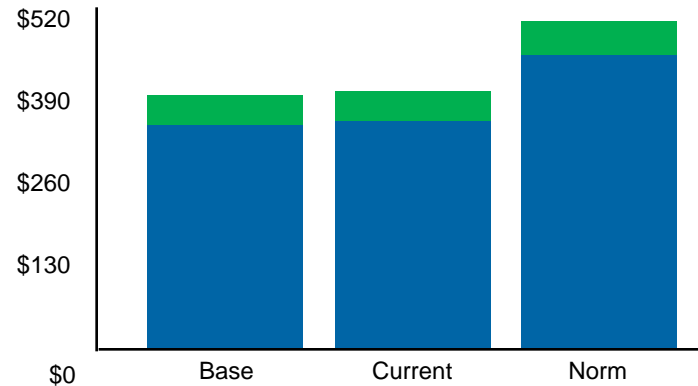
Trend Drivers

	-7%	Catastrophic claim prevalence
	16%	Specialty pharmacy

Positive Performance

- 4% lower PCP utilization within claim experience
- Increasing Generic Dispensing Rate
- Decreasing employee catastrophic claims

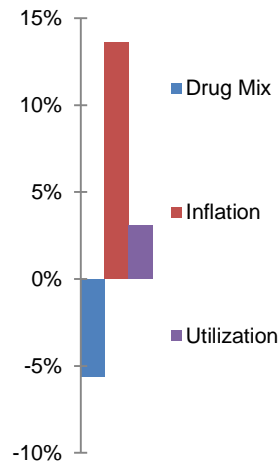
Plan Spend



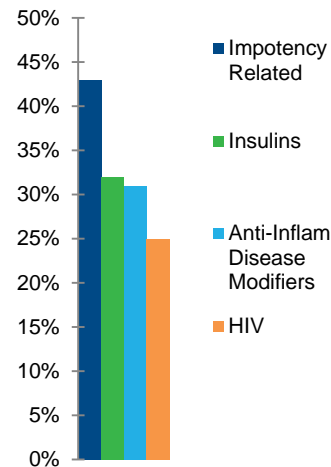
Cost Share	\$48	\$47	\$51
Paid Amount	\$352	\$358	\$463
Plan Spend	\$400	\$405	\$514

Pharmacy

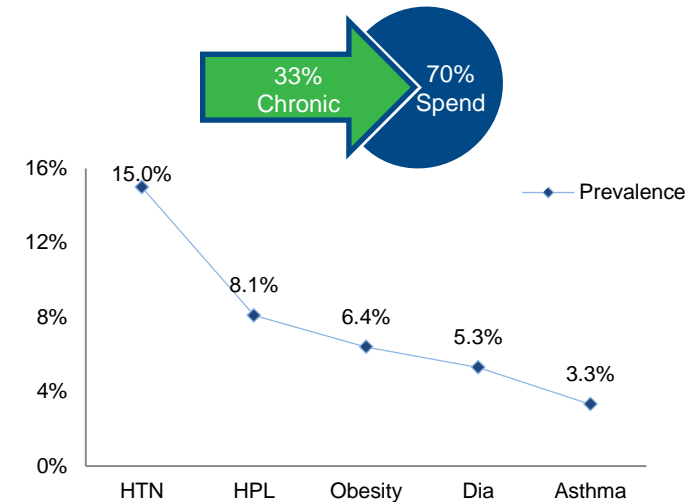
By Component



By Class



Health Status



Areas of Influence



Increased ER and UC usage



Potential to drive Generic Dispensing rate higher



Remaining CCD specialist savings opportunity

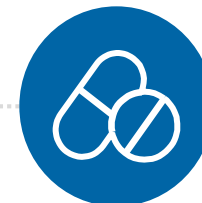


Medical and Pharmacy Highlights



Medical

- Cost per member by plan option:
 - OAPIN - \$555
 - HRA - \$240
- Higher chronic condition prevalence for OAPIN plan option membership
- 79% of the population had either a preventive service or PCP visit within claim experience, or utilized the Health Center
- 69% of the population had either a preventive service within claim experience, or utilized the Health Center
- Roughly half of all members with some form of cancerous condition were also seen in the Health Center during the year
- 16% higher steerable ER utilization rate for the year
- Members using the health center have a steerable ER rate 26% lower than the total population
- Higher Generic Dispensing Rate for members using the health center



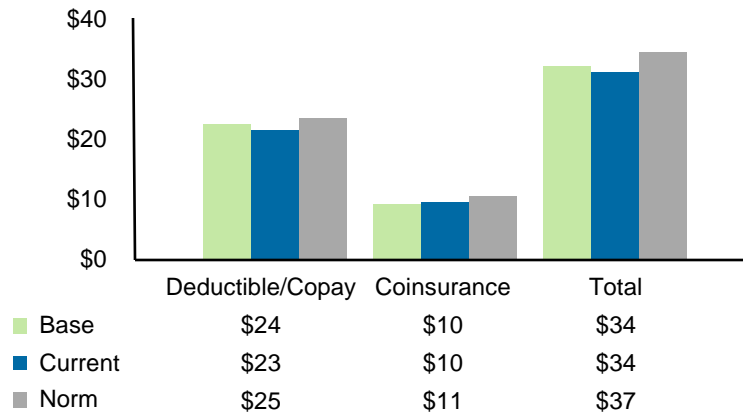
Pharmacy

- Rx spend as a percent of Total HealthCare spend = 22.4%
 - \$91 PMPM (Norm = \$117)
- Trend w/o Specialty Rx (SRx) was 8%
- SRx Plan Spend was \$33 PMPM (N=\$33); trending at 16.1%
 - Utilizers rose 12% from 69 to 77 individuals
- Generic Dispensing Rate was 81% (N=78%)
- Total Scripts & Days Supply PMPM rose 3.5% & 3.1%, respectively
- Total Employer Paid was \$3,418,248
- Total Customer Cost Share was \$496,395
- Cigna reduced costs by \$2,993,308. The bulk of the savings were achieved through negotiated plan discounts (~\$2.8M)
- Integration with Medical led to notable estimated medical savings of \$127,269. Achieved via closed Gaps in Care (\$9,107, one-third of total Gap in Care savings); Utilization Management of Specialty drugs (\$26,554); and discounts for SRx meds obtained under the Medical Benefit (\$91,608)

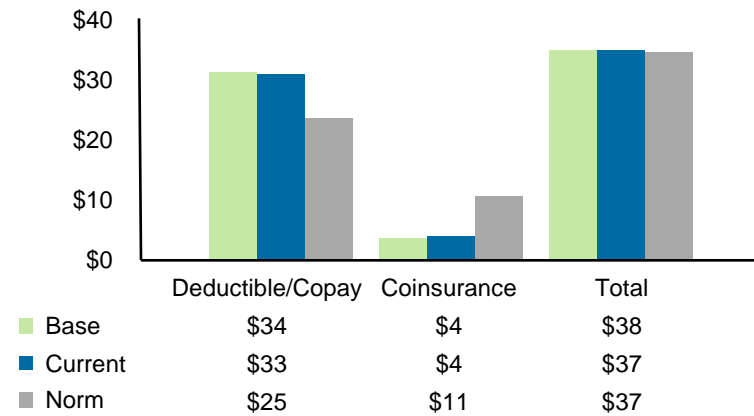


Member Cost Share – Medical Only

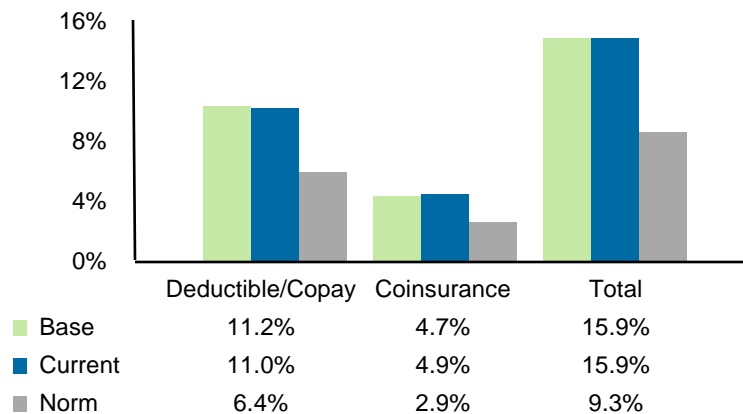
Cost sharing per member - HRA



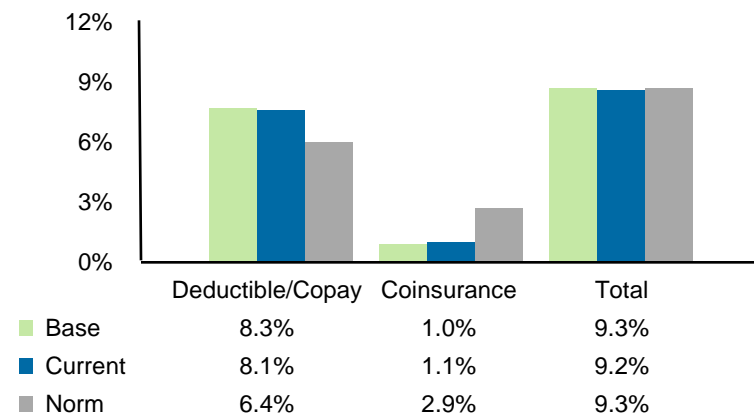
Cost sharing per member - OAPIN



Cost share as % of total plan spend - HRA



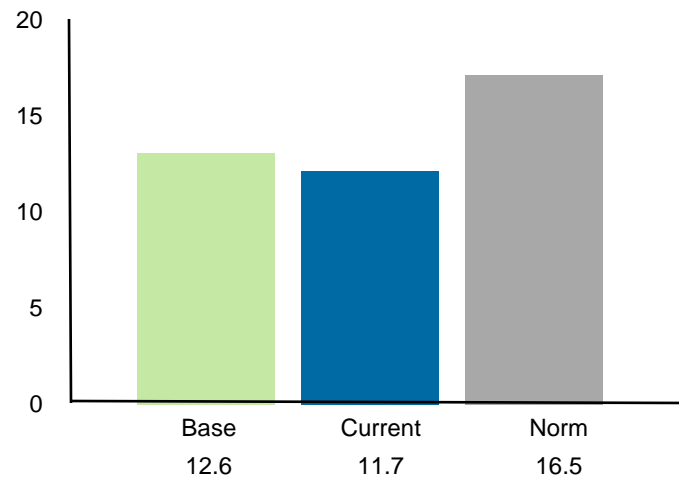
Cost share as % of total plan spend - OAPIN



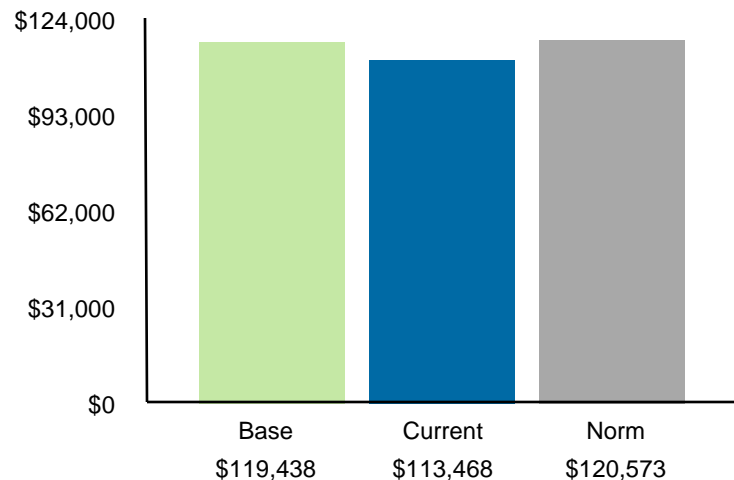


Catastrophic Claim Summary

Catastrophic claimants in excess per 1,000 members



Average plan cost per catastrophic claimant



Member relationship

	Base	Current
Members		
Employee	33	27
Spouse	6	11
Dependent	6	4
Total Members	45	42
Cost Per Member		
Employee	\$125,382	\$108,894
Spouse	\$101,110	\$129,600
Dependent	\$105,078	\$99,975

- Plan cost for catastrophic claimants was \$119.74 PMPM in the current period, or 29.6% of the total plan cost of \$405.15 PMPM
- 35 of 42 catastrophic claimants, or 83.3%, in the current period had a chronic condition
- 64.3% of catastrophic claimants in the current period were employees, 26.2% were spouses, and 9.5% were dependents
- 78.6% of catastrophic claimants in the current period were existing members while 11.9% were new enrollees
- Neoplasms /Cancer remained the highest catastrophic category by overall plan spend and number of claimants (9)
- Catastrophic claimant threshold of \$50,000 was used for this analysis



Health Advocacy - Catastrophic Clinical Impact

Top catastrophic claimants - clinical impact

Mbr	Plan	Gender	Age	Relationship	Eligibility	ICD Major	ICD Minor	Total (\$)	Clinical Programs
1	HRA	M	30-39	Spouse	Disenrollee	Infect/Parasit	Other Infect	\$327,852	COM,WI
2	OAPIN	M	60-64	Employee	Existing	Infect/Parasit	Bacterial	\$303,007	CAD,CHF,CPD,DEP,INP,OST,PAD,TDS,WC,WI
3	OAPIN	M	65+	Employee	Disenrollee	Neoplasms	Other Neopla	\$291,428	CAD,CPD,DIA,INP,ONC,WC
4	OAPIN	M	50-59	Spouse	Disenrollee	Infect/Parasit	Bacterial	\$259,640	INP,ONC,WI
5	OAPIN	F	50-59	Employee	Existing	Neoplasms	Other Blood	\$247,369	WI
6	OAPIN	M	50-59	Employee	Existing	Neurological	Neuro CNS	\$212,937	COM,ONC,WI
7	OAPIN	M	18-29	Dependent	Existing	Gastrointestinal	Stom/Int/Pan	\$194,257	INP,WI
8	OAPIN	M	30-39	Employee	Existing	Renal/Urologic	Upper Urinary	\$185,669	INP,WI
9	OAPIN	F	60-64	Spouse	Existing	Neoplasms	Care/Neoplas	\$165,617	WI
10	OAPIN	M	60-64	Spouse	Existing	Gastrointestinal	Stom/Int/Pan	\$133,817	CAD,COM,DIA,PAD,TDS,WC,WI
11	HRA	M	50-59	Employee	Existing	Renal/Urologic	Upper Urinary	\$121,373	TRN,WI
12	OAPIN	F	50-59	Employee	Existing	Circulatory	Other Heart	\$108,776	WC,WI
13	OAPIN	F	60-64	Employee	Existing	Neoplasms	Care/Neoplas	\$102,116	ONC,WC,WI
14	OAPIN	M	50-59	Employee	Existing	End/Nutr/Metab	Diabetes	\$98,484	WI
15	OAPIN	M	40-49	Spouse	Existing	Gastrointestinal	Stom/Int/Pan	\$94,397	COM,DEP,LBP,OST,TDS,WC,WI
16	OAPIN	M	60-64	Employee	Existing	Neoplasms	Digestive	\$90,587	COM,WI
17	HRA	F	50-59	Spouse	Existing	Musculoskeletal	Joint	\$88,173	DEP,OST,TDS,WC,WGT,WI
18	OAPIN	F	50-59	Employee	Existing	Gastrointestinal	Stom/Int/Pan	\$85,592	COM,INP,WI
19	OAPIN	F	40-49	Employee	Existing	Musculoskeletal	Joint	\$85,524	WI
20	OAPIN	M	60-64	Employee	Disenrollee	Neoplasms	Digestive	\$83,723	
21	OAPIN	F	65+	Employee	Disenrollee	Neoplasms	Care/Neoplas	\$82,946	
22	OAPIN	M	40-49	Employee	Disenrollee	Circulatory	Other Heart	\$81,873	
23	OAPIN	M	30-39	Dependent	Disenrollee	End/Nutr/Metab	Endocrine	\$80,988	
24	Ret HDHP	M	65+	Spouse	Disenrollee	Neurological	Cerebrovascular	\$79,764	
25	OAPIN	F	18-29	Spouse	Disenrollee	Pregnancy	Preg/Labor	\$75,606	WI

Acronym Key

CM/SPCM Programs (Case Mgmt)

CAT-Catastrophic
COM-Complex
INP-Inpatient
NIC-Neonatal Intensive Care
ONC-Oncology
REH-Rehabilitation
TRN-Transplant

Chronic Coaching Programs

AST-Asthma
CAD-Coronary Heart Disease
CHF-Chronic Heart Failure
CPD-Chronic Obstructive Pulmonary Disorder
DEP-Depression
DIA-Diabetes Mellitus
LBP-Low Back Pain
OST-Osteoarthritis
PAD-Peripheral Artery Disease
WGT-Weight Complications

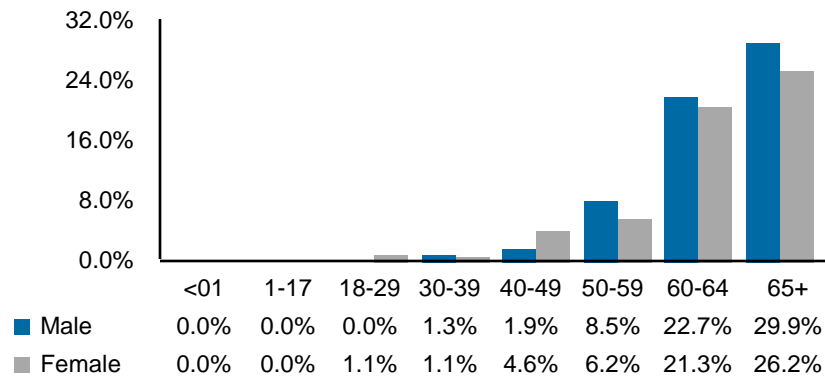
Additional Programs

CCS-Cancer Care Support Program
EAP-Employee Assistance Program
HPHB-Healthy Pregnancies Healthy Babies
LMP-Lifestyle Management Programs
OL-Online Programs
TDS-Treatment Decision Support
WC-Wellness Coaching
WI-Well Informed (Gaps In Care)



Cancer Summary

Cancer prevalence by age band

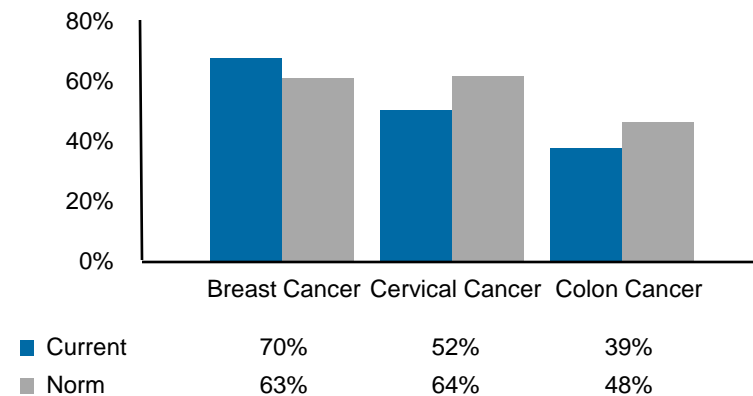


Prevalence and cost by condition

Condition	# of Members	Prevalence	Cancer Cost Per Patient	Total Plan Spend
Dermatology	78	2.2%	\$1,248	\$97,337
Male Rep.	19	0.5%	\$19,638	\$373,118
Breast	12	0.3%	\$5,750	\$68,998
Female Rep.	6	0.2%	\$961	\$5,765
Neoplastic Disease	6	0.2%	\$53,705	\$322,230
Thyroid	4	0.1%	\$8,035	\$32,139
ENT	4	0.1%	\$758	\$3,033
Gastrointestinal	4	0.1%	\$24,687	\$98,749
Lung	4	0.1%	\$99,348	\$397,390
Other	10	0.3%	\$31,796	\$317,958
Total	147	4.1%	\$11,678	\$1,716,717

- 147 individuals with eligibility in the current period had a cancer episode, or 4.1% prevalence
- Average cost per patient for these episodes was \$11,678 for a total of \$1,716,717
- The primary cancer type was Dermatology with 2.2% prevalence and \$97,337 in total plan spend

Cancer screening rates

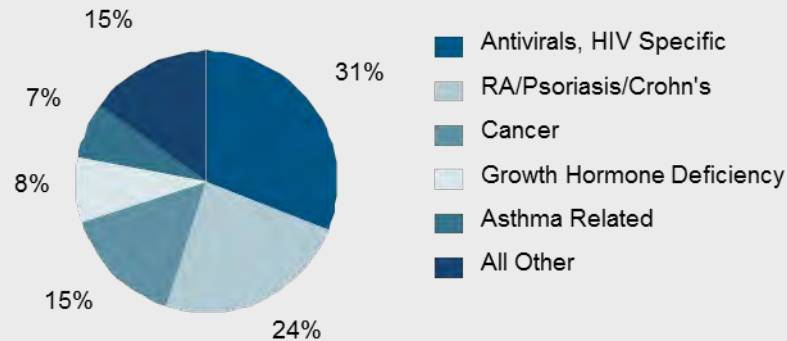




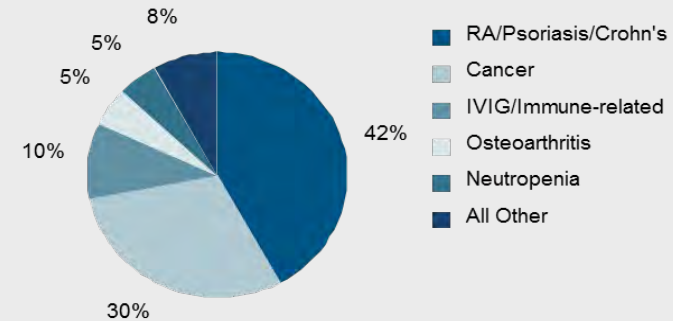
Medical & Pharmacy Specialty Drug Observations

- 139 members (3.6%) take specialty medications and drive \$4,906,887 (29.4%) of the Overall Total Health Plan spend during the Current period. See Appendix.
- Total Specialty Drug Plan Costs (Medical & Rx, excluding inpatient) was \$1,704,158 or \$39.62PMPM (Norm is \$48.27 PMPM) and trending at 12.7%.
 - 84% of total employer paid specialty spend was covered under pharmacy benefits versus 16% covered under the medical benefits

- Pharmacy plan spend of \$1,435,365 was incurred for specialty medications under the pharmacy benefit in the Current period
 - 31% of specialty pharmacy plan spend under the pharmacy benefits is related to HIV (20 customers)



- Medical Pharmacy plan spend \$268,793 was incurred for specialty medications under the medical benefit in the Current period
 - 42% of specialty spend under the medical benefit is being driven by infused medications to treat RA/Psoriasis/Crohn's (3 customers)



- 38 were identified for outreach based on taking a specialty medication for a TheraCare condition; 15 were reached and 6 engaged.

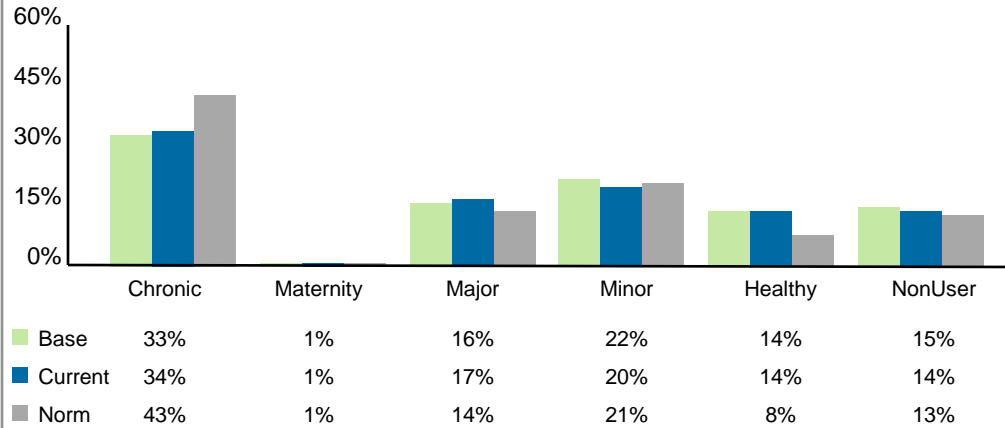
Factors Defining our Industry Environment & Strategy specific to Specialty Drugs

- Hep C – 98.4% real world cure rate - Extensive PA criteria, Outcomes Based Rebate (OBR)
- New Cholesterol Treatments – PCSK9's – Extensive PA criteria – Potential 2016 impact \$0.20 - \$0.25PMPM, OBR
- Biosimilars - A biologic that is “highly similar” to an already approved biologic drug, but generally costs less
- Site of Administration Steerage away from Outpatient facilities

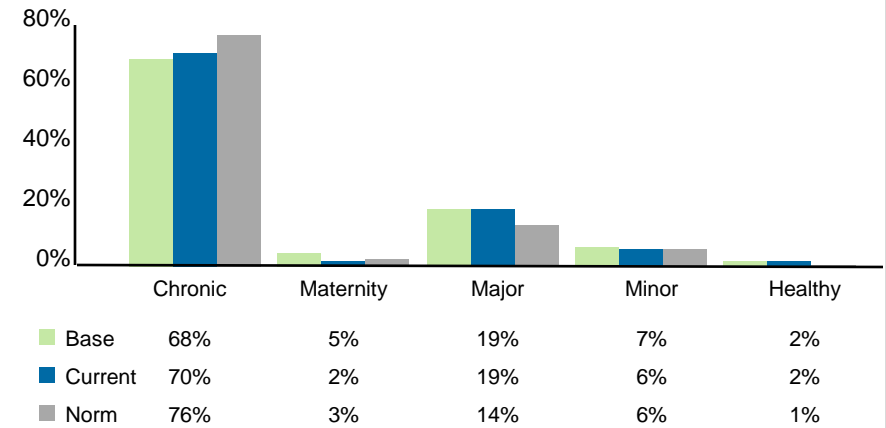


Episode Treatment Group Summary

Distribution of members by category



Distribution of cost by category



Top Chronic Conditions - Total

	Members		Average Cost per Condition	
	Base	Current	Base	Current
Chronic				
Hypertension	475	480	\$974	\$913
Hyperlipidemia	270	263	\$455	\$517
Obesity	173	206	\$502	\$606
Diabetes	173	172	\$2,280	\$2,628
Chr Sex Gland Disorder	112	129	\$941	\$997
Thyroid	116	126	\$606	\$853
Asthma	113	119	\$1,153	\$1,405
Visual Disturbance	88	107	\$385	\$348
Psych/Neurotic Disorder	80	73	\$1,116	\$1,236
Coronary Heart Dis	68	70	\$5,217	\$4,922

Chronic by plan

	Prevalence		Average Cost Exc. Catastrophic per Condition	
	HRA	OAPIN	HRA	OAPIN
Chronic				
Hypertension	7.6%	19.0%	\$951	\$892
Hyperlipidemia	4.4%	10.2%	\$261	\$612
Obesity	3.2%	8.4%	\$538	\$614
Diabetes	2.6%	6.9%	\$2,547	\$2,656
Chr Sex Gland Disorder	2.8%	4.5%	\$606	\$1,199
Thyroid	2.2%	4.8%	\$465	\$1,003
Asthma	2.9%	3.7%	\$613	\$1,978
Visual Disturbance	1.3%	4.5%	\$208	\$388
Psych/Neurotic Disorder	1.2%	2.9%	\$1,044	\$1,226
Coronary Heart Dis	1.4%	2.9%	\$923	\$5,154



Top Therapeutic Class Trend

total

Therapeutic class trend driver analysis by plan spend

Rank Base	Current	Therapeutic Class	Condition	Plan Spend PMPM				Unique Members	Utilizing Members	Days Supply	Inflation
				Base	Current	Trend	Norm	Current	Trend	PMPM Trend	Trend
1	1	Antivirals, HIV Specific	HIV SRx	\$8.31	\$10.37	24.8%	\$4.43	20	25.0%	5.1%	20.7%
2	2	Anti-Inflam Disease Modifiers	Arthritis SRx	\$6.61	\$8.65	30.9%	\$9.65	14	0.0%	21.4%	39.4%
3	3	Antineoplastics	Cancer SRx	\$5.71	\$5.80	1.4%	\$5.39	61	19.6%	17.7%	144.5%
4	4	➔ Asthma Related	Asthma SRx	\$4.52	\$4.85	7.3%	\$5.50	381	-12.8%	-9.4%	5.7%
8	5	➔ Insulins	Diabetes	\$3.17	\$4.19	32.2%	\$5.24	42	2.4%	9.1%	52.6%
5	6	➔ Lipid Lowering	Cholesterol	\$4.35	\$4.16	-4.4%	\$6.68	348	-2.2%	1.5%	1.4%
6	7	➔ Hypoglycemics	Diabetes	\$3.68	\$4.03	9.6%	\$6.05	177	9.3%	8.0%	7.7%
10	8	Stimulants	ADHD	\$2.88	\$2.92	1.4%	\$4.27	94	0.0%	-3.1%	3.2%
13	9	Impotency Related	Erectile Dysfunction	\$1.92	\$2.76	43.4%	\$1.19	115	7.5%	35.3%	43.9%
9	10	➔ ACE/ARB	Hypertension	\$2.98	\$2.69	-9.4%	\$3.43	406	2.0%	4.6%	2.9%
7	11	Pituitary	Growth Hormone SRx	\$3.30	\$2.69	-18.4%	\$2.50	4	-42.9%	-41.9%	-17.9%
11	12	➔ Antidepressants	Depression	\$2.20	\$2.07	-5.6%	\$3.22	253	-1.9%	-5.2%	-6.3%
15	13	Narcotic Analgesics	Pain	\$1.70	\$1.83	7.5%	\$4.22	528	5.0%	-10.1%	-10.8%
17	14	Migraine	Migraine	\$1.64	\$1.77	7.9%	\$0.89	47	6.8%	13.8%	5.4%
12	15	➔ Estrogenic/Androgenic/Progest	Hormone Replacement	\$1.96	\$1.68	-14.0%	\$3.19	117	-1.7%	-6.6%	-8.3%
		All Other		\$27.21	\$30.57	12.3%	\$50.79	2,362	1.3%	4.9%	12.1%
SRx = Specialty Rx											
Total				\$82.13	\$91.03	10.8%	\$116.63	2,533	0.8%	3.1%	16.4%

- 6 of the top 10 episode treatment groups reflect corresponding drug treatments in the top 15 class by Plan Spend (identified with an ➔)
 - Hypertension; Hyperlipidemia; Diabetes; Chr Sex Gland Disorder; Asthma; Psych/Neurotic Disorder;
- The top 15 therapy classes accounted for 66.4% (\$60.46) of total plan spend PMPM \$91.03 in the current period & 4 of the top 5 are Specialty Drug classes.
- HIV leads all classes (\$10.37 PMPM plan spend & 25% trend). Trend drivers are drug mix (5 drugs in the top 20), an increase in utilizers, and inflation
- Anti-Inflam Disease Modifiers follows. Trend drivers are drug mix (4 drugs in the top 20), an increase in days supply PMPM, and inflation
- Insulins and Hypoglycemics combine for a PMPM plan spend of \$8.22 PMPM. Trend drivers reflect a large influence from inflation and a greater shift to Pen needle devices



Additional Rx Observations

- Diabetes is a disease that results in significant morbidity and mortality, 5% of members (197 individuals) were treated with anti-diabetic medications in the current period, accounting for \$352,163 in drug expenses
- Revlimid for Cancer and atorvastatin for high cholesterol disease lead the top 20 by Plan Spend and Rx Volume, respectively (Top Plan Spend & Volume drugs in appendix)
- The Formulary Brand Compliance rate dropped 6.4% from 74.5% to 68.1%. The norm is 70.1%.
 - The difference in cost between a single source drug and a generic is \$310 per script

	Cost / Script	Paid / Script
Single Source	\$342	\$285
Multi Source	\$274	\$231
Generic	\$32	\$26

- A shift to generic medications where the opportunity exists would reduce costs for both the plan and customer
 - For every 1 percent increase in generic utilization, claim costs will be reduced by \$122,646

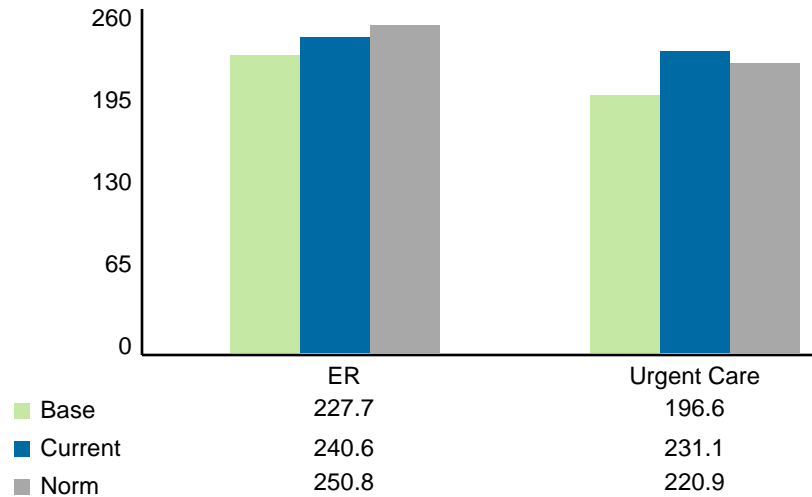
Factors Defining our Industry Environment

- Expedited Drugs with debatable ROI
 - Drugs being released quicker with questionable value
- Egregious Drug Pricing
 - Pharma pricing unchecked and increasingly disconnected from traditional market forces
- Key 'Projected' Patent Expirations (see Patent Expiration slide in appendix)
 - Gleevec – Cancer – Release Q1 2016 - \$1.45B in Annual U.S. sales
 - Crestor – Cholesterol – Release Q2 2016 - \$6.6B in Annual U.S. sales
 - Advair Discus – Asthma – Release Q3 2016 - \$8B in Annual U.S. sales

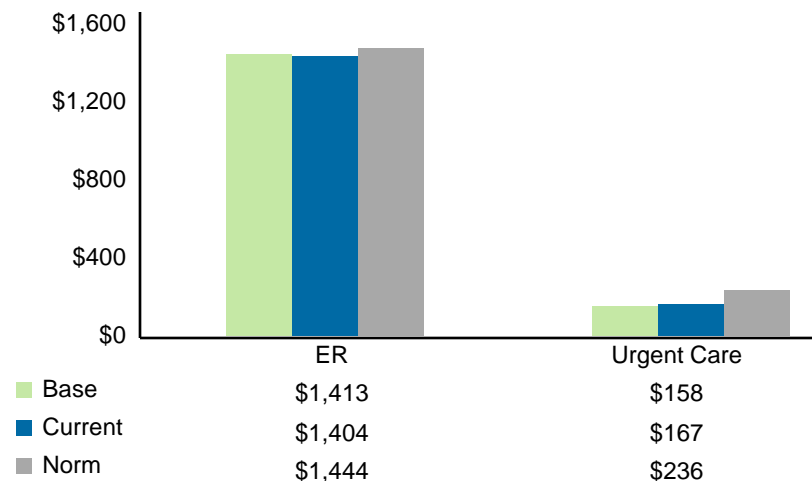


Outpatient - Emergency Room and Urgent Care Detail

Facility outpatient utilization per 1,000 members



Facility outpatient cost per visit



Account summary (PMPM basis)

	Base	Current	Trend	Trend Contribution
Emergency Room	\$26.81	\$28.16	5.0%	0.3%
Urgent Care	\$2.60	\$3.21	23.6%	0.2%
Total Outpatient Facility	\$91.39	\$88.67	-3.0%	-0.7%
Total Plan Cost	\$400.38	\$405.15	1.2%	1.2%

Cost & utilization trends

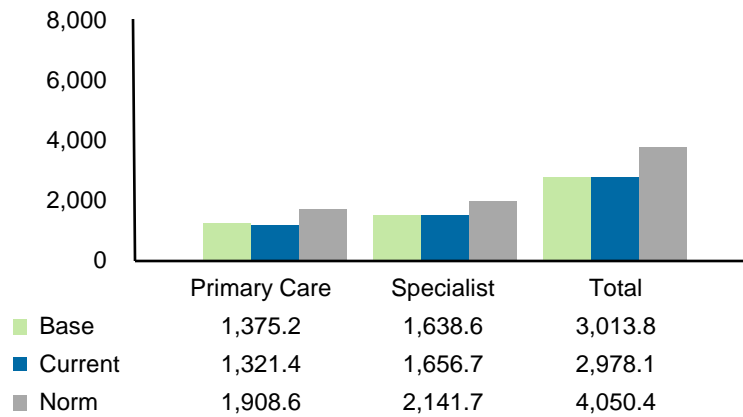
	Visits Per 1000			Cost Per Visit		
	Base	Current	Trend	Base	Current	Trend
Emergency Room						
Non-Steerable	200.5	209.1	4%	\$1,504	\$1,505	0%
Steerable	27.1	31.5	16%	\$746	\$735	-1%
Urgent Care	196.6	231.1	18%	\$158	\$167	5%

- ER usage rate for OAPIN members was 285.2 per k, versus 183.8 for HRA members
- Current period urgent care cost per visit was \$167, compared to emergency room steerable cost per visit of \$735
- In the current period, 113 emergency room visits were steerable representing potential redirect savings of up to \$64,502
- Of the steerable emergency room visits, 93% had a contracted urgent care facility within 5 miles
- The 24 Hour Health Information Line received 23 calls in the current period for triage counseling, up from 12 calls in the base period

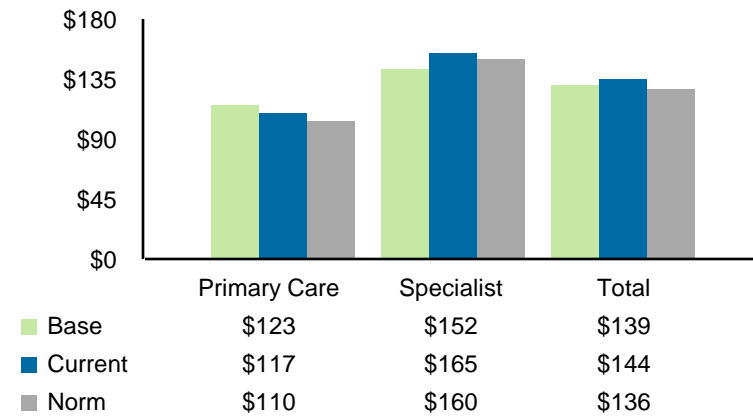


Office Visits

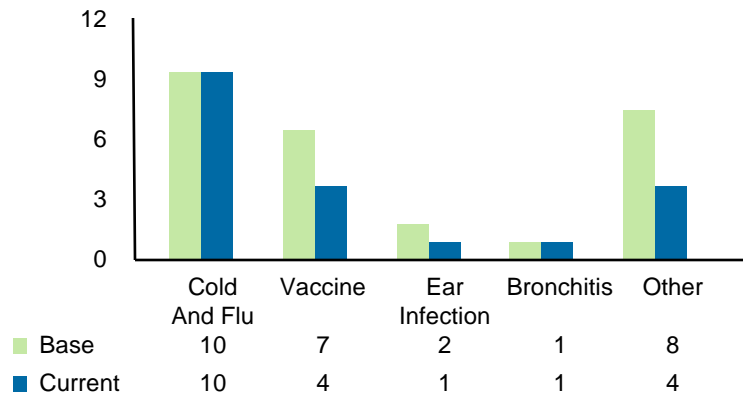
Office visits per 1,000 members



Average plan cost per office visit



Convenience care visits per 1,000



- PCP gross visit count continued to decrease in 2015 to date, 177 visits lower
- Plan spend for Specialists in the current period was \$23 PMPM compared to \$13 PMPM for Primary Care Physicians
- Convenience care clinic utilization per thousand decreased from 27.4 to 20.9, a decrease of 24%
- 1,814 traditional office visits in the current period could have been treated at a clinic, or potentially the health center, representing \$144,037 in plan cost, or \$79 per visit



CCN Reviewed Specialties



18 Specialties

- Allergy/Immunology
- Cardiology
- Cardiothoracic surgery
- Dermatology
- Ear, nose and throat
- Endocrinology
- Gastroenterology
- General surgery
- Hematology/oncology
- Nephrology
- Neurology
- Neurosurgery
- OB/GYN
- Ophthalmology
- Orthopedics and surgery
- Pulmonology
- Rheumatology
- Urology

3 PCPs Types

- Family practice
- Internal medicine
- Pediatrics

**The 21 Specialty types
comprise 85% of total
medical spend***



Cigna Care Network - Cigna Care Designation Provider Performance

Total CCD efficiency and efficiency opportunity: \$888,673

CCD provider efficiency top markets

Market	Client Episodes	Total CCD Provider Episode Cost	Total Non CCD Provider Episode Cost	Efficiency
FL South Florida	2,766	\$1,783,461	\$2,256,247	\$472,785
FL All Other	58	\$23,100	\$38,850	\$15,750
FL Orlando	19	\$3,181	\$3,820	\$639
Total*	2,891	\$1,845,447	\$2,339,476	\$494,030

CCD provider efficiency opportunity top markets

Market	Client Episodes	Total Non CCD Provider Episode Cost	Total CCD Provider Episode Cost	Efficiency
FL South Florida	1,898	\$1,380,969	\$1,010,963	\$370,006
FL All Other	45	\$24,811	\$16,396	\$8,415
FL Orlando	25	\$16,487	\$10,669	\$5,818
Total*	2,136	\$1,511,183	\$1,116,539	\$394,643

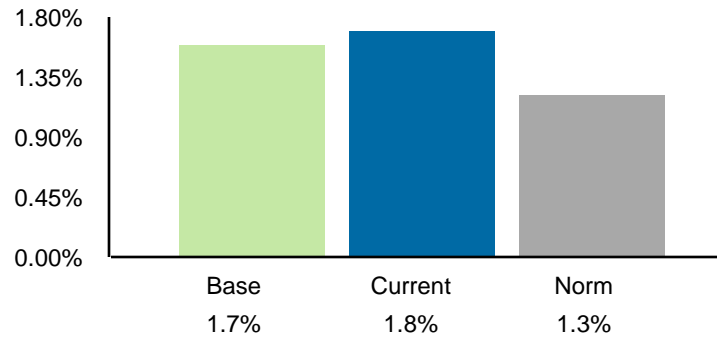
- Efficiency is derived using book of business experience within each market; average cost is then case mix and severity adjusted based on your members' actual experience
- Total efficiency represents the cost of all episodes treated by CCD providers compared to cost of those same episodes being treated by non CCD providers
- Efficiency opportunity is derived by taking the actual number of members who did NOT see a CCD provider and comparing their cost per episode to the cost for the same types of episodes delivered by CCD providers
- Total efficiency opportunity represents the dollar impact if all of the episodes that were treated by non CCD providers moved to CCD providers

**Total includes other smaller market locations below credibility levels to show individually*

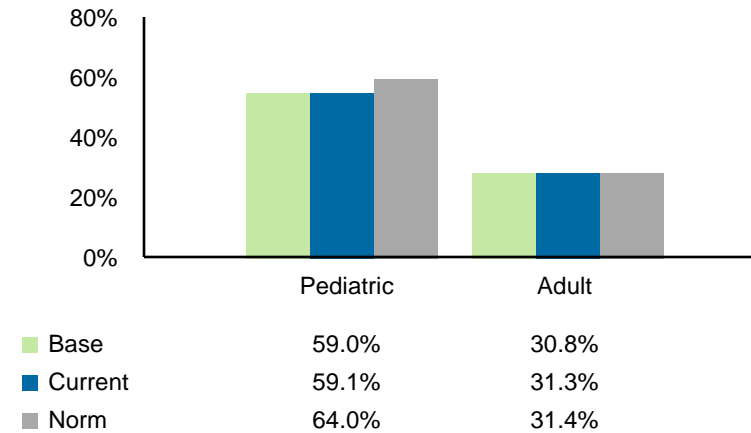


Preventive Care Summary

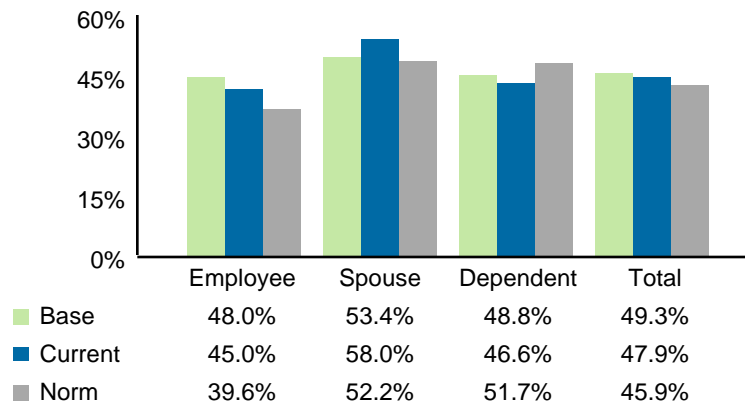
Preventive care as % of total spend



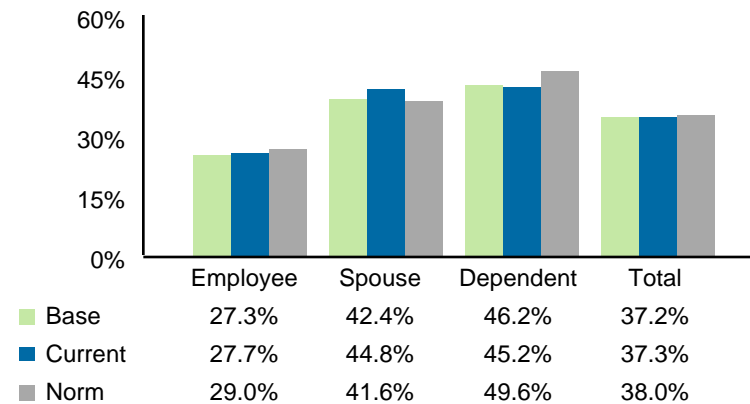
Well visit completion rates



Preventive care utilization (all services)



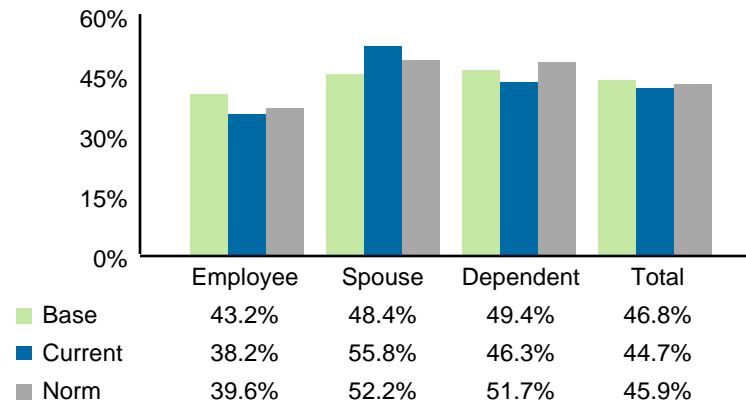
Well visit completion rates



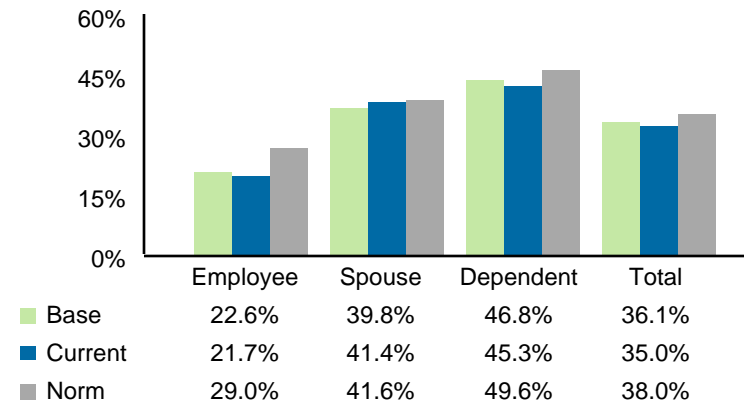


Preventive Care - Population Profile

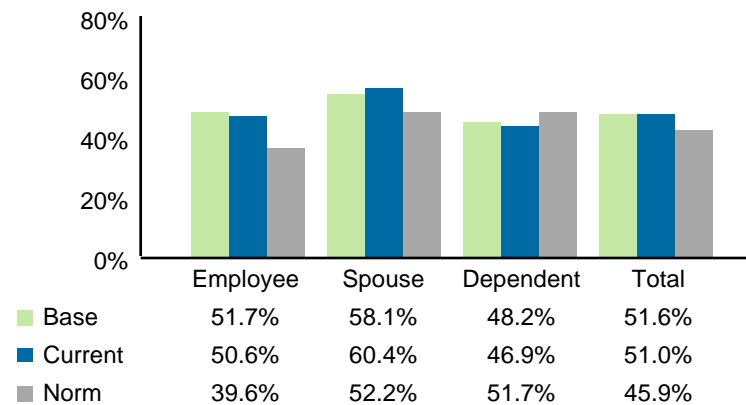
Preventive care utilization (all services) - HRA



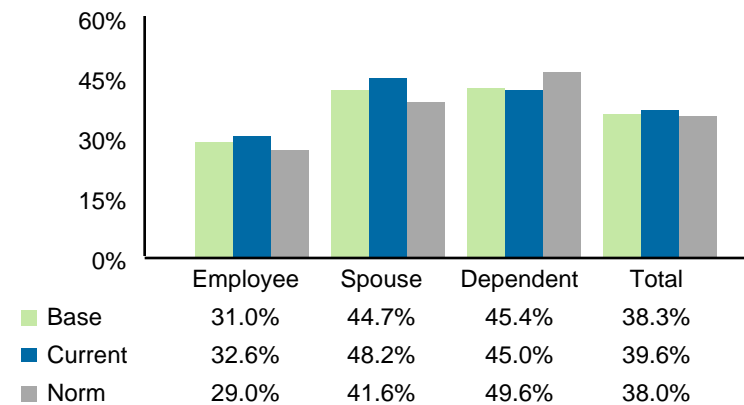
Well visit completion rates - HRA



Preventive care utilization (all services) - OAPIN



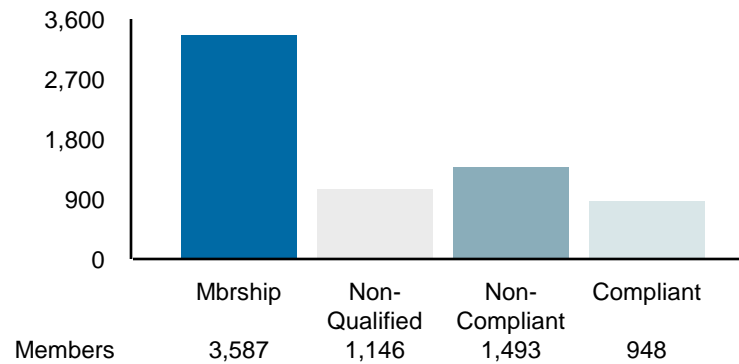
Well visit completion rates - OAPIN



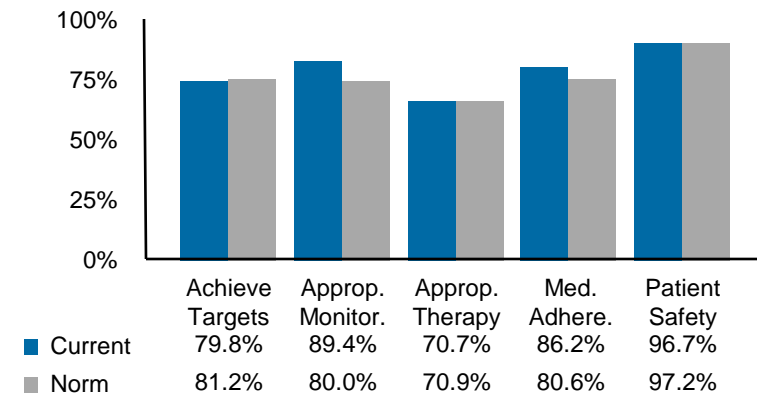


Well Informed Gaps in Care - Summary

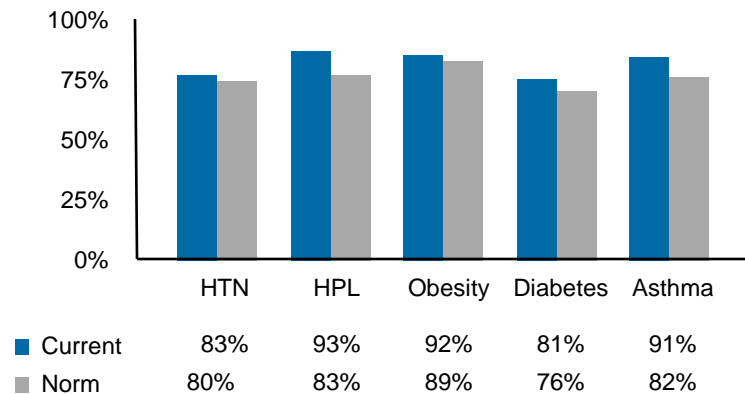
Member compliance summary



Compliance by category



Compliance by condition

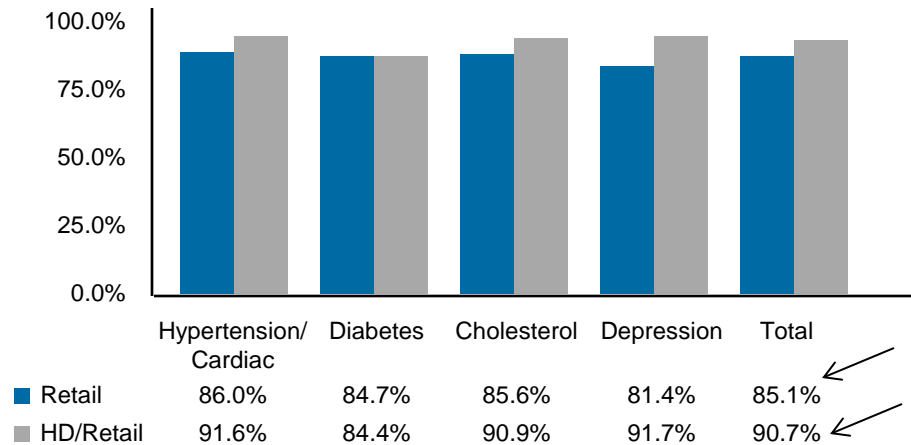


- 2,441 members qualified for a gap in care evaluation, with 948 compliant and 1,493 non-compliant with evidence-based medicine guidelines
- 73.9% of rules evaluated were compliant with evidence-based medicine guidelines, compared to a norm of 73.9%
- The greatest number of members with gaps was found in the 50-59 age band, with 538 total members
- The Diabetes category had the greatest rate of multiple gaps (2 or more), 74%

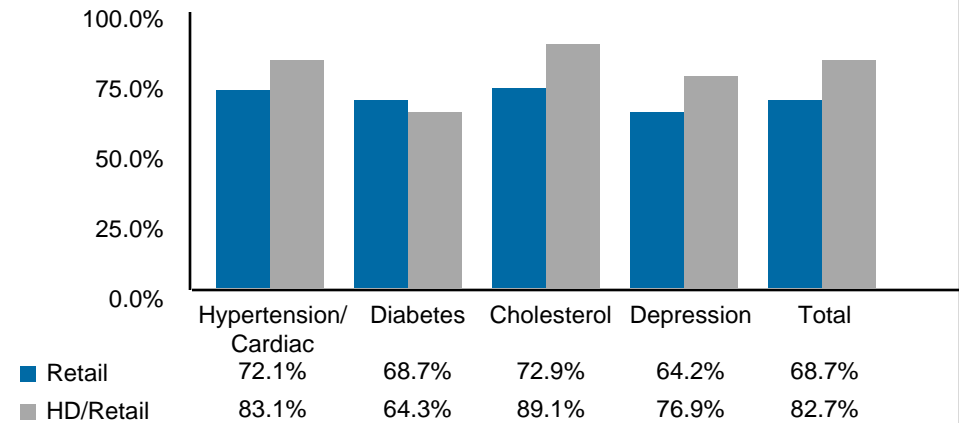


Medication Adherence - Retail versus Cigna Home Delivery Pharmacy

Average medication adherence



Percent of members with greater than 80% medication adherence



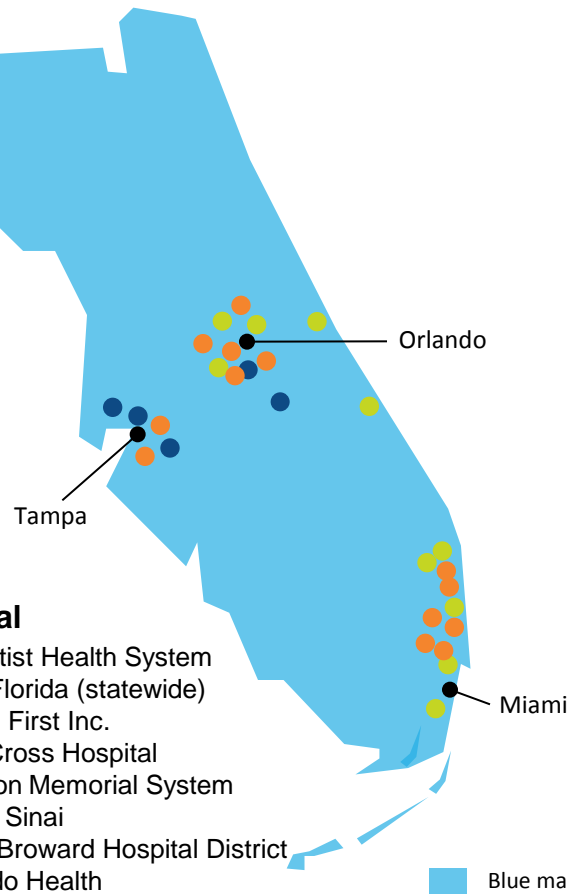
- The average medication adherence in individuals utilizing retail pharmacies only was 85.1% compared with 90.7% for members using retail pharmacies and Cigna Home Delivery Pharmacy, an increase of 5.6%
- 68.7% of individuals utilizing retail only had greater than 80.0% medication adherence compared with 82.7% using Cigna Home Delivery Pharmacy an increase of 14.0%
- Cholesterol outcomes improvement (see appendix slide titled "Well Informed - Cholesterol Improvement")
 - Average LDL Cholesterol levels decreased 7% overall
 - Projected heart attack rate decreased 8% in the current period
- Diabetes Hemoglobin A1c Results (see appendix slides titled "Well Informed - Diabetes Therapy Distribution" & "Well Informed - Diabetes Hemoglobin A1c Results")
 - 12% of diabetic members are diagnosed with Type 1 or Juvenile Diabetes. Adult onset or Type 2 Diabetes affects 88% of diabetic members
 - Comorbid conditions (heart disease, stroke, high blood pressure, hyperlipidemia, etc.) were seen in 51% of diabetics
 - 49% of members (with submitted labs) have a hemoglobin A1c value above 7 and therefore have less than optimal blood sugar control



Cigna Collaborative Care - Florida

- **Large physician group**
 - Advantage Health Network (Tenet)
 - BayCare Physician Partners
 - Broward Health ACO Services
 - Central Florida Affordable Care
 - Florida Accountable Care Services
 - Florida Hospital Medical Group (Adventist)
 - Holy Cross Physician Partners
 - Memorial Health
 - Orlando Health Physician Partners
 - Palm Beach Accountable Care Org.
 - Primary Partners
 - PrimeHealth Physicians
 - Tampa Bay Integrated Healthcare Ntwk
- **Specialty group**
 - Florida Cancer Specialists
 - Florida Orthopedic Institute
 - Florida Woman Care
 - Vital MD
 - Women's Care Florida

- **Hospital**
 - Adventist Health System
 - HCA Florida (statewide)
 - Health First Inc.
 - Holy Cross Hospital
 - Jackson Memorial System
 - Mount Sinai
 - North Broward Hospital District
 - Orlando Health
 - Parrish Medical Center
 - St. Cloud Regional Medical Center
 - Wellington Regional Medical Center



Market-Specific Results

Large physician groups

- Achieved a 4% lower than market total medical cost performance
- Overall spend on emergency room visits per thousand is 12% lower than market
- Cervical cancer and breast cancer screenings rate were both 5% better than market
- Overall advanced imaging PPM is 10% lower than market

Specialty groups

- Improved 15.2% in primary cesarean delivery rate
- Improved 6.4% in generic dispensing rate
- Achieved 3.7% rate for early elective deliveries, better than the national rate of 5%

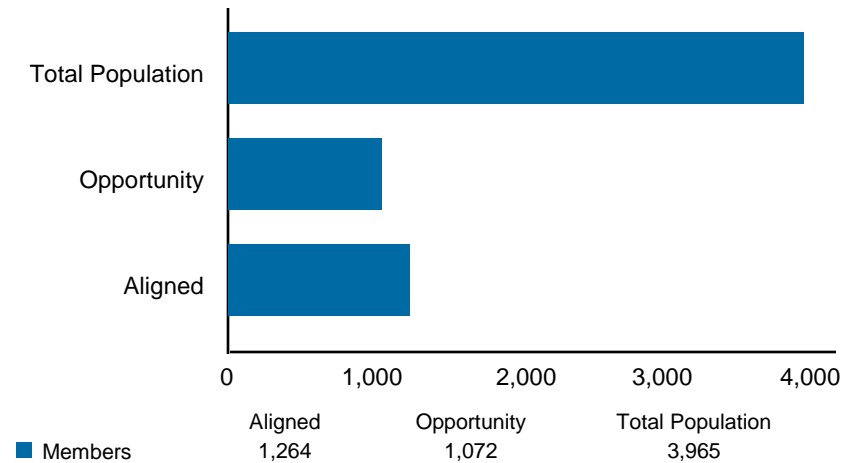
Cigna Collaborative Care, specialty group annual results for September 2013 through September 2014 (2015). Cigna Collaborative Care, individual large physician group annual results for 2014 versus market average (2015). Comparisons to "market" are established using Cigna internal claims data. "Quality" is based on compliance with evidence based medicine guidelines. Cigna internal data as of June 2015. Illustrative purposes only.

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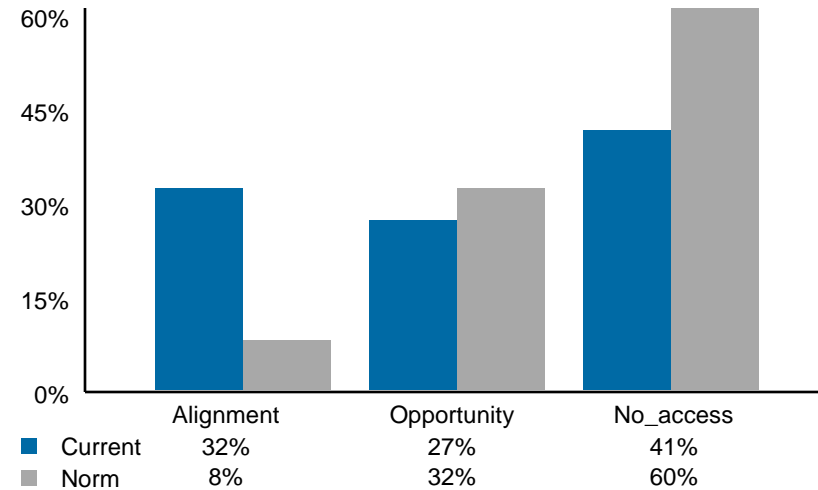


Cigna Collaborative Care (CCC) - Large Physician Groups - Overview

Member alignment with groups



Percent alignment with groups



Alignment details

Alignment	Memorial	Broward	Holy Cross	Other
Members	445	372	330	117
Employees	122	111	177	54
Spouse	57	54	73	37
Dependent	266	207	80	26
% Chronic	39%	37%	49%	43%
% Alignment	11%	9%	8%	3%
Alignment Norm	8%	8%	8%	8%

- In the current period 1,264 members were aligned with a group. The total alignment was 31.9% compared to Norm of 8.3% .

- A member is considered Aligned if his or her primary care provider is part of a group. A two year claims review is conducted to determine a member's primary care provider

- Top remaining opportunity by number of aligned members is with Memorial Health Network (496 members), Broward Health ACO Services Inc (240) and Palm Beach ACO (144)

- Total medical cost and cost trend for all aligned groups were evaluated. Estimated cost savings was \$92k in the current period

- Groups active 12 months or longer are considered for savings calculations. Care Coordination Reimbursements for groups active 12 months or longer were \$5,227 in the current period.

- Care Coordination Reimbursements for groups including those active less than 12 months were \$19,457 in the current period



Recommendations - Medical



Observation	Recommendation	Why?
Increased Emergency Room utilization, both steerable and non-steerable visits	Consider increasing cost share on Emergency Room services Communicate availability of alternative service settings	Steerable ER savings opportunity of \$64k
Higher catastrophic claim prevalence rate for enrolled spouses	Communicate/promote <i>Why is Cigna Calling</i> to engage individuals in pre/post admission counseling, Cigna Case Management and other health coaching opportunities	74% engagement rate for case management among current catastrophic claimants versus continued growth in cancer claims
Higher chronic risk percentage for OAPIN populations, now 43% and increasing	Consider options to increase cost share rates for OAPIN plan members Promote opportunities for engagement across the OAPIN population (telephonic, digital, physician and health center)	Chronic prevalence rates for OAPIN groups roughly double that for HRA population (including hypertension, hyperlipidemia obesity and diabetes)
Cigna Care Designation usage is 44% of total physician utilization currently	Communicate availability of Cigna Care Designation providers and available search tools on myCigna.com	\$394k remaining efficiency savings opportunity
Above norm Cigna Collaborative Care alignment	Distribute collaterals on CCC availability during open enrollment or onsite events	Over 1,000 remaining members within the population have opportunity for CCC utilization



Recommendations - Pharmacy



Observation	Recommendation	Why?
<p>The Generic Dispensing Rate is slightly higher than the norm. There is room for improvement.</p> <p>14% of the script volume are Single Source (SS) Brand drugs driving 57% of the costs. These are drugs that have lower cost alternatives. The average difference in cost between a SS brand and a generic is \$310</p>	<p>Step Therapy – an industry standard</p> <p>Promotes use of clinically proven alternatives which represent lower cost therapies</p>	<p>Est. Savings Range: \$84K - \$156K (~147 impacted customers)</p> <p>Easily guides customers through change with a pay and educate process</p> <p>Unlike most HPs/PBMs, Cigna does not charge a fee for this program</p>
<p>Select classes exist in the top 15 class by plan spend that are heavily influenced by egregious price gouging by manufactures, direct to consumer advertising, and couponing. Drugs used to treat Rheumatoid Arthritis, Multiple Sclerosis, Asthma, Diabetes, & Depression are some examples</p>	<p>Value/Advantage formularies – an industry standard program</p> <p>Our most effective plan design to promote pharmacy benefit affordability and positions clients to control surging drug costs</p>	<p>Excludes two popular classes of drugs widely available over the counter – PPIs to treat stomach ulcer/heartburn and allergy meds</p> <p>Removes certain high cost drugs to maximize affordability while preserving access to medically necessary meds</p> <p>Est. Savings: \$80K (~500 impacted customers)</p>
<p>3% of claims are brand drugs with a generic equivalent. These same claims represent 11% of the total ingredient cost</p>	<p>Dispense-As-Written or Mandatory Generic Program - an industry standard</p> <p>Promotes the use of low cost generics</p> <p>Apply to 'patient requested' or 'patient & prescriber requested' Brands scripts</p>	<p>Est. Savings Range: \$52K - \$91K (~24 - 46 impacted customers)</p> <p>The savings is generated by employing a 'member pay the difference logic' between the cost of the brand drug and the cost of the generic equivalent</p>
<p>Specialty Rx as Percent of Total plan Spend is 37%% compared to the norm of 29%. These kinds of drugs are experiencing exponential growth within the industry</p> <p>As part of a clinical norm, prescribers consistently reassess their patient's therapy. But changes to drugs in this class could lead to costly waste</p>	<p>Limit specialty drug days supplies at Cigna Specialty Pharmacy – an industry standard program with widespread market adoption</p>	<p>Decrease costs associated with waste by dispensing a maximum 30 days worth of Specialty medications from Cigna Specialty Pharmacy</p> <p>Cigna Case Studies reflect a potential decrease 0.5% in Rx spend (~ \$17K in savings)</p>

These recommendations range from \$17K up to \$344K (adding up to a potential savings of almost 10% off the total Employer Paid)

Appendix

- Additional Utilization items
- Plan Snapshots
- Cohort Report for members visiting the City of Fort Lauderdale Health and Wellness Center



Total Population Snapshot

Healthcare Spend & Trend Summary

Total Spend	Base	Current	% Change
Total Medical Spend	\$13,656,062	\$13,525,644	-1.0%
Total Pharmacy Spend	\$3,522,892	\$3,914,643	11.1%
Total Combined Spend	\$17,178,954	\$17,440,287	1.5%

Member Cost Share	Base	Current	Norm
Medical	11.5%	11.4%	9.3%
Pharmacy	14.2%	12.7%	12.2%

Per Capita Spend	Base	Current	% Change	Norm
Total Medical Spend	\$318	\$314	-1.3%	\$397
Total Pharmacy Spend	\$82	\$91	10.8%	\$117
Total Combined Spend	\$400	\$405	1.2%	\$514

Network Discounts	Base	Current	% Change
Total	66.0%	65.1%	-0.9%

Population Specifics

Member Details	Base	Current	% Change	Norm
Ave # EEs	1,577	1,601	1.5%	n/a
Ave # Mbrs	3,576	3,587	0.3%	n/a
Contract Size	2.27	2.24	-1.2%	n/a
% of Female Mbrs	45.5%	45.5%	0.0%	47.6%
Ave Age of EEs	47.5	47.2	-0.8%	48.7
Ave Age of Mbrs	34.7	34.8	0.3%	37.5

Relationship Spend	Base	Current	% Change
Employee	\$543	\$508	-6.5%
Spouse	\$471	\$575	22.0%
Dependent	\$201	\$205	2.0%

Age Band	Female			Male		
	Base	Curr	% Change	Base	Curr	% Change
<1	\$1,583	\$401	-74.7%	\$646	\$2,042	216.1%
1-17	\$102	\$95	-6.9%	\$113	\$119	5.3%
18-29	\$305	\$218	-28.5%	\$143	\$184	28.7%
30-39	\$536	\$312	-41.8%	\$299	\$278	-7.0%
40-49	\$267	\$338	26.6%	\$223	\$230	3.1%
50-59	\$432	\$380	-12.0%	\$432	\$468	8.3%
60-64	\$578	\$557	-3.6%	\$597	\$750	25.6%
65+	\$588	\$373	-36.6%	\$1,583	\$1,235	-22.0%
Total	\$329	\$281	-14.6%	\$281	\$311	10.7%

Medical Service PMPM Category Trend Analysis & Key Utilization Statistics

Service Category	Base	Current	% Change	Norm
Inpatient	\$22	\$27	20.8%	\$33
Outpatient	\$70	\$70	-0.1%	\$80
Professional	\$84	\$90	8.0%	\$105
Other	\$29	\$30	5.8%	\$38
Catastrophic	\$113	\$96	-14.9%	\$141
Pharmacy	\$82	\$91	10.8%	\$117
Total	\$400	\$405	1.2%	\$514

(per 1,000 members)				
	Base	Current	% Change	Norm
Admissions	50.1	49.9	-0.3%	76.4
Bed Days	248.4	241.1	-2.9%	389.6
ALOS	5.0	4.8	-2.6%	5.1
Amb. Surgeries	80.0	82.2	2.8%	118.4
ER Visits	227.7	240.6	5.7%	250.8
Diagnostic Tests	70.2	73.0	4.0%	74.7
OV-PCP	1,375.2	1,321.4	-3.9%	1,908.6
OV-Spec	1,638.6	1,656.7	1.1%	2,141.7



OAPIN Plans

Healthcare Spend & Trend Summary

Total Spend	Base	Current	% Change
Total Medical Spend	\$8,962,699	\$8,993,891	0.3%
Total Pharmacy Spend	\$2,975,396	\$3,278,148	10.2%
Total Combined Spend	\$11,938,095	\$12,272,039	2.8%

Member Cost Share	Base	Current	Norm
Medical	9.3%	9.2%	9.3%
Pharmacy	12.4%	10.5%	12.2%

Per Capita Spend	Base	Current	% Change	Norm
Total Medical Spend	\$405	\$406	0.2%	\$397
Total Pharmacy Spend	\$135	\$148	10.2%	\$117
Total Combined Spend	\$540	\$555	2.7%	\$514

Network Discounts	Base	Current	% Change
Total	66.2%	64.5%	-1.7%

Population Specifics

Member Details	Base	Current	% Change	Norm
Ave # EEs	897	888	-1.1%	n/a
Ave # Mbrs	1,842	1,844	0.1%	n/a
Contract Size	2.05	2.08	1.2%	n/a
% of Female Mbrs	44.5%	45.6%	1.1%	47.6%
Ave Age of EEs	49.8	49.3	-1.0%	48.7
Ave Age of Mbrs	37.8	37.4	-1.1%	37.5

Relationship Spend	Base	Current	% Change
Employee	\$737	\$708	-3.9%
Spouse	\$591	\$709	20.1%
Dependent	\$231	\$262	13.7%

Age Band	Female			Male		
	Base	Curr	% Change	Base	Curr	% Change
<1	\$383	\$464	21.1%	\$355	\$1,352	280.8%
1-17	\$118	\$123	4.2%	\$132	\$136	3.0%
18-29	\$366	\$279	-23.8%	\$208	\$259	24.5%
30-39	\$731	\$386	-47.2%	\$263	\$232	-11.8%
40-49	\$343	\$393	14.6%	\$279	\$281	0.7%
50-59	\$530	\$481	-9.2%	\$536	\$563	5.0%
60-64	\$555	\$656	18.2%	\$663	\$871	31.4%
65+	\$532	\$416	-21.8%	\$1,790	\$1,401	-21.7%
Total	\$412	\$368	-10.7%	\$370	\$404	9.2%

Medical Service PMPM Category Trend Analysis & Key Utilization Statistics

Service Category	Base	Current	% Change	Norm
Inpatient	\$28	\$34	19.0%	\$33
Outpatient	\$84	\$85	1.3%	\$80
Professional	\$102	\$110	8.3%	\$105
Other	\$33	\$35	5.9%	\$38
Catastrophic	\$159	\$143	-10.0%	\$141
Pharmacy	\$135	\$148	10.2%	\$117
Total	\$540	\$555	2.7%	\$514

(per 1,000 members)				
	Base	Current	% Change	Norm
Admissions	65.7	67.2	2.4%	76.4
Bed Days	311.6	333.5	7.0%	389.6
ALOS	4.7	5.0	4.6%	5.1
Amb. Surgeries	102.6	107.9	5.2%	118.4
ER Visits	269.2	285.2	5.9%	250.8
Diagnostic Tests	85.8	97.6	13.8%	74.7
OV-PCP	1,621.4	1,575.2	-2.9%	1,908.6
OV-Spec	2,059.4	2,120.6	3.0%	2,141.7



HRA Plans

Healthcare Spend & Trend Summary

Total Spend	Base	Current	% Change
Total Medical Spend	\$4,475,452	\$4,355,229	-2.7%
Total Pharmacy Spend	\$508,796	\$618,286	21.5%
Total Combined Spend	\$4,984,248	\$4,973,515	-0.2%

Member Cost Share	Base	Current	Norm
Medical	15.9%	15.9%	9.3%
Pharmacy	24.3%	24.1%	12.2%

Per Capita Spend	Base	Current	% Change	Norm
Total Medical Spend	\$217	\$210	-3.2%	\$397
Total Pharmacy Spend	\$25	\$30	20.9%	\$117
Total Combined Spend	\$242	\$240	-0.7%	\$514

Network Discounts	Base	Current	% Change
Total	65.6%	66.4%	0.8%

Population Specifics

Member Details	Base	Current	% Change	Norm
Ave # EEs	670	701	4.7%	n/a
Ave # Mbrs	1,716	1,725	0.5%	n/a
Contract Size	2.56	2.46	-4.0%	n/a
% of Female Mbrs	46.8%	45.5%	-1.2%	47.6%
Ave Age of EEs	44.3	44.4	0.1%	48.7
Ave Age of Mbrs	31.1	31.9	2.4%	37.5

Relationship Spend	Base	Current	% Change
Employee	\$270	\$251	-7.0%
Spouse	\$334	\$414	24.0%
Dependent	\$177	\$156	-12.1%

Age Band	Female			Male		
	Base	Curr	% Change	Base	Curr	% Change
<1	\$2,906	\$321	-89.0%	\$1,278	\$3,287	157.2%
1-17	\$92	\$76	-17.4%	\$97	\$106	9.3%
18-29	\$243	\$155	-36.2%	\$76	\$108	42.1%
30-39	\$369	\$239	-35.2%	\$326	\$293	-10.1%
40-49	\$196	\$285	45.4%	\$172	\$186	8.1%
50-59	\$260	\$242	-6.9%	\$260	\$329	26.5%
60-64	\$336	\$144	-57.1%	\$343	\$238	-30.6%
65+	\$147	\$90	-38.8%	\$340	\$173	-49.1%
Total	\$229	\$184	-19.7%	\$181	\$204	12.7%

Medical Service PMPM Category Trend Analysis & Key Utilization Statistics

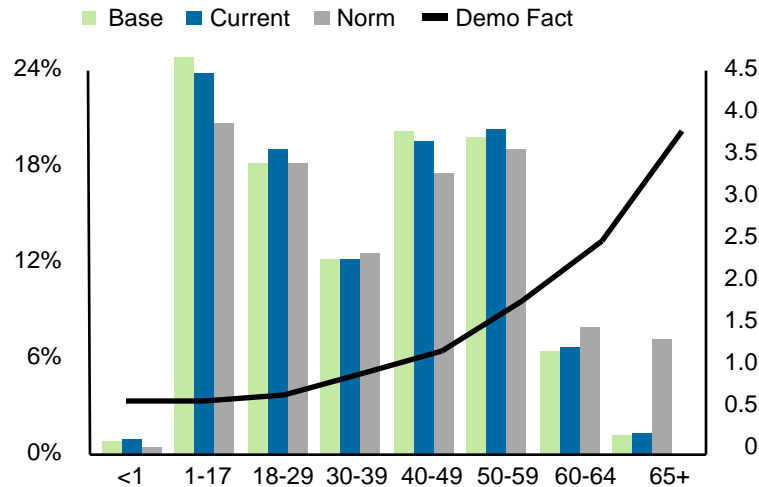
Service Category	Base	Current	% Change	Norm
Inpatient	\$14	\$19	39.5%	\$33
Outpatient	\$56	\$55	-1.8%	\$80
Professional	\$64	\$69	8.4%	\$105
Other	\$22	\$26	14.8%	\$38
Catastrophic	\$61	\$41	-33.0%	\$141
Pharmacy	\$25	\$30	20.9%	\$117
Total	\$242	\$240	-0.7%	\$514

(per 1,000 members)				
	Base	Current	% Change	Norm
Admissions	29.7	29.0	-2.5%	76.4
Bed Days	170.8	136.3	-20.2%	389.6
ALOS	5.7	4.7	-18.2%	5.1
Amb. Surgeries	54.2	54.5	0.5%	118.4
ER Visits	175.4	183.8	4.8%	250.8
Diagnostic Tests	47.8	45.8	-4.2%	74.7
OV-PCP	1,110.9	1,050.0	-5.5%	1,908.6
OV-Spec	1,131.9	1,139.3	0.7%	2,141.7

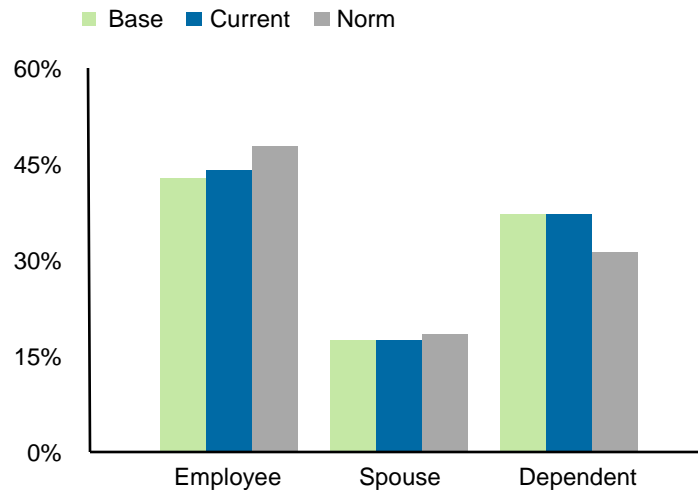


Population Demographic Summary

Percent of membership by age band



Percent of membership by relationship



Key metrics overview

	Base	Current	Trend	Norm
Percent of Pop. Age 40+	46.0%	46.2%	0.2%	49.9%
Average Member Age	34.7	34.8	0.3%	37.5
Average Employee Age	47.5	47.2	-0.8%	48.7
Percent of Population Male	54.5%	54.5%	0.0%	52.4%
Percent of Population Female	45.5%	45.5%	0.0%	47.6%

Average spend by age band

	Base	Current	Trend	Norm
All Members				
40-49	\$342	\$389	13.7%	\$530
50-59	\$616	\$629	2.1%	\$723
60-64	\$811	\$914	12.8%	\$892
65+	\$1,414	\$1,140	-19.4%	\$676
Excluding Catastrophic				
40-49	\$273	\$334	22.3%	\$370
50-59	\$418	\$428	2.3%	\$476
60-64	\$454	\$457	0.8%	\$550
65+	\$608	\$638	5.0%	\$457

Average spend by relationship

	Base	Current	Trend	Norm
All Members				
Employee	\$543	\$508	-6.5%	\$569
Spouse	\$471	\$575	22.0%	\$717
Dependent	\$201	\$205	2.0%	\$300
Excluding Catastrophic				
Employee	\$324	\$346	6.9%	\$396
Spouse	\$378	\$391	3.6%	\$481
Dependent	\$163	\$180	10.1%	\$203



Top Facilities

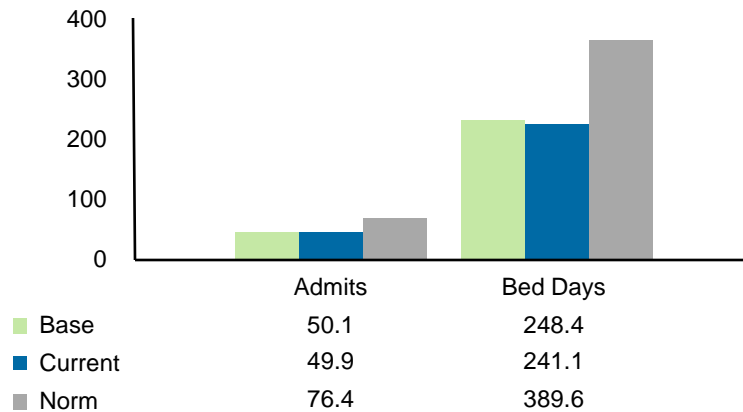
Facility Information		Base							
Name	Unique Claimants	Outpatient Visits	Admissions	Bed Days	Inpatient Spend	Outpatient Spend	Total Spend	Employer Paid	Cost Share
MEMORIAL REGIONAL HOSPITAL	108	279	13	93	\$356,949	\$462,489	\$819,437	\$770,098	\$49,340
BROWARD HEALTH MEDICAL CENTER	177	411	21	96	\$346,715	\$274,828	\$621,543	\$532,677	\$88,865
HOLY CROSS HOSPITAL	199	536	22	83	\$379,854	\$220,460	\$600,313	\$529,885	\$70,429
NORTHWEST MEDICAL CENTER	44	95	10	32	\$179,768	\$126,823	\$306,591	\$277,686	\$28,906
FLORIDA MEDICAL CENTER	28	42	7	36	\$205,745	\$82,662	\$288,407	\$263,049	\$25,358
WEST BOCA MEDICAL CENTER	17	25	3	78	\$232,625	\$13,500	\$246,125	\$235,467	\$10,658
WESTSIDE REGIONAL MEDICAL CENTER	44	80	13	58	\$118,657	\$118,868	\$237,525	\$211,648	\$25,878
PLANTATION GENERAL HOSPITAL	43	76	8	22	\$79,383	\$121,716	\$201,099	\$174,644	\$26,455
CLEVELAND CLINIC FLORIDA	70	164	5	9	\$58,355	\$92,569	\$150,923	\$126,741	\$24,182
BROWARD HEALTH IMPERIAL POINT	57	179	5	32	\$50,773	\$95,231	\$146,004	\$123,554	\$22,450
JEWISH HOSPITAL LLC	1	22	2	17	\$105,000	\$10,088	\$115,088	\$115,088	\$0
BOCA RATON REGIONAL HOSPITAL	99	116	10	25	\$51,580	\$47,537	\$99,117	\$86,347	\$12,770
MARTIN MEDICAL CENTER	15	53	3	10	\$32,124	\$44,956	\$77,081	\$61,611	\$15,469
UNIVERSITY HOSPITAL AND MEDICAL CENTER	18	43	5	16	\$29,482	\$42,899	\$72,381	\$57,939	\$14,443
DELRAY MEDICAL CENTER	3	3	1	1	\$43,349	\$24,476	\$67,825	\$58,245	\$9,580
BROWARD HEALTH CORAL SPRINGS	44	67	4	13	\$29,170	\$38,625	\$67,795	\$52,715	\$15,080
PALMS WEST HOSPITAL	9	44	3	9	\$22,844	\$42,707	\$65,551	\$58,179	\$7,372
JORDAN VALLEY MEDICAL CENTER	1	11	2	5	\$44,167	\$11,861	\$56,029	\$55,532	\$497
JACKSON MEMORIAL HOSPITAL	4	11	2	17	\$49,401	\$3,135	\$52,536	\$48,876	\$3,660
COBB HOSPITAL	2	32	4	14	\$31,469	\$20,394	\$51,863	\$51,660	\$203
ST ANTHONYS HOSPITAL	1	1	1	8	\$49,226	\$1,182	\$50,408	\$47,908	\$2,500
UNIVERSITY OF MIAMI HOSPITAL	7	48	2	6	\$18,016	\$29,918	\$47,934	\$43,287	\$4,647
BAPTIST HOSPITAL	10	31	2	6	\$29,667	\$13,316	\$42,982	\$38,448	\$4,534
VAIL VALLEY MEDICAL CENTER	1	1	1	3	\$25,528	\$3,735	\$29,264	\$27,764	\$1,500
BETHESDA HOSPITAL INC	5	6	1	6	\$19,954	\$5,494	\$25,448	\$22,812	\$2,636

Facility Information		Current							
Name	Unique Claimants	Outpatient Visits	Admissions	Bed Days	Inpatient Spend	Outpatient Spend	Total Spend	Employer Paid	Cost Share
HOLY CROSS HOSPITAL	187	458	28	113	\$436,130	\$268,955	\$705,086	\$644,918	\$60,168
MEMORIAL REGIONAL HOSPITAL	130	418	13	52	\$203,787	\$477,455	\$681,242	\$615,668	\$65,574
BROWARD HEALTH MEDICAL CENTER	170	363	18	108	\$159,851	\$294,157	\$454,008	\$375,692	\$78,316
JACKSON MEMORIAL HOSPITAL	7	7	3	37	\$442,410	\$5,910	\$448,320	\$445,198	\$3,122
WESTSIDE REGIONAL MEDICAL CENTER	66	107	10	39	\$177,461	\$192,802	\$370,263	\$322,386	\$47,877
BROWARD HEALTH NORTH	20	32	3	47	\$274,349	\$21,070	\$295,418	\$286,210	\$9,208
AVENTURA HOSPITAL AND MEDICAL CENTER	9	7	5	37	\$212,279	\$12,771	\$225,050	\$222,076	\$2,974
PLANTATION GENERAL HOSPITAL	44	77	10	24	\$103,702	\$117,012	\$220,714	\$178,906	\$41,808
CLEVELAND CLINIC FLORIDA	67	147	6	14	\$61,758	\$107,688	\$169,446	\$135,842	\$33,604
UNIVERSITY OF MIAMI HOSPITAL	9	28	6	31	\$103,982	\$64,848	\$168,830	\$161,069	\$7,760
BOCA RATON REGIONAL HOSPITAL	101	117	9	65	\$115,497	\$41,174	\$156,670	\$142,709	\$13,962
FLORIDA MEDICAL CENTER	18	35	4	26	\$96,428	\$57,002	\$153,429	\$139,733	\$13,696
NORTHWEST MEDICAL CENTER	35	71	7	18	\$52,698	\$79,281	\$131,979	\$103,996	\$27,983
BROWARD HEALTH IMPERIAL POINT	60	138	3	16	\$23,614	\$105,234	\$128,848	\$110,190	\$18,658
BROWARD HEALTH CORAL SPRINGS	43	97	8	25	\$71,988	\$46,659	\$118,647	\$102,008	\$16,639
UNIVERSITY HOSPITAL AND MEDICAL CENTER	26	36	4	14	\$37,360	\$54,722	\$92,081	\$69,507	\$22,575
MARTIN MEDICAL CENTER	13	26	3	8	\$56,355	\$28,022	\$84,378	\$70,295	\$14,083
COBB HOSPITAL	2	23	4	14	\$67,708	\$15,406	\$83,114	\$81,142	\$1,972
NICKLAUS CHILDRENS HOSPITAL	13	27	1	3	\$24,766	\$31,459	\$56,226	\$47,028	\$9,198
WEST BOCA MEDICAL CENTER	18	31	3	43	\$22,345	\$19,964	\$42,309	\$33,466	\$8,844
FLORIDA HOSPITAL TAMPA	3	7	1	4	\$31,774	\$7,078	\$38,852	\$35,205	\$3,647
LAWNWOOD REGIONAL MEDICAL CENTER	2	1	2	4	\$29,615	\$3,213	\$32,828	\$29,545	\$3,283
MERCY HOSPITAL	2	3	1	2	\$17,989	\$4,143	\$22,132	\$22,004	\$128
JACKSON NORTH MEDICAL CENTER	4	9	2	7	\$17,068	\$2,752	\$19,820	\$16,400	\$3,420
ST ANTHONYS HOSPITAL	1	1	1	5	\$17,609	\$946	\$18,555	\$16,055	\$2,500

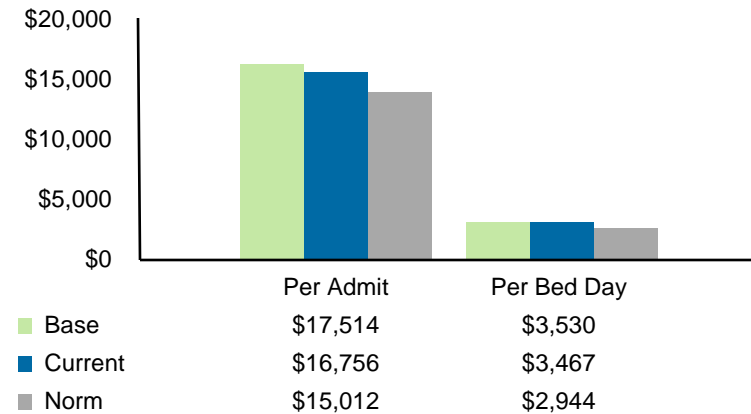


Inpatient Summary

Utilization metrics per 1,000 members



Average cost metrics



Cost & utilization trends (excluding catastrophic)

	\$PMPM			Admits Per 1,000			Days Per 1,000			Cost Per Case		
	Base	Current	Trend	Base	Current	Trend	Base	Current	Trend	Base	Current	Trend
Musculoskeletal	\$3.04	\$6.72	121.2%	2.5	3.9	55.1%	7.0	13.7	95.4%	\$14,478	\$20,659	42.7%
Pregnancies	\$4.27	\$3.64	-14.7%	6.4	5.9	-9.0%	17.1	15.9	-6.9%	\$7,958	\$7,460	-6.3%
Digestive	\$1.36	\$2.66	95.3%	2.5	3.3	32.9%	7.0	9.8	39.5%	\$6,488	\$9,536	47.0%
Circulatory	\$2.62	\$2.20	-16.1%	2.0	2.0	-0.3%	6.7	5.6	-16.9%	\$16,044	\$13,511	-15.8%
Newborn	\$0.85	\$1.98	131.5%	4.5	4.7	5.9%	10.9	36.2	232.3%	\$2,288	\$5,001	118.6%
Other	\$10.26	\$9.54	-7.0%	12.9	12.5	-2.5%	64.3	41.3	-35.9%	\$9,570	\$9,126	-4.6%
Total Non-Cat	\$22.39	\$26.73	19.4%	30.8	32.3	5.1%	113.0	122.4	8.3%	\$8,735	\$9,919	13.6%
Catastrophic	\$50.67	\$42.95	-15.2%	19.3	17.6	-9.0%	135.4	118.8	-12.3%	\$31,509	\$29,344	-6.9%
Total	\$73.06	\$69.68	-4.6%	50.1	49.9	-0.3%	248.4	241.1	-2.9%	\$17,514	\$16,756	-4.3%



Cigna Care Network - Top CCD Provider Opportunity Markets

Top opportunity markets detail

Rank Market	Specialty Description	CCD Cost Efficiency	Non-CCD Cost Efficiency		Avg Episode Difference	Efficiency Opportunity
		Cost Per Episode	Client Episodes	Cost Per Episode		
#1 FL South Florida	Orthopedics And Surgery	\$1,683	103	\$2,344	\$661	\$68,073
	Pediatrics	\$178	569	\$267	\$89	\$50,678
	Family Practice	\$338	253	\$453	\$115	\$29,135
	Ophthalmology	\$398	135	\$614	\$216	\$29,134
	Hematology/Oncology	\$4,266	10	\$7,010	\$2,743	\$27,434
			1,070			\$204,454
#2 FL All Other	Cardiology	\$1,047	2	\$2,751	\$1,704	\$3,409
	Ophthalmology	\$357	6	\$609	\$252	\$1,511
	Family Practice	\$280	15	\$364	\$84	\$1,260
	Neurology	\$753	1	\$1,742	\$989	\$989
	Orthopedics And Surgery	\$410	1	\$971	\$561	\$561
			25			\$7,731
#3 FL Orlando	Orthopedics And Surgery	\$1,204	3	\$2,605	\$1,401	\$4,204
	Internal Medicine	\$231	6	\$334	\$103	\$615
	Dermatology	\$792	3	\$982	\$190	\$569
	Family Practice	\$187	9	\$214	\$26	\$238
	Urology	\$670	1	\$902	\$233	\$233
			22			\$5,858



Health Advocacy - Utilization Management

Inpatient utilization management

	Unique Members		Events		Savings(\$)		% of Members		
	Base	Current	Base	Current	Base	Current	Base	Current	Norm
Pre-Certification									
Admissions Avoided	12	10	12	10	\$172,339	\$155,271	0.34%	0.28%	
Inpatient Utilization Mgmt.									
Decertified Days	7	13	20	24	\$74,260	\$89,112	0.20%	0.36%	
Bed Day Intensity Mgmt	10	8	31	11	\$42,904	\$15,224	0.28%	0.22%	
Readmissions Avoided			0	0	\$0	\$0	0.00%	0.00%	
Total - Precert + IP UM	28	28	63	45	\$289,503	\$259,607	0.78%	0.78%	0.82%

Outpatient utilization management

	Unique Members		Requests		Avoided		Savings(\$)		% of Members		
	Base	Current	Base	Current	Base	Current	Base	Current	Base	Current	Norm
MRI	235	229	341	299	56	52	\$61,320	\$56,940	6.57%	6.38%	
PET	7	14	9	23	3	11	\$9,207	\$33,759	0.20%	0.39%	
CT	129	129	192	180	31	21	\$30,690	\$20,790	3.61%	3.60%	
DME	7	7	7	8	1	2	\$3,501	\$7,002	0.20%	0.20%	
Total Medical Cost Management (TMC)	164	193	*	*	*	*	\$108,280	\$168,628	4.59%	5.38%	
Other	63	57	86	73	27	29	\$22,815	\$24,505	1.76%	1.59%	
Total	540	542	635	583	118	115	\$235,813	\$311,624	15.10%	15.11%	15.67%



Health Advocacy - Total Medical Cost Management

Total Medical Cost Management

Management Program	Description	Avoided/Events	Savings Per Avoidance/Event	Total Savings
Radiation Therapy	Through partnership with CareCore National, Cigna customers receive end to end Episode of Care management for targeted cancer disease profiles, spanning from referral base (radiation oncologist) to treatment (therapy) to the final delivery of radiological dose.	11	\$3,800	\$41,800
Cardiology Management	Through a MedSolutions partnership, Cigna outpatient nuclear cardiology, cardiac cath and stress echo precertifications are clinically reviewed to ensure compliance with our best practice clinical guidelines.	14	\$1,449	\$20,290
Sleep Therapy	Cigna partners with CareCentrix to improve the overall quality and cost of sleep services through precertification requirements, movement of studies from an outpatient to home setting (which drives efficiency without sacrificing efficacy), and end to end clinical management of obstructive sleep apnea.	35	\$1,890	\$66,150
Physical Therapy	Cigna ensures appropriate customer access to outpatient physical therapy/occupational therapy (PT/OT) care by incorporating evidence-based clinical coverage standards; Medical Necessity Reviews (MNR) are conducted for both Participating and Non-Participating PT/OT practitioners.	22	\$238	\$5,236
Chiropractic Services	Cigna ensures appropriate customer access to quality chiropractic care by incorporating evidence-based clinical coverage standards in reviews for both Participating and Non-Participating providers. Reviews focus on chiropractic care that demonstrates inconsistencies with recommended clinical evidence.	180	\$71	\$12,698
Medical Injectables	Utilization review for specialty prescription drugs.	1	\$3,105	\$3,105
Genetic Testing	Genetic counseling sessions administered prior to genetic testing help ensure tests are appropriate for the customer and avoid potentially costly inappropriate testing.	21	\$921	\$19,348
Total		284	\$594	\$168,628
% of Medical Claims				1.2%

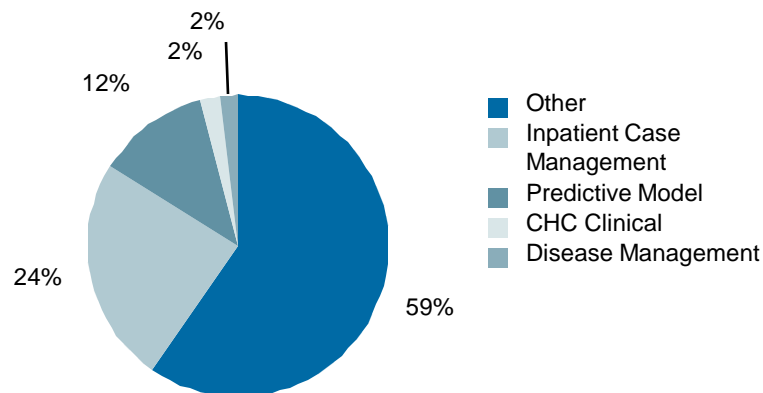


Health Advocacy - Specialty Case Management

Specialty case management summary

	Unique Members		Interventions		Closed Cases		Savings(\$)		% of Members		
	Base	Current	Base	Current	Base	Current	Base	Current	Base	Current	Norm
Catastrophic	2	0	60	0	3	0	\$0	\$0	0.06%	0.00%	
Complex	37	24	324	357	41	31	\$2,721	\$6,832	1.03%	0.67%	
Maternity	4	5	61	50	4	5	\$53,984	\$2,388	0.11%	0.14%	
Medical Injectable Steerage	0	0	0	0	0	0	\$0	\$0	0.00%	0.00%	
NICU	2	4	41	104	2	3	\$30,095	\$20,024	0.06%	0.11%	
Oncology	7	4	122	77	7	4	\$6,960	\$8,060	0.20%	0.11%	
Rehabilitation (ECF)	0	0	0	0	0	0	\$0	\$0	0.00%	0.00%	
Renal Case Management	0	1	0	12	0	1	\$0	\$21,045	0.00%	0.03%	
Transplant	4	2	168	17	3	1	\$828,176	\$13,928	0.11%	0.06%	
Total	56	39	776	617	60	45	\$921,937	\$72,278	1.57%	1.09%	1.35%

Case management referral source

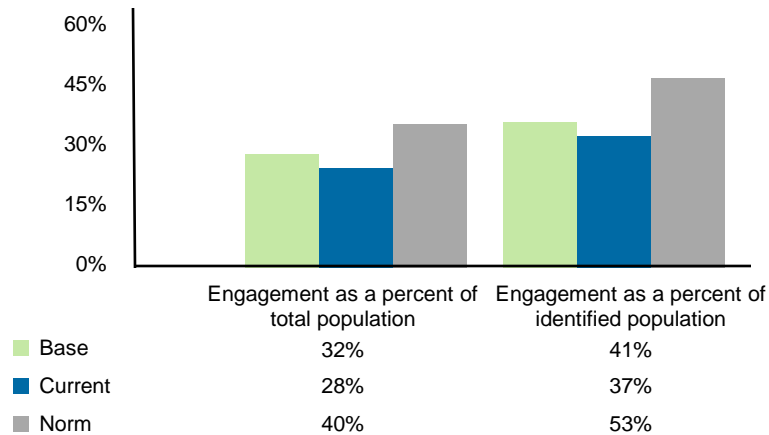


- Specialty case management managed 39 individuals in the current period, or 1.09% of the population compared with 56 or 1.57% in the base period
- 45 cases closed in the current period, generating \$72,278 in savings compared to 60 cases and \$921,937 in the base period
- Savings were driven by the Renal Case Management unit contributing \$21,045 of \$72,278 current period savings



Cigna Health Matters - Your Health First

Total health engagement as a percent of population



- Cigna's Health Matters prioritizes for coaches the health risks that a customer should work on and predicts optimal outreach to customers (phone, or email/text) which guides them to the health programs that customers prefer (online or live coaching). The Identified Population are outreached members and self-identified customers. YHF focuses on individuals holistically - bringing together lifestyle, social, and behavioral support for individuals.

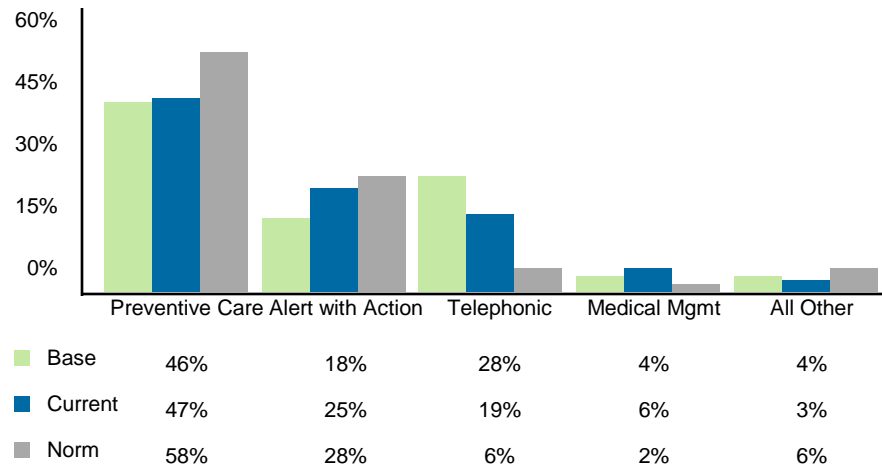
- The overall population had an engagement rate of 28% in the current period. The Identified population had an engagement rate of 37% in the current period, a decrease of 4% from the base period of 41%. This compares to a norm of 53%

- There were 577 members engaged across YHF coaching services. The mode with the greatest engagement during the current period was Preventive Care at 47%

Identified and engaged by program

Service Type	Identified / Total Population			Engaged / Identified	
	Count of Individuals	Curr %	Norm %	Curr %	Norm %
Chronic Condition Coaching	1,129	31.5%	27.4%	37.8%	53.3%
Lifestyle Coaching	364	10.1%	8.1%	47.0%	65.4%
Wellness Coaching	923	25.7%	18.7%	41.5%	55.2%
Treatment Decision Support	281	7.8%	6.2%	49.8%	57.1%
Case Management	56	1.6%	1.2%	80.4%	84.7%
Employee Assistance Program	0	0.0%	0.0%	0.0%	100.0%
Total Unique	1,580	44.0%	34.6%	36.5%	53.3%

Engagement by modality for identified population



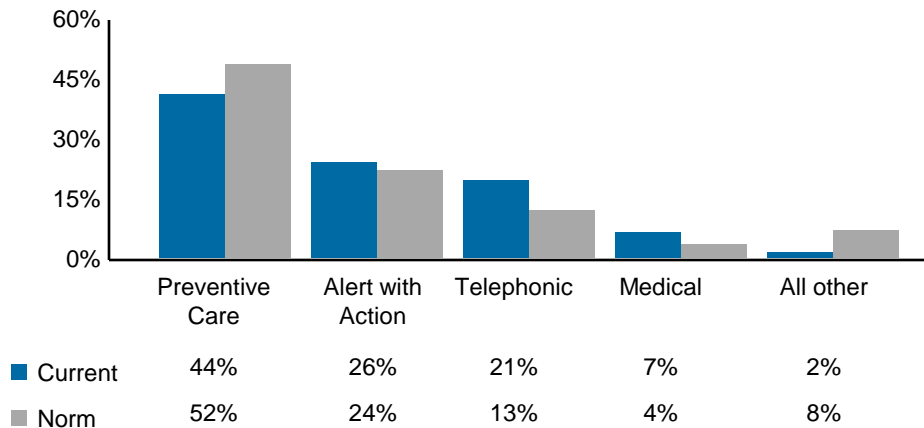


Chronic Conditions - Engagement Detail

Current period detail

Condition	Identified / Total Population			Engaged / Identified			Engaged / Identified Norms		
	Count of Individuals	Curr %	Norm %	HM %	HI %	Total Eng	HM %	HI %	Total Eng
Asthma	142	4.0%	4.6%	34.5%	11.3%	43.0%	55.0%	13.9%	61.0%
COPD	33	0.9%	1.8%	21.2%	27.3%	45.5%	33.4%	24.1%	47.5%
Congestive Heart Failure	33	0.9%	1.3%	6.1%	48.5%	51.5%	24.1%	33.6%	46.2%
Coronary Artery Disease	142	4.0%	5.5%	28.9%	31.7%	54.2%	38.0%	26.4%	52.9%
Depression	277	7.7%	7.6%	28.5%	16.6%	38.6%	49.4%	16.5%	57.0%
Diabetes	276	7.7%	8.6%	19.6%	30.8%	44.2%	39.2%	26.7%	53.9%
Low Back Pain	316	8.8%	8.8%	26.9%	12.7%	35.1%	50.8%	14.5%	57.7%
Osteoarthritis	140	3.9%	4.5%	28.6%	12.9%	37.1%	44.9%	19.9%	54.4%
Peripheral Arterial Disease	54	1.5%	1.3%	20.4%	33.3%	50.0%	35.6%	27.5%	50.7%
Weight Complications	241	6.7%	5.7%	31.5%	20.3%	44.0%	55.6%	17.6%	63.0%
Total Unique	1,129	31.5%	27.4%	26.0%	16.5%	37.8%	45.3%	15.6%	53.3%

Engagement by modality for chronic identified



- Chronic conditions are a significant driver of medical cost and reduced productivity
- In the current period, predictive models have identified 31.5% of the population with a chronic condition, compared to 29.9% in the base period
- Of those identified, 37.8% were engaged in current period, compared to 41.9% in the base period and is lower than the norm of 53.3%
- There were 427 members engaged across the chronic coaching service. The mode with the greatest engagement during the current period was Preventive Care at 44%



YHF - Lifestyle, Wellness and Treatment Decision Support

Lifestyle Coaching

	<u>Identified / Total Population</u>			<u>Engaged / Identified</u>			<u>Engaged / Identified Norms</u>		
	Count of Individuals	Curr %	Norm %	HM %	HI %	Total Eng	HM %	HI %	Total Eng
Stress	46	1.3%	0.9%	56.5%	30.4%	67.4%	78.2%	19.6%	82.4%
Tobacco	11	0.3%	0.7%	18.2%	18.2%	36.4%	64.4%	20.9%	71.5%
Weight	337	9.4%	10.6%	32.9%	21.1%	46.3%	59.6%	16.9%	66.0%
Total Unique	364	10.1%	8.1%	34.1%	20.6%	47.0%	58.5%	18.0%	65.4%

Wellness Coaching

	<u>Identified / Total Population</u>			<u>Engaged / Identified</u>			<u>Engaged / Identified Norms</u>		
	Count of Individuals	Curr %	Norm %	HM %	HI %	Total Eng	HM %	HI %	Total Eng
Healthy Eating	69	1.9%	0.9%	46.4%	18.8%	55.1%	74.1%	21.8%	78.1%
Physical Activity	53	1.5%	1.1%	47.2%	18.9%	52.8%	82.3%	18.8%	85.1%
Hypertension	654	18.2%	16.7%	27.4%	21.3%	42.4%	43.8%	21.0%	54.3%
Hyperlipidemia	213	5.9%	2.4%	30.5%	31.0%	50.2%	45.9%	23.8%	57.5%
Prevention	134	3.7%	2.9%	38.8%	24.6%	53.7%	62.4%	34.6%	74.8%
Pre-Diabetes	273	7.6%	5.6%	31.5%	13.2%	39.9%	54.1%	15.9%	60.5%
Maintaining a Healthy Lifestyle	27	0.8%	0.1%	63.0%	25.9%	70.4%	91.8%	17.8%	91.8%
Total Unique	923	25.7%	18.7%	28.2%	19.5%	41.5%	46.0%	19.1%	55.2%

Treatment Decision Support

	<u>Identified / Total Population</u>			<u>Engaged / Identified</u>			<u>Engaged / Identified Norms</u>		
	Count of Individuals	Curr %	Norm %	HM %	HI %	Total Eng	HM %	HI %	Total Eng
Benign Uterine	31	0.9%	0.8%	61.3%	12.9%	64.5%	68.3%	17.0%	72.8%
Prostate/Breast Cancer	1	0.0%	0.0%	29.0%	100.0%	100.0%	60.0%	60.0%	80.0%
Coronary Artery Dis.	161	4.5%	3.5%	28.0%	29.8%	51.6%	41.8%	28.3%	56.7%
Low Back Pain	31	0.9%	0.7%	29.0%	9.7%	38.7%	44.6%	26.4%	57.1%
Osteoarthritis Hip	33	0.9%	0.8%	21.2%	21.2%	36.4%	40.8%	21.3%	50.7%
Osteoarthritis Knee	50	1.4%	1.1%	36.0%	20.0%	50.0%	42.2%	25.4%	54.4%
Total Unique	281	7.8%	6.2%	31.3%	24.6%	49.8%	45.2%	24.5%	57.1%

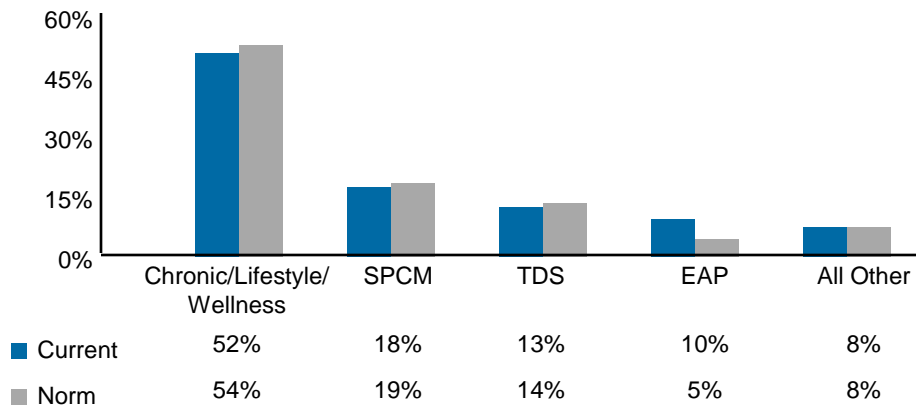


Coaching Engagement Summary - Telephonic

Telephonic coaching - identified and engaged by program

Program	Telephonic Identified Population			Telephonic Engaged / Telephonic Identified			Engaged / Telephonic Identified			Norm Eng %
	Count of Individuals	% of Population	Norm % of pop	HM %	HI %	Total Eng %	HM %	HI %	Total Eng %	
Chronic Condition Coaching	677	18.9%	17.9%	2.8%	6.8%	9.0%	28.1%	22.9%	44.6%	57.6%
Lifestyle Coaching	329	9.2%	6.4%	5.5%	7.6%	11.6%	35.3%	22.2%	49.2%	66.9%
Wellness Coaching	798	22.2%	16.8%	2.6%	5.8%	7.8%	28.4%	21.2%	43.2%	55.6%
Treatment Decision Support	281	7.8%	6.2%	1.8%	8.9%	10.3%	31.3%	24.6%	49.8%	57.1%
Case Management	56	1.6%	1.2%	1.8%	37.5%	39.3%	17.9%	75.0%	80.4%	84.7%
Employee Assistance Program	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Total Unique	1,138	31.7%	24.5%	2.3%	4.9%	6.8%	28.3%	18.0%	40.9%	56.2%

Telephonic activity by type

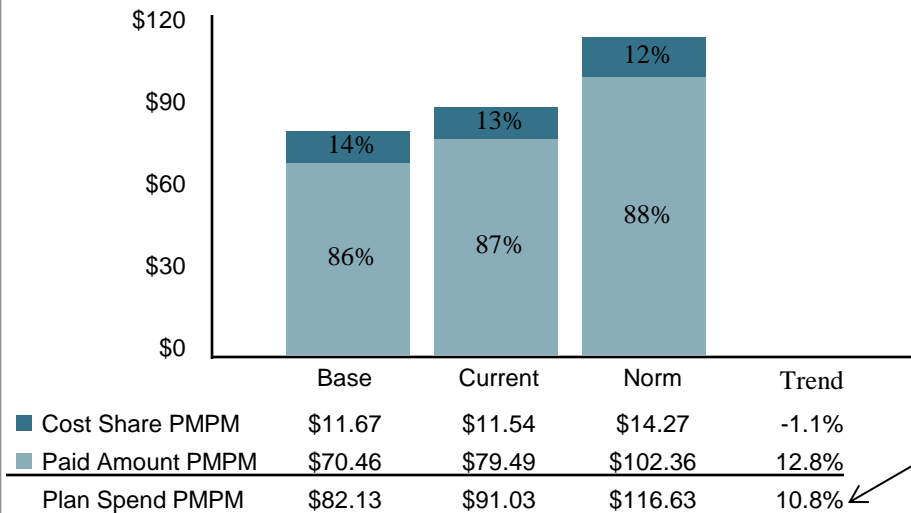


- In the current period, predictive models have identified 31.7% of the population for telephonic outreach compared to 33.9% in the base period. This compares to a norm of 24.5%
- Telephonic engagement rate was 6.8%, a 3% decrease from the base period. Overall engagement rate was 40.9%, a 4% decrease from the base period, and lower than the norm of 56.2%
- There were 77 members engaged telephonically across all the coaching services. The mode with the greatest engagement during the current period was Chronic/Lifestyle/Wellness at 52%

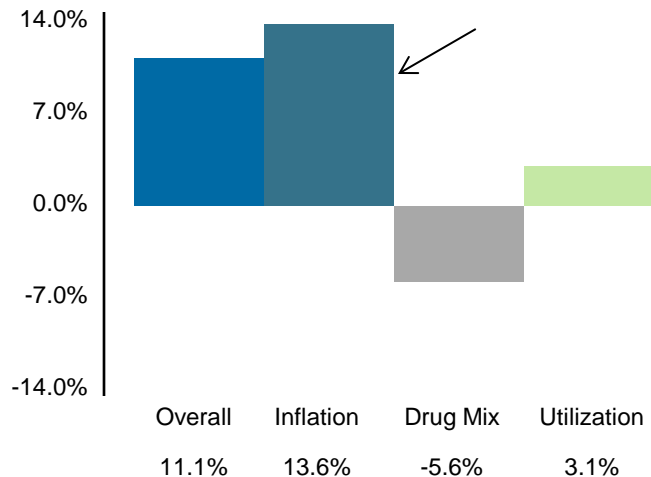


Executive Summary - Pharmacy

PMPM Plan cost & trend



Trend Drivers by % of the Dollarized Cost



Pharmacy performance

	Base	Current	Trend	Norm
Members				
Average Number of Employees	1,576	1,598	1.4%	
Average Number of Members	3,575	3,584	0.3%	
Average Utilizers	69.8%	70.3%	0.5%	
Average Member Age	34.7	34.8	0.4%	37.5
Cost Trend				
Plan Spend	\$3,522,892	\$3,914,643	11.1%	
Employer Paid	\$3,022,317	\$3,418,248	13.1%	
Member Cost Share	\$500,575	\$496,395	-0.8%	
Drug Mix				
Generic Dispensing Rate	79.2%	81.0%	1.7%	78.0%
Preferred Brand	15.5%	13.0%	-2.5%	15.4%
Non-Preferred Brand	5.3%	6.0%	0.8%	6.6%
Generic Substitution Rate	93.7%	93.7%	-0.1%	92.8%
Formulary Brand Compliance Rate	74.5%	68.1%	-6.4%	70.1%
Utilization				
Total Prescriptions	37,534	38,837	3.5%	
% Mail Order	12.3%	10.0%	-2.3%	20.0%
% Retail	87.7%	90.0%	2.3%	80.0%
% Retail 90	67.7%	69.6%	2.0%	80.0%
Days Supply PMPM	22.40	23.09	3.1%	29.29
Specialty Pharmacy				
Specialty Plan Spend PMPM	\$28.75	\$33.38	16.1%	\$33.81
Specialty Plan Spend as % of Total	35.0%	36.7%	4.9%	29%
Specialty Utilizers	69	77	11.6%	
Specialty Scripts PMPY	0.2	0.2	4.0%	0.1



Top Drugs by Spend

Top drugs by spend

Rank		Drug Name	Condition	Plan Spend PMPM				Plan Spend Current	Unique Members		Scripts	
Base	Current			Base	Current	Trend	Norm		Base	Current	Base	Current
7	1	Revlimid (SRx)	Cancer	\$1.65	\$4.00	142.0%	\$0.97	\$172,121	1	1	6	12
2	2	Humira Pen (SRx)	Arthritis	\$2.34	\$3.45	47.6%	\$3.31	\$148,524	4	5	32	40
1	3	Saizen (SRx)	Growth Hormone	\$3.27	\$2.68	-18.0%	\$1.25	\$115,410	2	2	25	18
3	4	Atripla (SRx)	HIV	\$2.13	\$2.47	16.0%	\$1.15	\$106,006	5	5	46	48
5	5	Enbrel (SRx)	Arthritis	\$1.94	\$2.44	25.5%	\$2.59	\$104,810	4	4	30	31
6	6	Xolair (SRx)	Asthma	\$1.78	\$2.32	30.3%	\$0.83	\$99,679	2	4	25	37
10	7	Truvada (SRx)	HIV	\$1.30	\$2.16	66.1%	\$0.70	\$92,940	5	7	41	65
17	8	Harvoni (SRx)	Hepatitis	\$0.78	\$1.56	99.5%	\$2.28	\$66,908	1	1	1	2
12	9	Zomig	Migraine	\$1.24	\$1.36	9.5%	\$0.11	\$58,329	1	2	13	14
13	10	Cialis	Erectile Dysfunction	\$1.03	\$1.30	26.9%	\$0.60	\$56,001	59	66	227	261
9	11	Crestor	Cholesterol	\$1.48	\$1.30	-12.1%	\$2.29	\$55,790	52	42	346	270
117	12	Triumeq (SRx)	HIV	\$0.16	\$1.21	640.6%	\$0.11	\$52,241	1	4	3	22
18	13	Viagra	Erectile Dysfunction	\$0.78	\$1.18	52.0%	\$0.47	\$50,782	45	54	170	193
8	14	Prezista (SRx)	HIV	\$1.56	\$1.07	-31.2%	\$0.28	\$46,184	5	4	54	35
14	15	Stelara (SRx)	Psoriasis	\$0.95	\$1.02	7.7%	\$1.08	\$43,821	1	1	12	15
16	16	Vyvanse	ADHD	\$0.83	\$0.93	12.1%	\$0.98	\$39,802	27	30	160	163
209	17	Simponi (SRx)	Arthritis	\$0.07	\$0.90	1116.4%	\$0.31	\$38,591	1	1	1	11
148	18	Levemir Flextouch	Diabetes	\$0.13	\$0.88	587.9%	\$0.30	\$37,975	10	13	21	119
-	19	Prezcobix (SRx)	HIV	\$0.00	\$0.84	0.0%	\$0.01	\$36,244	0	2	0	24
19	20	Androgel	Hormone Replacement	\$0.76	\$0.84	9.7%	\$1.37	\$35,936	14	11	62	58

• The top 20 drugs by plan spend PMPM accounted for 37.2% (\$33.91) of all plan spend PMPM (\$91.03) in the current period



Top Drugs by Volume

Top drugs by volume

Rank		Drug Name	Condition	Prescriptions Dispensed				Unique Members		Cost per Script
Base	Current			Base	Current	Trend	Norm	Base	Current	Current
1	1	atorvastatin calcium	Cholesterol	1,041	1,064	2.2%	24,335	128	130	\$9.06
3	2	lisinopril	Hypertension	827	972	17.5%	24,242	121	135	\$2.92
2	3	amlodipine besylate	Hypertension	891	924	3.7%	20,520	114	120	\$3.04
5	4	metformin hcl	Diabetes	675	721	6.8%	15,556	102	109	\$3.35
4	5	levothyroxine sodium	Thyroid	675	687	1.8%	24,683	82	76	\$13.78
6	6	simvastatin	Cholesterol	603	660	9.5%	18,551	88	91	\$4.04
7	7	omeprazole	Ulcer / Heartburn	513	526	2.5%	17,648	104	100	\$7.06
9	8	losartan potassium	Hypertension	449	483	7.6%	13,066	55	59	\$5.75
8	9	azithromycin	Infection	474	476	0.4%	13,107	372	358	\$12.26
14	10	hydrochlorothiazide	Hypertension	428	473	10.5%	10,250	71	74	\$3.38
15	11	alprazolam	Anxiety	421	461	9.5%	13,980	110	110	\$4.77
11	12	escitalopram oxalate	Depression	441	460	4.3%	9,264	67	65	\$8.80
10	13	amoxicillin	Infection	448	444	-0.9%	11,914	335	357	\$4.83
12	14	atenolol	Heart/Hypertension	435	441	1.4%	7,731	52	56	\$3.06
13	15	oxycodone-acetaminophen	Pain	432	392	-9.3%	11,057	200	200	\$45.13
23	16	metoprolol succinate	Heart/Hypertension	300	380	26.7%	12,351	41	49	\$21.59
18	17	Synthroid	Thyroid	371	368	-0.8%	12,298	41	43	\$28.39
20	18	losartan-hydrochlorothiazide	Hypertension	343	365	6.4%	6,883	40	41	\$6.82
28	19	fenofibrate	Cholesterol	286	349	22.0%	7,262	39	36	\$64.59
16	20	montelukast sodium	Asthma	405	347	-14.3%	11,643	87	79	\$12.63

• The top 20 drugs by volume accounted for 28.3% (10,993) of all prescriptions dispensed but only 3.0% (\$3,914,643) of total plan spend in the current period



High Cost Prescriptions

High cost prescriptions ranking

Rank		Drug Name	Condition	Plan Spend PMPM				Cost per Script Current	Unique Members		Scripts	
Base	Current			Base	Current	Trend	Norm		Base	Current	Base	Current
1	1	Harvoni (SRx)	Hepatitis	\$0.78	\$1.56	99.5%	\$2.28	\$33,454	1	1	1	2
3	2	Revlimid (SRx)	Cancer	\$1.65	\$4.00	142.0%	\$0.97	\$14,343	1	1	6	12
-	3	Nexavar (SRx)	Cancer	\$0.00	\$0.30	0.0%	\$0.07	\$13,103	0	1	0	1
6	4	Saizen (SRx)	Growth Hormone	\$3.27	\$2.68	-18.0%	\$1.25	\$6,412	2	2	25	18
20	5	Zyvox	Infection	\$0.09	\$0.15	60.3%	\$0.11	\$6,410	2	1	2	1
-	6	Rebif Rebidose (SRx)	Multiple Sclerosis	\$0.00	\$0.28	0.0%	\$0.14	\$6,118	0	1	0	2
8	7	Zomig	Migraine	\$1.24	\$1.36	9.5%	\$0.11	\$4,166	1	2	13	14
-	8	Arestin	Dental	\$0.00	\$0.10	0.0%	\$0.02	\$4,143	0	1	0	1
11	9	Humira Pen (SRx)	Arthritis	\$2.34	\$3.45	47.6%	\$3.31	\$3,713	4	5	32	40
16	10	Humira (SRx)	Arthritis	\$0.37	\$0.09	-77.1%	\$0.56	\$3,670	1	1	6	1
10	11	Simponi (SRx)	Arthritis	\$0.07	\$0.90	1116.4%	\$0.31	\$3,508	1	1	1	11
14	12	Enbrel (SRx)	Arthritis	\$1.94	\$2.44	25.5%	\$2.59	\$3,381	4	4	30	31
9	13	Stelara (SRx)	Psoriasis	\$0.95	\$1.02	7.7%	\$1.08	\$2,921	1	1	12	15
-	14	Stribild (SRx)	HIV	\$0.00	\$0.13	0.0%	\$0.43	\$2,738	0	1	0	2
12	15	Xolair (SRx)	Asthma	\$1.78	\$2.32	30.3%	\$0.83	\$2,694	2	4	25	37
-	16	Alcortin A	Topical Antibacterial	\$0.00	\$0.06	0.0%	\$0.00	\$2,499	0	1	0	1
28	17	Carac	Cancer	\$0.12	\$0.44	273.7%	\$0.11	\$2,383	3	6	4	8
17	18	Triumeq (SRx)	HIV	\$0.16	\$1.21	640.6%	\$0.11	\$2,375	1	4	3	22
-	19	Otezla (SRx)	Psoriasis	\$0.00	\$0.57	0.0%	\$0.07	\$2,228	0	2	0	11
21	20	Atripla (SRx)	HIV	\$2.13	\$2.47	16.0%	\$1.15	\$2,208	5	5	46	48

• The top 20 high cost drugs accounted for 0.7% (278 scripts) of the overall prescription volume, and 28.0% (\$25.52) of total plan spend PMPM in the current period



High Cost Claimants - Pharmacy and Medical Benefit Drug Spend

High cost claimants

Base	<u>Rank</u>		Gender	Age	Relationship	Condition	<u>Benefit Drug Spend</u>		Medical All Other	Total	Top Drugs
	Current						Pharmacy	Medical			
1	1	F	50-59	Employee	Cancer		\$177,536	\$55,706	\$14,127	\$247,369	Revlimid(SRx)
9	2	M	18-29	Dependent	RA/Psoriasis/Crohn's		\$28,436	\$79,803	\$86,018	\$194,257	entyvio
7	3	F	40-49	Employee	RA/Psoriasis/Crohn's		\$1,636	\$79,098	\$4,790	\$85,524	remicade
3	4	M	30-39	Dependent	Growth Hormone Deficiency		\$80,039		\$949	\$80,988	Saizen(SRx)
24	5	F	40-49	Employee	Hepatitis A/B/C		\$68,907		\$2,354	\$71,261	Harvoni(SRx)
8	6	F	60-64	Employee	Migraine		\$61,305		\$1,660	\$62,965	zomig
94	7	M	50-59	Spouse	Cancer		\$10,762	\$49,039	\$9,215	\$69,017	rituxan
10	8	F	50-59	Employee	Asthma Related		\$59,203		\$7,050	\$66,254	Xolair(SRx),spiriva
14	9	M	60-64	Employee	Antivirals, HIV Specific		\$58,951		\$3,923	\$62,873	Prezista(SRx),Selzentry(SRx)
-	10	F	60-64	Spouse	Cancer		\$1,608	\$52,609	\$111,400	\$165,617	alimta
23	11	M	60-64	Employee	RA/Psoriasis/Crohn's		\$54,169		\$3,050	\$57,219	Enbrel(SRx)
15	12	M	50-59	Employee	RA/Psoriasis/Crohn's		\$44,531	\$3,080	\$22,820	\$70,431	Enbrel(SRx)
262	13	M	40-49	Employee	Cancer		\$3,324	\$44,235	\$10,618	\$58,176	rituxan
17	14	M	30-39	Employee	RA/Psoriasis/Crohn's		\$46,056		\$463	\$46,519	Stelara(SRx)
29	15	M	40-49	Employee	Antivirals, HIV Specific		\$45,665		\$990	\$46,655	Truvada(SRx),Tivicay(SRx)
28	16	M	60-64	Employee	RA/Psoriasis/Crohn's		\$45,605		\$1,578	\$47,183	Humira(SRx)
11	17	F	50-59	Employee	RA/Psoriasis/Crohn's		\$45,009		\$2,750	\$47,759	Simponi(SRx)
21	18	F	60-64	Employee	RA/Psoriasis/Crohn's		\$44,651		\$4,311	\$48,962	Humira(SRx)
19	19	M	40-49	Employee	Thyroid/Parathyroid		\$43,940		\$3,016	\$46,956	Sensipar(SRx)
12	20	M	50-59	Employee	Asthma Related		\$27,371	\$16,169	\$6,650	\$50,190	Xolair(SRx),combivent
16	21	F	1-17	Dependent	Growth Hormone Deficiency		\$40,263		\$1,208	\$41,471	Saizen(SRx)
-	22	M	40-49	Employee	Antivirals, HIV Specific		\$38,105		\$2,199	\$40,304	Prezcobix(SRx),Truvada(SRx)
18	23	M	50-59	Employee	Antivirals, HIV Specific		\$37,988		\$3,252	\$41,241	Truvada(SRx),Prezista(SRx)
26	24	F	30-39	Employee	Antivirals, HIV Specific		\$34,897		\$2,007	\$36,903	Prezcobix(SRx),Epzicom(SRx)
22	25	M	50-59	Employee	IVIG/Immune-related		\$33,756		\$2,553	\$36,309	Prograf(SRx),Myfortic(SRx)

* Medical dollars represent the medical benefit specialty drug costs

* Pharmacy dollars represent pharmacy benefit drug costs

* SRx - Specialty Pharmacy

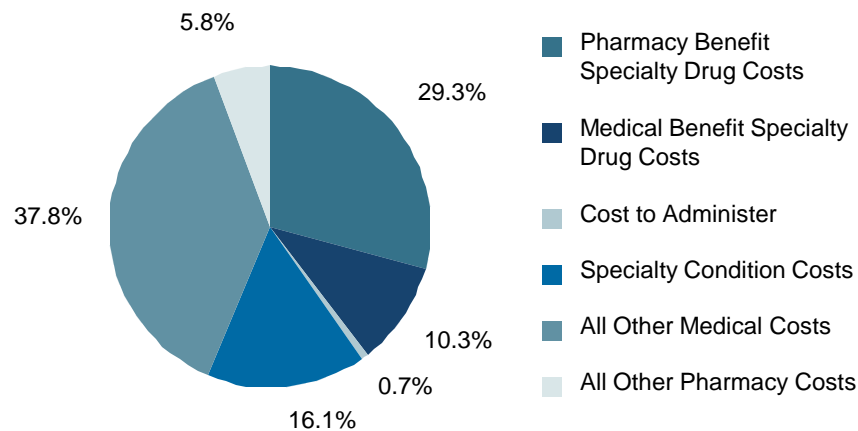


Specialty Pharmacy - Medical and Pharmacy Plan Spend

Account summary

	Total				Medical				Pharmacy			
	Members	Plan Spend	PMPM	% of Total Spend	Members	Plan Spend	PMPM	% of Total Spend	Members	Plan Spend	PMPM	% of Total Spend
Specialty Rx	139(3.6%)	\$4,906,887	\$114.03	29.4%	76(2.0%)	\$3,141,527	\$72.98	24.6%	77(2.0%)	\$1,765,360	\$41.05	45.1%
Pharmacy Benefit Specialty Drug Costs		\$1,435,365	\$33.38	8.6%		-	-			\$1,435,365	\$33.38	36.7%
Medical Benefit Specialty Drug Costs		\$506,209	\$11.76	3.0%		\$506,209	\$11.76	4.0%		-	-	
Cost to Administer		\$32,739	\$0.76	0.2%		\$32,739	\$0.76	0.3%		-	-	
Specialty Condition Costs		\$792,155	\$18.40	4.7%		\$747,604	\$17.37	5.8%		\$44,551	\$1.04	1.1%
All Other Medical Costs		\$1,854,974	\$43.09	11.1%		\$1,854,974	\$43.09	14.5%		-	-	
All Other Pharmacy Costs		\$285,444	\$6.64	1.7%		-	-			\$285,444	\$6.64	7.3%
All Other	3,693(96.4%)	\$11,790,704	\$273.96	70.6%	3,756(98.0%)	\$9,641,420	\$223.98	75.4%	3,754(98.0%)	\$2,149,283	\$49.98	54.9%
Total	3,832	\$16,697,590	\$387.99	100.0%	3,832	\$12,782,947	\$296.96	76.6%	3,831	\$3,914,643	\$91.03	23.4%

Total Specialty Plan Spend - Medical and Pharmacy



• 139 members(3.6%) of CITY OF FORT LAUDERDALE individuals on specialty medications drives \$4,906,887 (29.4%) of the plan spend during the current period.

• 26 members on a specialty medication who stayed in the hospital accounted for \$674,949 in spend.

- 41 hospital stay admissions, average cost per admission \$16,462
- 193 bed days, average cost per bed day \$3,497
- 4.7 days average length of stay

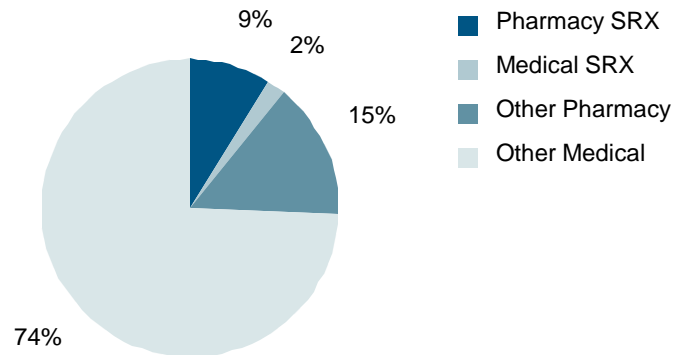
• 56 members on a specialty medication who visited the emergency room accounted for \$213,582 in spend.

- 134 ER visits, average cost per ER visit \$1,594



Specialty Pharmacy Summary

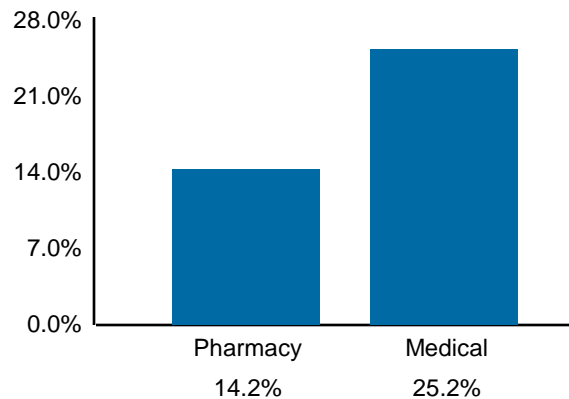
Total healthcare plan spend



Account summary (PMPM basis)

	Base	Current	Trend	Norm
Plan Spend				
Pharmacy specialty Rx	\$28.74	\$33.38	16.1%	\$33.82
Medical specialty Rx	\$6.42	\$6.24	-2.7%	\$14.45
Total Specialty	\$35.15	\$39.62	12.7%	
All Other Pharmacy	\$53.39	\$57.65	8.0%	\$82.81
All Other Medical	\$296.30	\$290.72	-1.9%	\$364.30
Total All Other	\$349.69	\$348.37	-0.4%	

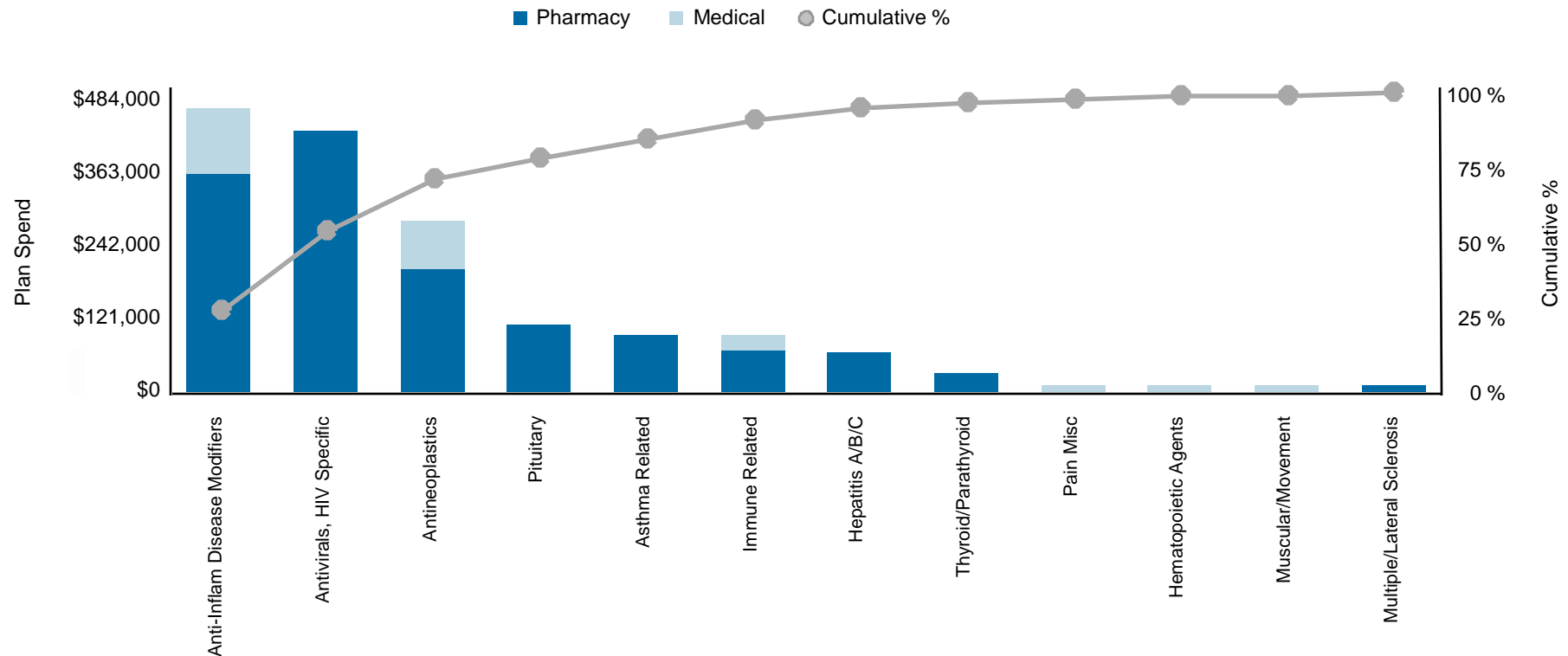
AWP - discount percentage



- Specialty pharmacy plan spend of \$1,704,158 or \$39.62 PMPM was incurred during the current period
- Specialty pharmacy represented 10.2% of plan spend during the current period
- Total Specialty pharmacy plan spend increased from \$35.15 PMPM to \$39.62 PMPM, an increase of 12.7%
- Discounts achieved on specialty medications covered through the Pharmacy benefit were \$237,606 and Medical AWP discounts were \$91,608



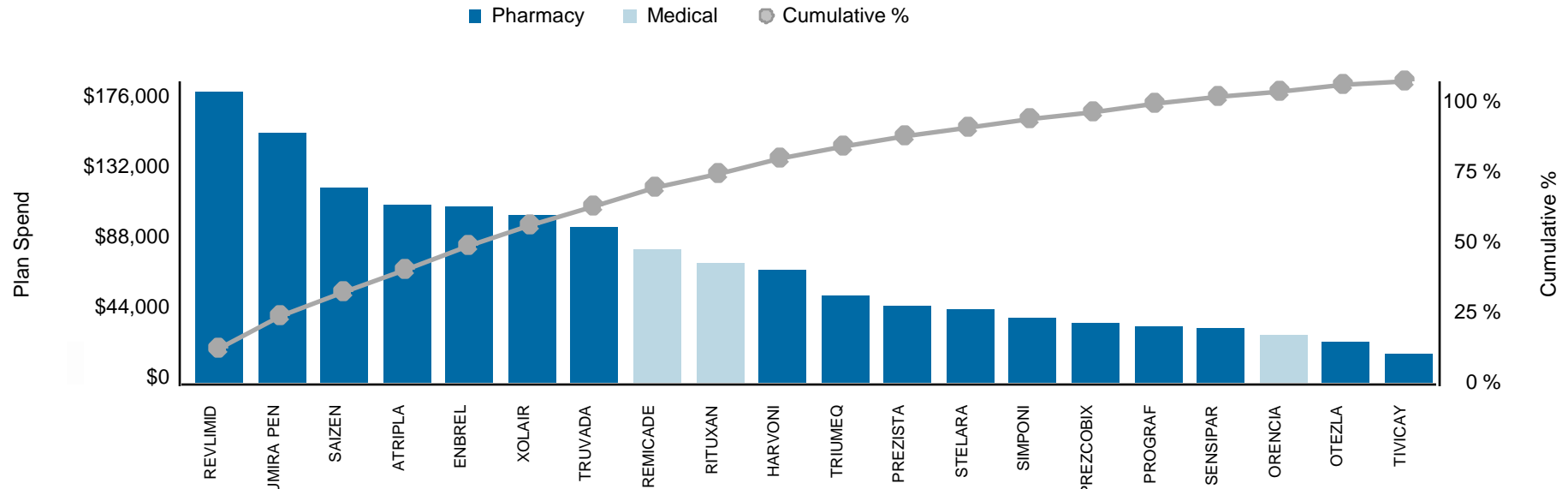
Specialty Pharmacy - Medical and Pharmacy Claim Experience by Class



- The top 12 therapeutic classes represented 99% (\$1,688,344) of total specialty plan spend (\$1,704,158) in the current period



Specialty Pharmacy - Medical and Pharmacy Claim Experience by Drug



- The above top 20 specialty drugs represented 83% (\$1,411,500) of total specialty plan spend (\$1,704,158) in the current period



Well Informed - Cholesterol Improvement

Cholesterol outcomes improvement

	Cholesterol Lowering Therapy	Patient Count	Average LDL (mg/dl)		Predicted 10yr CHD Event Rate	
			First LDL	Last LDL	First LDL	Last LDL
Primary	New Treatment	10	149	121	1.0	0.8
Prevention	Continuation	44	104	99	3.7	3.4
	All Patients	54	112	103	4.6	4.2
Secondary	New Treatment	2	112	116	0.4	0.4
Prevention	Continuation	17	84	84	3.4	3.1
	All Patients	19	87	87	3.8	3.5
Total	New Treatment	12	142	120	1.4	1.2
	Continuation	61	99	95	7.1	6.4
	All Patients	73	106	99	8.4	7.7

- Average LDL Cholesterol levels decreased 15% in patients undergoing new treatment and decreased 7% overall

- Projected heart attack rate decreased 8% in the current period

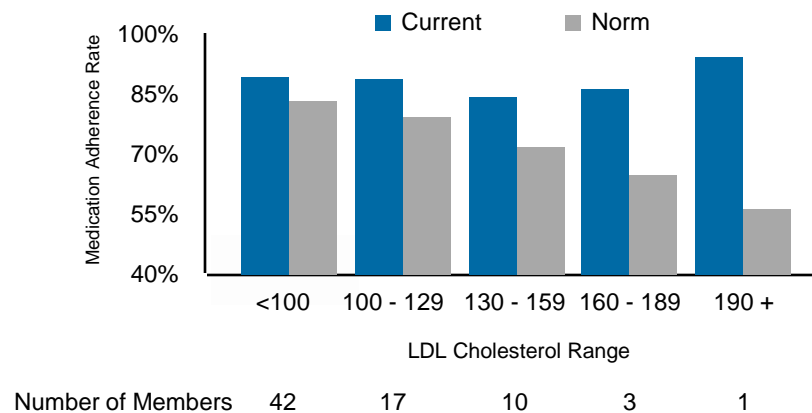
- Predicted 10yr CHD event rates are derived from the experience of the Framingham Heart Study

- Taking cholesterol lowering medication as prescribed maximizes the effectiveness of these medications. This is illustrated by the relationship between medication adherence and LDL reduction for the current period

- On average, the higher the medication adherence rate, the greater the LDL reduction. Medication adherence information is one of the components of Cigna's Well Informed Program

- For members not reaching their LDL-cholesterol goal, Cigna's Well Informed Program provides prescription utilization, medical claims history and cholesterol laboratory values to the member's primary care physician

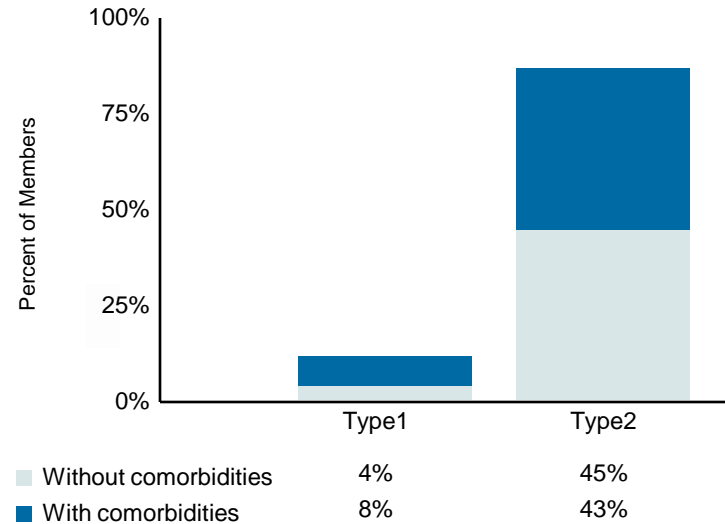
LDL cholesterol by medication adherence



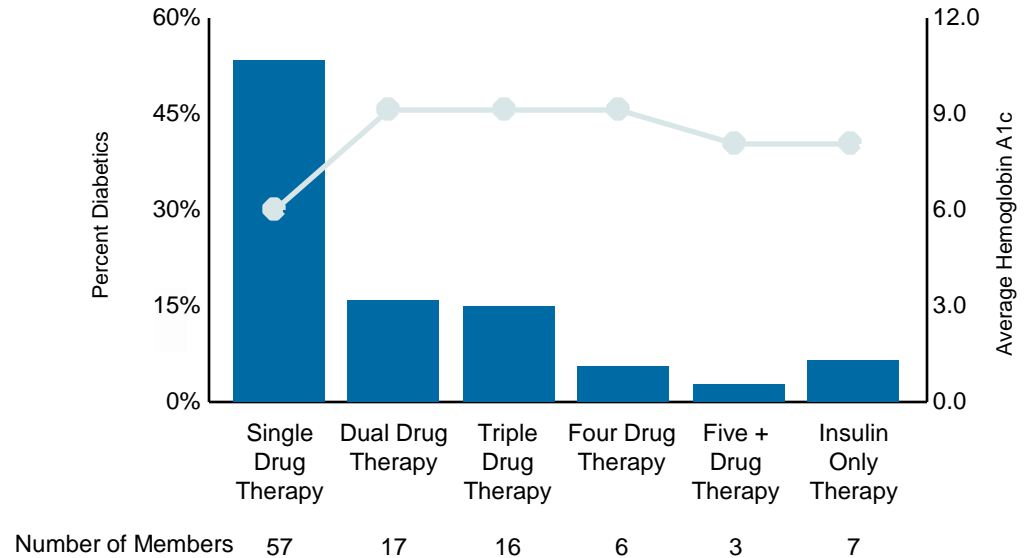


Well Informed - Diabetes Therapy Distribution

Diabetes classification



Distribution of diabetic drug therapy

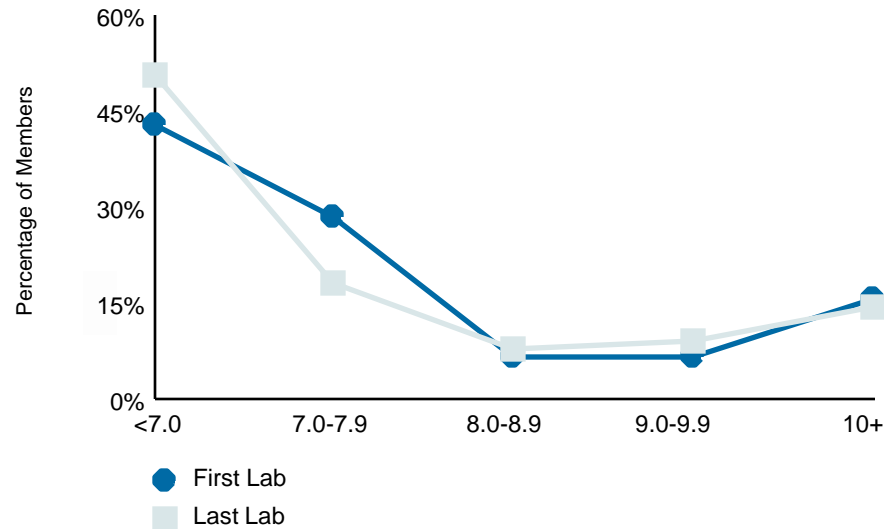


- Diabetes is a disease that results in significant morbidity and mortality, 5% of members (197 individuals) were treated with anti-diabetic medications in the current period, accounting for \$352,163 in drug expenses
- 12% of diabetic members are diagnosed with Type 1 or Juvenile Diabetes. Adult onset or Type 2 Diabetes affects 88% of diabetic members
- Comorbid conditions (heart disease, stroke, high blood pressure, hyperlipidemia, etc.) were seen in 51% of diabetics
- Diabetes treatment varies from insulin only to multi-drug treatment regimen necessary to achieve blood sugar control

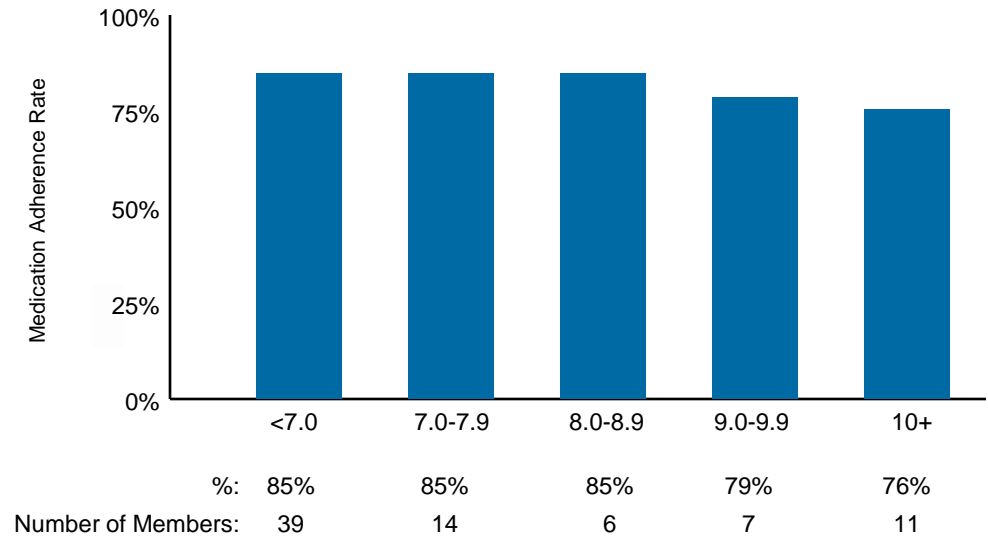


Well Informed - Diabetes Hemoglobin A1c Results

Change in hemoglobin A1c



Hemoglobin A1c by medication adherence rate



• The cornerstone of managing diabetes is the control of hemoglobin A1c - a measure of long-term blood glucose. Maintaining a hemoglobin A1c value of 7% or less is recommended by the American Diabetes Association. Each 1% reduction in hemoglobin A1c is associated with a 35% reduction in the risk of diabetic complications.*
Implications of the United Kingdom Prospective Diabetes Study (UKPDS). Diabetic Care. vol 26(s1):s28-32; Jan2003

• 49% of members have a hemoglobin A1c value above 7 and therefore have less than optimal blood sugar control

• In general, hemoglobin A1c reduction is directly related to medication adherence

• Cigna's Well Informed Program for Diabetes provides medication adherence, laboratory and medical utilization information to the prescribing physician for members with diabetic therapeutic gaps in care



Pharmacy Snapshot

Membership Summary

	Base	Current
Avg Number of Employees	1,576	1,598
Avg Number of Members	3,575	3,584
Unique Claimants - Pharmacy	2,496	2,521
Plan Utilization - Pharmacy	69.8%	70.3%

Scripts by Setting

	Base		Current	
	# of Scripts	Cost	# of Scripts	Cost
Retail	27,638	\$2,621,401	28,710	\$3,141,970
Mail Order	1,597	\$901,491	1,333	\$772,673

Top 5 Therapeutic Classes by Total Cost

	Base
Antivirals, Hiv Specific	\$356,271
Anti-Inflam Disease Modifiers	\$283,534
Antineoplastics	\$245,145
Asthma Related	\$193,981
Lipid Lowering	\$186,602
	Current
Antivirals, Hiv Specific	\$445,836
Anti-Inflam Disease Modifiers	\$371,992
Antineoplastics	\$249,304
Asthma Related	\$208,714
Insulins	\$180,296

Top 5 Prescribed Drugs by Total Cost

	Base		Current
Saizen	\$140,343	Revlimid	\$172,121
Humira Pen	\$100,393	Humira Pen	\$148,524
Atripla	\$91,174	Saizen	\$115,410
Zelboraf	\$84,434	Atripla	\$106,006
Enbrel	\$83,317	Enbrel	\$104,810

Payment Statistics

	Base	Current
Plan Cost PEPM - Pharmacy	\$186	\$204
Plan Cost PMPM - Pharmacy	\$82	\$91
Cost Share PMPM - Pharmacy	\$12	\$12
Prescriptions PMPM	0.7	0.7

Statistics by Gender

	Base		Current	
	Female	Male	Female	Male
Percent of Prescriptions	49.3%	50.7%	50.8%	49.2%
Percent of Payments	40.1%	59.9%	45.7%	54.3%
Avg Number of Scripts	11.6	11.7	12.4	11.3
Avg Payment per Claimant	\$1,137	\$1,661	\$1,455	\$1,631

Top 5 Therapeutic Classes by # of Prescriptions

	Base
ACE/ARB	2,265
Lipid Lowering	1,915
Antidepressants	1,651
Narcotic Analgesics	1,354
Hypoglycemics	1,269
	Current
ACE/ARB	2,262
Lipid Lowering	1,950
Antidepressants	1,564
Hypoglycemics	1,359
Sedatives/Antianxiety	1,331

Top 5 Prescribed Drugs by Total # of Prescriptions

	Base		Current
Atorvastatin Calcium	646	Lisinopril	663
Amlodipine Besylate	579	Atorvastatin Calcium	636
Lisinopril	557	Amlodipine Besylate	618
Metformin Hcl	507	Metformin Hcl	559
Azithromycin	466	Azithromycin	465



Key Indicator Summary

Key indicator

	Base	Current	Trend	Norm
Members				
Average Number of Employees	1,576	1,598	1.4%	
Average Number of Members	3,575	3,584	0.3%	
Cost and Utilization Trends				
Ingredient Cost PMPM	\$81.40	\$90.34	11.0%	\$115.35
Employer Paid PMPM	\$70.46	\$79.49	12.8%	\$102.36
Cost Share PMPM	\$11.67	\$11.54	-1.1%	\$14.27
Cost Share as percent of Ingredient Cost	14.3%	12.8%	-1.6%	12.4%
Scripts PMPY	8.2	8.4	2.5%	11.1
Retail Adjusted Scripts PMPY	10.5	10.8	3.1%	13.6
Average Ingredient Cost per script	\$119.44	\$129.32	8.3%	\$124.62
Generic Rx Utilization Rate	81.4%	82.7%	1.3%	81.6%
Mail Order Fill Rate - Percent of total	5.5%	4.4%	-1.0%	8.5%
Mail Order Fill Rate - Retail adjusted	12.3%	10.0%	-2.3%	20.0%
Formulary Brand Compliance Rate	78.5%	71.7%	-6.8%	73.7%
Specialty Pharmacy				
Specialty Ingredient Cost PMPM	\$28.72	\$33.36	16.2%	\$33.81
Specialty Scripts PMPY	0.2	0.2	4.1%	0.1
Specialty as Percent of Total Employer Paid	39.5%	40.5%	1.1%	32.4%

- Pharmacy ingredient cost increased from \$81.40 PMPM to \$90.34 PMPM, and compares to a norm of \$115.35 PMPM

- Scripts increased from 8.2 PMPY to 8.4 PMPY, and compares to a norm of 11.1 PMPY

- The generic prescription utilization rate increased from 81.4% to 82.7%, and compares to a norm of 81.6%. Based on the difference between Brand and Generic costs per prescription the savings are \$193,440



Key Indicator Summary

HRA

Key indicator

	Base	Current	Trend	Norm
Members				
Average Number of Employees	670	701	4.7%	
Average Number of Members	1,716	1,725	0.5%	
Cost and Utilization Trends				
Ingredient Cost PMPM	\$24.30	\$29.46	21.3%	\$115.35
Employer Paid PMPM	\$18.70	\$22.67	21.2%	\$102.36
Cost Share PMPM	\$6.01	\$7.21	19.9%	\$14.27
Cost Share as percent of Ingredient Cost	24.8%	24.5%	-0.3%	12.4%
Scripts PMPY	4.6	5.0	9.3%	11.1
Retail Adjusted Scripts PMPY	5.6	6.2	11.2%	13.6
Average Ingredient Cost per script	\$63.41	\$70.32	10.9%	\$124.62
Generic Rx Utilization Rate	84.9%	86.3%	1.4%	81.6%
Mail Order Fill Rate - Percent of total	3.2%	3.4%	0.2%	8.5%
Mail Order Fill Rate - Retail adjusted	7.5%	8.0%	0.5%	20.0%
Formulary Brand Compliance Rate	78.4%	68.1%	-10.4%	73.7%
Specialty Pharmacy				
Specialty Ingredient Cost PMPM	\$4.51	\$6.86	52.1%	\$33.81
Specialty Scripts PMPY	0.0	0.0	17.1%	0.1
Specialty as Percent of Total Employer Paid	19.8%	24.7%	4.9%	32.4%

- Pharmacy ingredient cost increased from \$24.30 PMPM to \$29.46 PMPM, and compares to a norm of \$115.35 PMPM

- Scripts increased from 4.6 PMPY to 5.0 PMPY, and compares to a norm of 11.1 PMPY

- The generic prescription utilization rate increased from 84.9% to 86.3%, and compares to a norm of 81.6%. Based on the difference between Brand and Generic costs per prescription the savings are \$36,788



Pharmacy Snapshot

HRA

Membership Summary

	Base	Current
Avg Number of Employees	670	701
Avg Number of Members	1,716	1,725
Unique Claimants - Pharmacy	1,032	1,074
Plan Utilization - Pharmacy	60.1%	62.3%

Scripts by Setting

	Base		Current	
	# of Scripts	Cost	# of Scripts	Cost
Retail	7,635	\$441,548	8,370	\$536,319
Mail Order	254	\$67,248	299	\$81,967

Top 5 Therapeutic Classes by Total Cost

	Base
Anti-Inflam Disease Modifiers	\$43,739
Immune Related	\$36,617
Stimulants	\$28,989
Asthma Related	\$26,785
Contraceptives	\$26,154
	Current
Anti-Inflam Disease Modifiers	\$82,412
Immune Related	\$36,404
Stimulants	\$30,651
Contraceptives	\$28,486
Tetracyclines	\$23,091

Top 5 Prescribed Drugs by Total Cost

	Base		Current
Stelara	\$40,574	Stelara	\$43,821
Prograf	\$26,784	Simponi	\$38,591
Vyvanse	\$13,849	Prograf	\$27,057
Cialis	\$11,788	Cialis	\$16,351
Monodox	\$9,118	Vyvanse	\$13,216

Payment Statistics

	Base	Current
Plan Cost PEPM - Pharmacy	\$63	\$74
Plan Cost PMPM - Pharmacy	\$25	\$30
Cost Share PMPM - Pharmacy	\$6	\$7
Prescriptions PMPM	0.4	0.4

Statistics by Gender

	Base		Current	
	Female	Male	Female	Male
Percent of Prescriptions	53.9%	46.1%	56.2%	43.8%
Percent of Payments	41.4%	58.6%	48.9%	51.1%
Avg Number of Scripts	8.1	7.0	9.4	6.8
Avg Payment per Claimant	\$399	\$575	\$582	\$563

Top 5 Therapeutic Classes by # of Prescriptions

	Base
Contraceptives	570
ACE/ARB	484
Antidepressants	454
Asthma Related	395
Narcotic Analgesics	357
	Current
Contraceptives	633
ACE/ARB	550
Antidepressants	495
Thyroid/Parathyroid	392
Sedatives/Antianxiety	386

Top 5 Prescribed Drugs by Total # of Prescriptions

	Base		Current
Amoxicillin	171	Amoxicillin	202
Azithromycin	160	Azithromycin	174
Amlodipine Besylate	136	Lisinopril	169
Levothyroxine Sodium	125	Nature-Throid	162
Escitalopram Oxalate	125	Alprazolam	146



Key Indicator Summary

OAPIN

Key indicator

	Base	Current	Trend	Norm
Members				
Average Number of Employees	896	885	-1.3%	
Average Number of Members	1,841	1,841	-0.0%	
Cost and Utilization Trends				
Ingredient Cost PMPM	\$133.66	\$147.46	10.3%	\$115.35
Employer Paid PMPM	\$117.90	\$132.78	12.6%	\$102.36
Cost Share PMPM	\$16.75	\$15.61	-6.8%	\$14.27
Cost Share as percent of Ingredient Cost	12.5%	10.6%	-2.0%	12.4%
Scripts PMPY	11.4	11.4	0.5%	11.1
Retail Adjusted Scripts PMPY	14.9	15.0	0.9%	13.6
Average Ingredient Cost per script	\$141.20	\$154.96	9.7%	\$124.62
Generic Rx Utilization Rate	80.1%	81.1%	0.9%	81.6%
Mail Order Fill Rate - Percent of total	6.2%	4.8%	-1.5%	8.5%
Mail Order Fill Rate - Retail adjusted	13.8%	10.6%	-3.2%	20.0%
Formulary Brand Compliance Rate	78.5%	72.7%	-5.8%	73.7%
Specialty Pharmacy				
Specialty Ingredient Cost PMPM	\$51.38	\$58.52	13.9%	\$33.81
Specialty Scripts PMPY	0.3	0.3	2.8%	0.1
Specialty as Percent of Total Employer Paid	42.7%	43.3%	0.6%	32.4%

- Pharmacy ingredient cost increased from \$133.66 PMPM to \$147.46 PMPM, and compares to a norm of \$115.35 PMPM

- Scripts remained at 11.4 PMPY and compares to a norm of 11.1 PMPY

- The generic prescription utilization rate increased from 80.1% to 81.1%, and compares to a norm of 81.6%. Based on the difference between Brand and Generic costs per prescription the savings are \$115,451



Pharmacy Snapshot

OAPIN

Membership Summary

	Base	Current
Avg Number of Employees	896	885
Avg Number of Members	1,841	1,841
Unique Claimants - Pharmacy	1,451	1,435
Plan Utilization - Pharmacy	78.8%	78.0%

Scripts by Setting

	Base		Current	
	# of Scripts	Cost	# of Scripts	Cost
Retail	19,612	\$2,149,172	20,024	\$2,590,997
Mail Order	1,304	\$826,224	999	\$687,150

Top 5 Therapeutic Classes by Total Cost

	Base
Antivirals, Hiv Specific	\$348,375
Anti-Inflam Disease Modifiers	\$239,795
Antineoplastics	\$237,417
Lipid Lowering	\$169,799
Asthma Related	\$163,697
	Current
Antivirals, Hiv Specific	\$441,182
Anti-Inflam Disease Modifiers	\$289,580
Antineoplastics	\$233,346
Asthma Related	\$186,659
Insulins	\$161,828

Top 5 Prescribed Drugs by Total Cost

	Base		Current
Saizen	\$140,343	Revlimid	\$172,121
Humira Pen	\$100,393	Humira Pen	\$148,524
Zelboraf	\$84,434	Saizen	\$115,410
Enbrel	\$83,317	Enbrel	\$104,810
Atripla	\$83,278	Atripla	\$101,352

Payment Statistics

	Base	Current
Plan Cost PEPM - Pharmacy	\$277	\$309
Plan Cost PMPM - Pharmacy	\$135	\$148
Cost Share PMPM - Pharmacy	\$17	\$16
Prescriptions PMPM	0.9	1.0

Statistics by Gender

	Base		Current	
	Female	Male	Female	Male
Percent of Prescriptions	47.1%	52.9%	48.5%	51.5%
Percent of Payments	39.3%	60.7%	45.0%	55.0%
Avg Number of Scripts	13.8	14.9	14.4	14.8
Avg Payment per Claimant	\$1,641	\$2,436	\$2,082	\$2,465

Top 5 Therapeutic Classes by # of Prescriptions

	Base
ACE/ARB	1,771
Lipid Lowering	1,595
Antidepressants	1,154
Hypoglycemics	1,021
Narcotic Analgesics	944
	Current
ACE/ARB	1,701
Lipid Lowering	1,601
Hypoglycemics	1,032
Antidepressants	1,030
Sedatives/Antianxiety	921

Top 5 Prescribed Drugs by Total # of Prescriptions

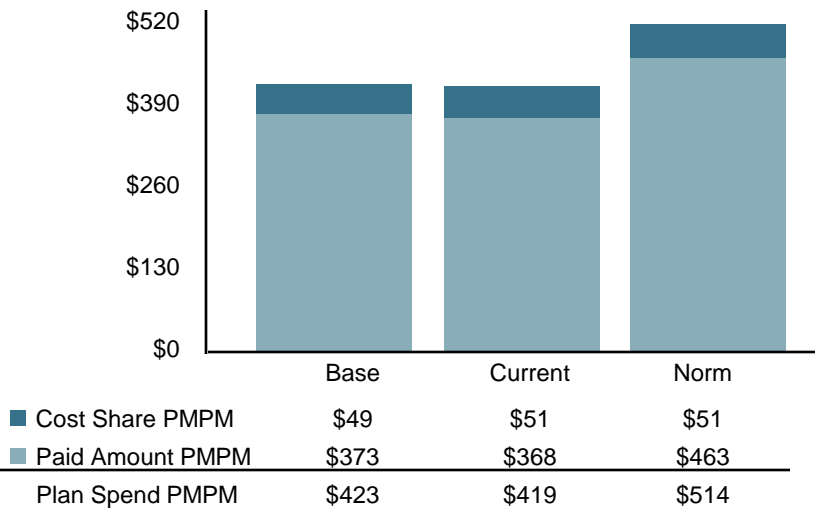
	Base		Current
Atorvastatin Calcium	535	Atorvastatin Calcium	523
Amlodipine Besylate	441	Lisinopril	488
Lisinopril	434	Amlodipine Besylate	462
Metformin Hcl	421	Metformin Hcl	434
Oxycodone-Acetaminophen	347	Alprazolam	301

Cohort Report for members visiting the City of Fort Lauderdale Health and Wellness Center



Executive Summary

Plan cost & trend



- Plan spend in the current period was \$419 PMPM, a decrease of 0.9% from the base period, and 18.0% lower than the norm
- Average membership in the current period was 1,589, an increase of 4.5%
- Current member cost share was \$51 PMPM, or 12.2% of the total plan spend, compared to \$49 PMPM, or 11.7% in the base period, and a norm of 10.0%

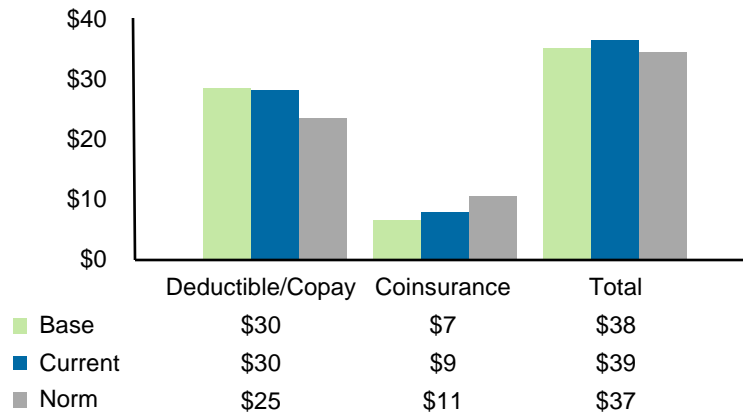
Key metrics

	Base	Current	Trend	Norm
Members				
Average Number of Employees	1,117	1,175	5.2%	
Average Number of Members	1,520	1,589	4.5%	
Cost Trend				
Plan Spend	\$7,709,041	\$7,982,501	3.5%	
Plan Spend PMPM	\$423	\$419	-0.9%	\$514
Performance Indicators				
Cat Claimants in Excess Per K	13.2	13.8	5.2%	16.5
Percent of Population Age 40+	65.0%	65.1%	0.1%	49.9%
Network Penetration	99.1%	97.7%	-1.4%	92.9%
Network Discounts	66.5%	66.5%	0.0%	63.6%
Generic Rx Utilization Rate	81.8%	83.5%	1.7%	81.6%
Chronic Percent of Population	35.5%	37.3%	1.8%	43.2%
Chronic Percent of Cost	74.6%	70.7%	-3.9%	76.0%
Health and Wellness				
Preventive Care Utilization	47.6%	45.6%	-2.0%	45.9%
Health Assessment Penetration	5.1%	2.7%	-2.4%	9.4%
Gaps in Care Rule Compliance	73.9%	74.4%	0.5%	73.9%

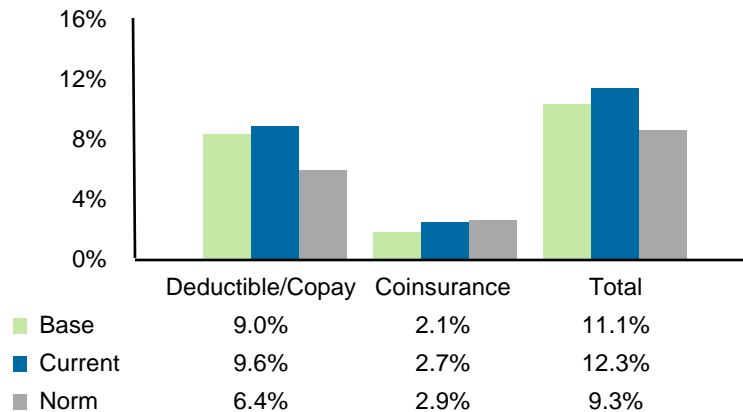


Member Cost Share

Cost sharing per member - medical only



Cost share as % of total plan spend - medical only



Account summary (PMPM basis)

	Base	Current	Trend
Plan Costs			
Total Plan Spend - Medical	\$339.27	\$316.25	-6.8%
Cost Share - Medical	\$37.66	\$38.94	3.4%
Net Employer Paid - Medical	\$301.62	\$277.31	-8.1%
Total Plan Spend - Pharmacy	\$83.44	\$102.62	23.0%
Cost Share - Pharmacy	\$11.75	\$12.27	4.4%
Net Employer Paid - Pharmacy	\$71.69	\$90.35	26.0%
Medical and Pharmacy Cost Share	\$49.41	\$51.21	3.6%

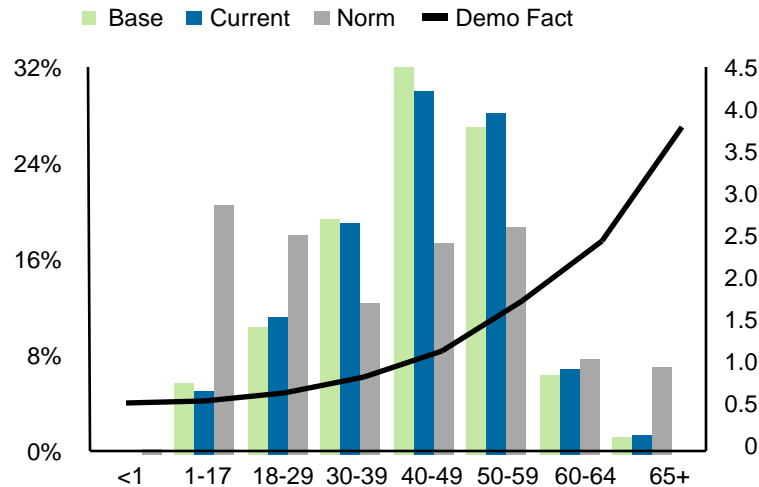
- Medical cost share increased from \$37.66 PMPM to \$38.94 PMPM, and compares to a norm of \$36.86 PMPM

- Medical cost share as a percent of total plan spend increased from 11.1% to 12.3%, and compares to a norm of 9.3%

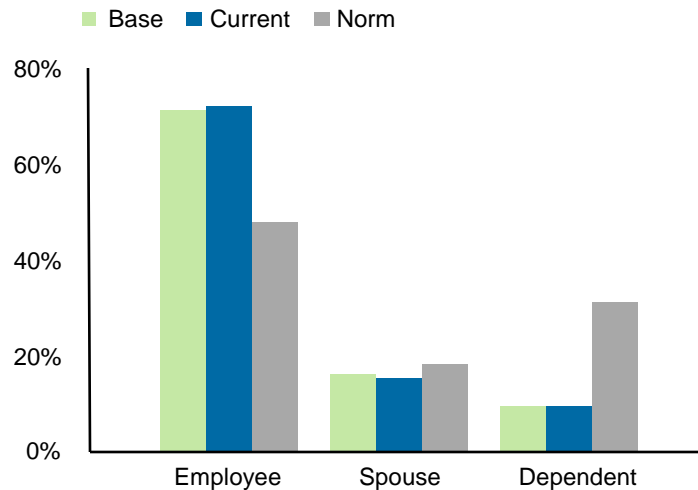


Population Demographic Summary

Percent of membership by age band



Percent of membership by relationship



Key metrics overview

	Base	Current	Trend	Norm
Percent of Pop. Age 40+	65.0%	65.1%	0.1%	49.9%
Average Member Age	43.0	43.3	0.8%	37.5
Average Employee Age	45.8	45.9	0.3%	48.7
Percent of Population Male	58.6%	58.8%	0.2%	52.4%
Percent of Population Female	41.4%	41.2%	-0.2%	47.6%

Average spend by age band

	Base	Current	Trend	Norm
All Members				
40-49	\$280	\$387	38.1%	\$530
50-59	\$623	\$595	-4.5%	\$723
60-64	\$612	\$549	-10.3%	\$892
65+	\$1,319	\$632	-52.1%	\$676
Excluding Catastrophic				
40-49	\$243	\$325	33.6%	\$370
50-59	\$368	\$376	2.0%	\$476
60-64	\$397	\$349	-12.1%	\$550
65+	\$376	\$647	72.2%	\$457

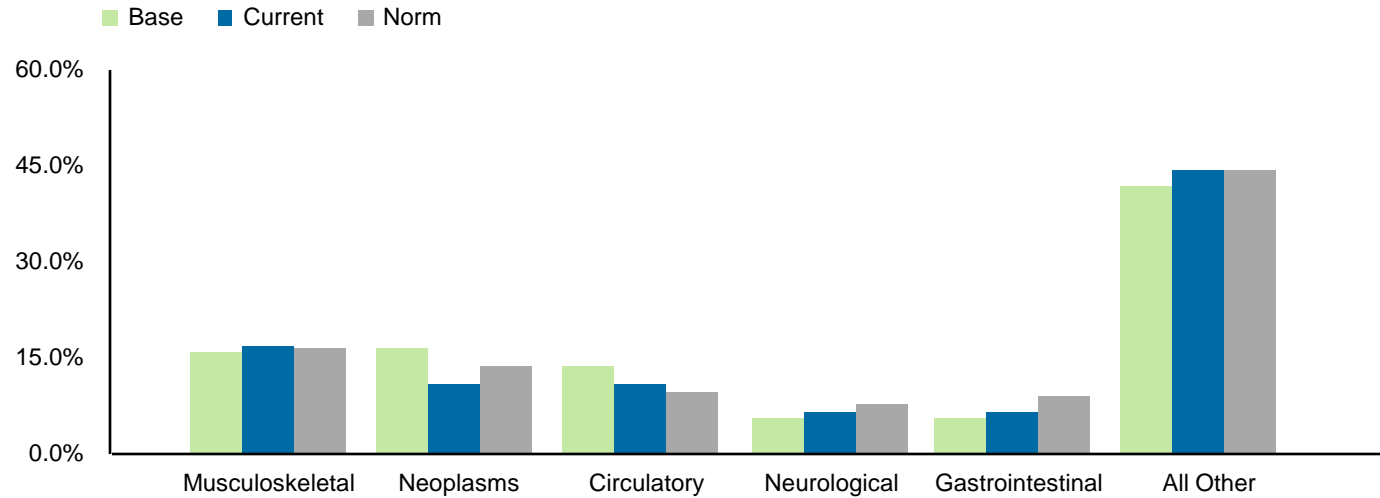
Average spend by relationship

	Base	Current	Trend	Norm
All Members				
Employee	\$472	\$461	-2.4%	\$569
Spouse	\$351	\$382	8.9%	\$717
Dependent	\$175	\$157	-10.1%	\$300
Excluding Catastrophic				
Employee	\$278	\$322	15.8%	\$396
Spouse	\$295	\$338	14.7%	\$481
Dependent	\$175	\$157	-10.1%	\$203



Top Major Diagnostic Groups

Percent of plan cost by diagnostic



Top diagnostic categories (PMPM)

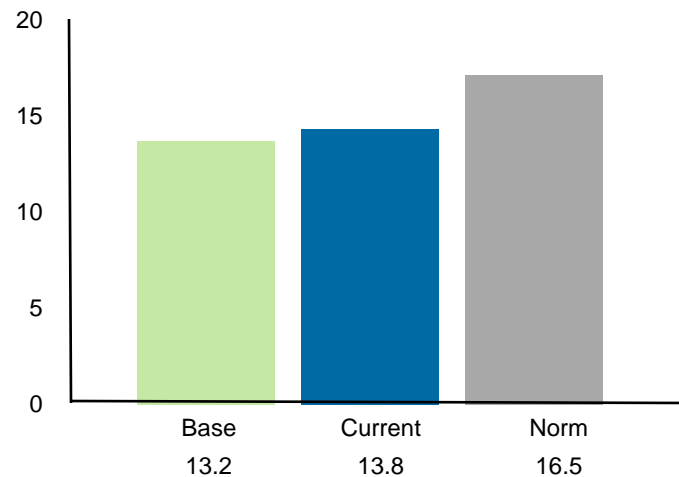
	Base	Current	Trend	Norm
Musculoskeletal	\$53	\$52	-2.5%	\$65
Neoplasms	\$55	\$34	-38.8%	\$54
Circulatory	\$46	\$33	-27.8%	\$38
Neurological	\$19	\$20	5.2%	\$22
Gastrointestinal	\$19	\$20	6.8%	\$35
All Other	\$139	\$136	-2.0%	\$172
Total	\$324	\$299	-7.6%	\$379

- Musculoskeletal was the largest cost contributor in the current period, at 17.4% of total plan cost
- The top five diagnostic groups contributed 54.6% of overall plan cost in the current period
- Musculoskeletal cost decreased from \$53 PMPM to \$52 PMPM, and compares to a norm of \$65 PMPM

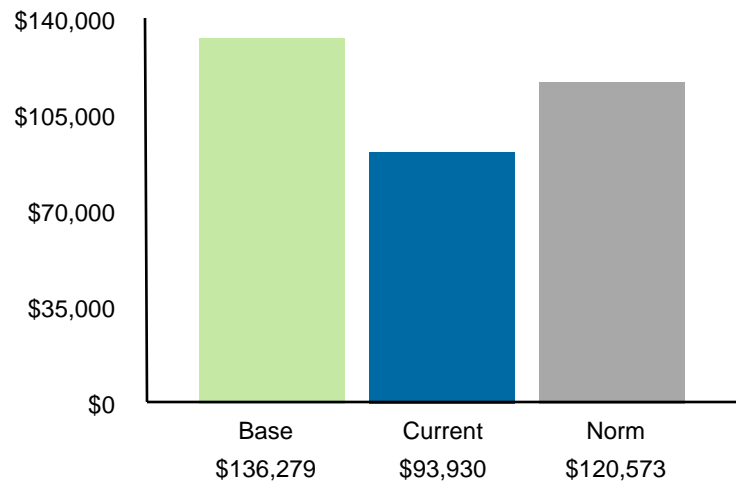


Catastrophic Claim Summary

Catastrophic claimants in excess per 1,000 members



Average plan cost per catastrophic claimant



Member relationship

	Base	Current
Members		
Employee	19	20
Spouse	1	2
Dependent	0	0
Total Members	20	22

Cost Per Member		
Employee	\$135,253	\$95,916
Spouse	\$155,770	\$74,072
Dependent	\$0	\$0

- Plan cost for catastrophic claimants was \$116.66 PMPM in the current period, or 27.9% of the total plan cost of \$418.70 PMPM
- Plan cost for catastrophic claimants decreased from \$158.27 PMPM to \$116.66 PMPM, contributing -9.8% of the overall -0.9% plan trend
- 20 of 22 catastrophic claimants, or 90.9%, in the current period had a chronic condition
- Catastrophic claimant threshold of \$50,000 was used for this analysis



Health Advocacy - Catastrophic Clinical Impact

Top catastrophic claimants - clinical impact

Mbr	Gender	Age	Relationship	ICD Major	ICD Minor	Total (\$)	Clinical Programs
1	F	50-59	Employee	Neoplasms	Other Blood	\$247,369	WI
2	M	50-59	Employee	Neurological	Neuro CNS	\$212,937	COM,ONC,WI
3	M	30-39	Employee	Renal/Urologic	Upper Urinary	\$185,669	INP,WI
4	F	50-59	Employee	Circulatory	Other Heart	\$108,776	WC,WI
5	M	50-59	Employee	End/Nutr/Metab	Diabetes	\$98,484	WI
6	M	60-64	Employee	Neoplasms	Digestive	\$90,587	COM,WI
7	F	50-59	Spouse	Musculoskeletal	Joint	\$88,173	DEP,OST,TDS,WC,WGT,WI
8	F	50-59	Employee	Gastrointestinal	Stom/Int/Pan	\$85,592	COM,INP,WI
9	F	40-49	Employee	Musculoskeletal	Joint	\$85,524	WI
10	F	65+	Employee	Neoplasms	Care/Neoplas	\$82,946	
11	M	40-49	Employee	Circulatory	Other Heart	\$81,873	
12	F	40-49	Employee	Skin	Other Skin	\$71,261	WI
13	M	50-59	Employee	End/Nutr/Metab	Diabetes	\$70,431	WI
14	F	50-59	Employee	Immune Disorder	Allergy	\$66,254	AST,CHF,WC,WGT,WI
15	F	30-39	Employee	Musculoskeletal	Fracture	\$63,467	WC,WI
16	M	60-64	Employee	Circulatory	Other Heart	\$62,873	WC,WI
17	M	40-49	Employee	Infect/Parasit	Bacterial	\$62,817	EAP,WI
18	F	50-59	Employee	Musculoskeletal	Complications Musc	\$62,287	WI
19	M	50-59	Employee	Neurological	Cerebrovascular	\$61,806	INP,WI
20	F	30-39	Spouse	Pregnancy	Preg/Labor	\$59,971	WI
21	M	50-59	Employee	Skin	Infections	\$59,182	COM,INP,WI
22	M	40-49	Employee	Blood/Blood Org	Anemia	\$58,176	DEP,WC,WI

Acronym Key

CM/SPCM Programs (Case Mgmt)

CAT-Catastrophic
COM-Complex
INP-Inpatient
NIC-Neonatal Intensive Care
ONC-Oncology
REH-Rehabilitation
TRN-Transplant

Chronic Coaching Programs

AST-Asthma
CAD-Coronary Heart Disease
CHF-Chronic Heart Failure
CPD-Chronic Obstructive Pulmonary Disorder
DEP-Depression
DIA-Diabetes Mellitus
LBP-Low Back Pain
OST-Osteoarthritis
PAD-Peripheral Artery Disease
WGT-Weight Complications

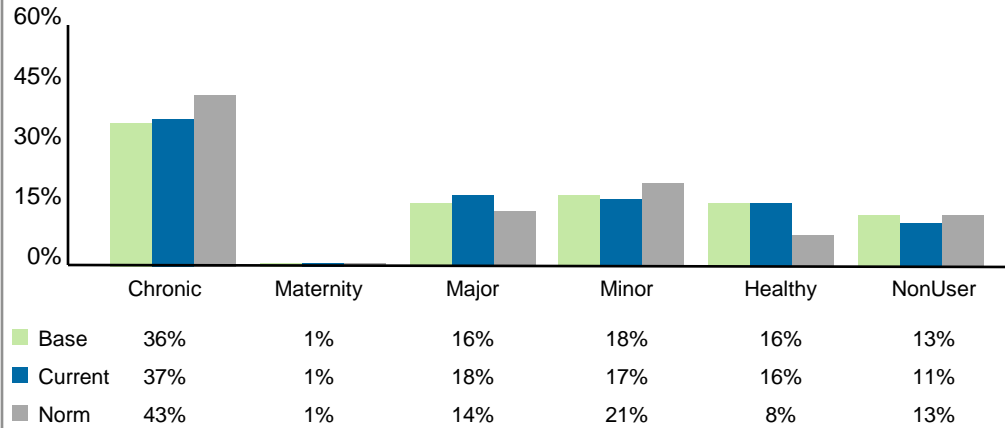
Additional Programs

CCS-Cancer Care Support Program
EAP-Employee Assistance Program
HPHB-Healthy Pregnancies Healthy Babies
LMP-Lifestyle Management Programs
OL-Online Programs
TDS-Treatment Decision Support
WC-Wellness Coaching
WI-Well Informed (Gaps In Care)

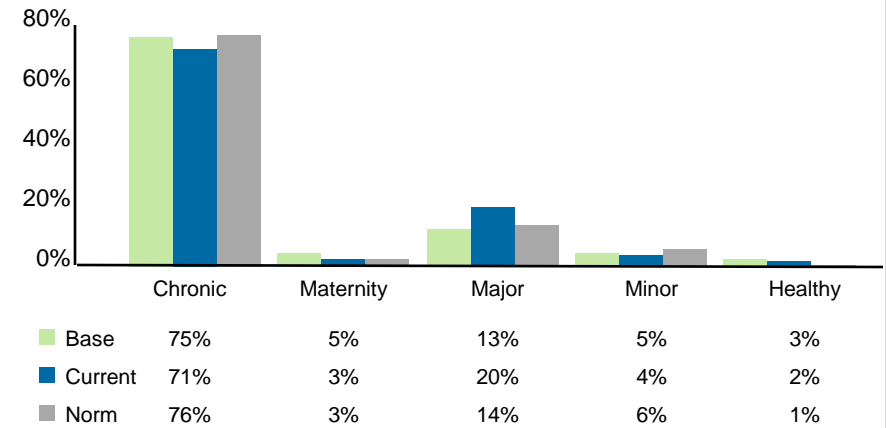


Episode Treatment Group Summary

Distribution of members by category



Distribution of cost by category



Non-User Information

	Base	Current
Average Age	36.9	37.0
Demographic Risk Score	0.93	0.94
Gender Distribution		
% Male	73.6%	74.2%
Male Average Age	37.1	36.6
Male Average Enrollment	10.0	10.6
% Female	26.4%	25.8%
Female Average Age	36.4	38.2
Female Average Enrollment	9.7	9.6

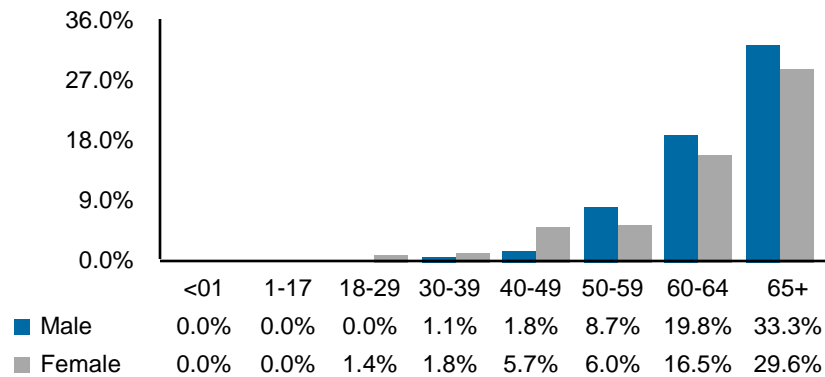
Top Chronic Episodes

	Members		Average Non-Cat. Cost per Condition	
	Base	Current	Base	Current
Chronic				
Hypertension	221	251	\$1,059	\$1,037
Hyperlipidemia	124	133	\$411	\$427
Obesity	83	103	\$432	\$735
Diabetes	77	84	\$2,147	\$2,485
Chr Sex Gland Disorder	66	75	\$981	\$1,064
Thyroid	53	65	\$586	\$698
Visual Disturbance	34	51	\$263	\$347
Coronary Heart Dis	28	38	\$2,130	\$7,075
Male Rep.	28	35	\$571	\$1,531
Psych/Neurotic Disorder	37	34	\$693	\$793



Cancer Summary

Cancer prevalence by age band

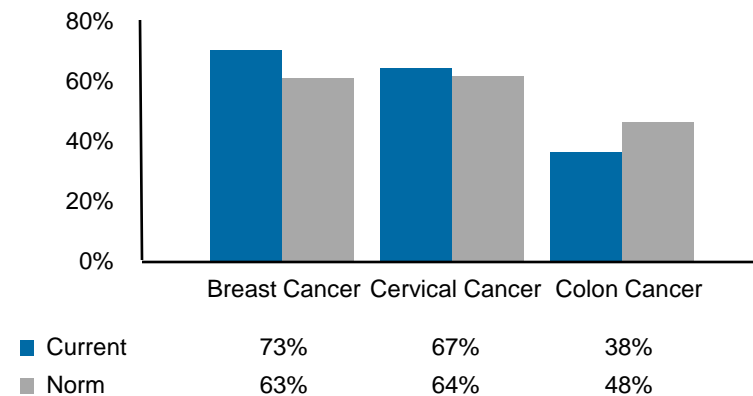


Prevalence and cost by condition

Condition	# of Members	Prevalence	Cancer Cost Per Patient	Total Plan Spend
Dermatology	46	2.9%	\$1,129	\$51,952
Breast	9	0.6%	\$3,365	\$30,286
Male Rep.	9	0.6%	\$6,621	\$59,593
Thyroid	3	0.2%	\$10,542	\$31,625
Neoplastic Disease	3	0.2%	\$85,671	\$257,013
Orthopedic	2	0.1%	\$8,300	\$16,600
CNS	1	0.1%	\$140,816	\$140,816
Female Rep.	1	0.1%	\$2,670	\$2,670
Other	2	0.1%	\$93,426	\$186,852
Total	78	4.9%	\$9,968	\$777,642

- 78 individuals with eligibility in the current period had a cancer episode, or 4.9% prevalence
- Average cost per patient for these episodes was \$9,968 for a total of \$777,524
- The primary cancer type was Dermatology with 2.9% prevalence and \$51,952 in total plan spend

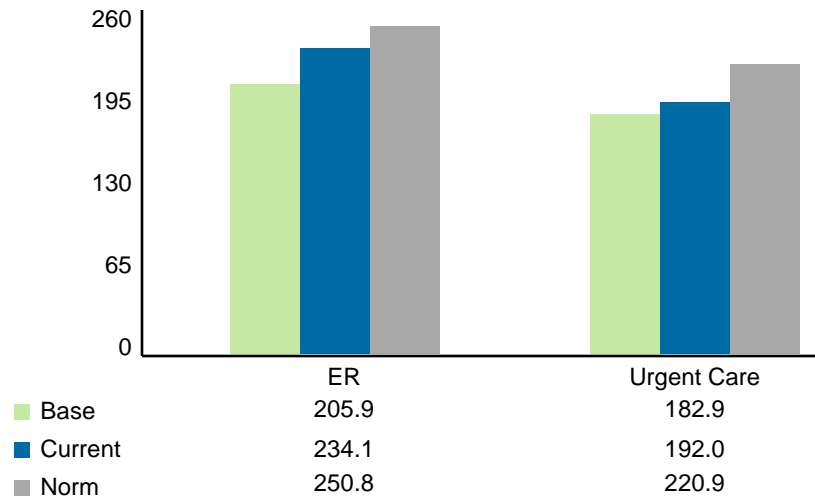
Cancer screening rates



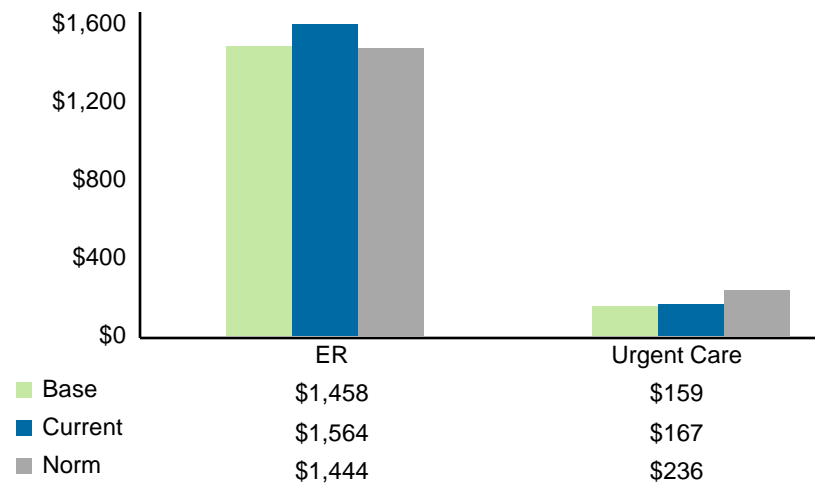


Outpatient - Emergency Room and Urgent Care Detail

Facility outpatient utilization per 1,000 members



Facility outpatient cost per visit



Account summary (PMPM basis)

	Base	Current	Trend	Trend Contribution
Emergency Room	\$25.02	\$30.51	22.0%	1.3%
Urgent Care	\$2.42	\$2.68	10.5%	0.1%
Total Outpatient Facility	\$86.90	\$99.00	13.9%	2.9%
Total Plan Cost	\$422.67	\$418.70	-0.9%	-0.9%

Cost & utilization trends

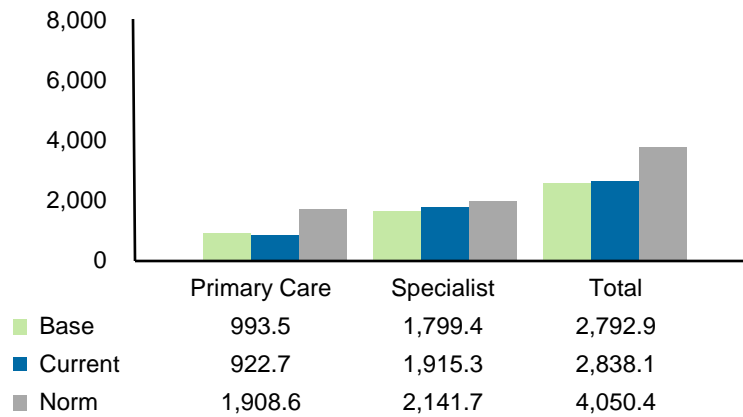
	Visits Per 1000			Cost Per Visit		
	Base	Current	Trend	Base	Current	Trend
Emergency Room						
Non-Steerable	187.5	210.9	12%	\$1,516	\$1,662	10%
Steerable	18.4	23.3	26%	\$863	\$674	-22%
Urgent Care	182.9	192.0	5%	\$159	\$167	5%

- Current period urgent care cost per visit was \$167, compared to emergency room steerable cost per visit of \$674
- In the current period, 37 emergency room visits were steerable representing potential redirect savings of up to \$18,973
- Of the steerable emergency room visits, 100% had a contracted urgent care facility within 5 miles

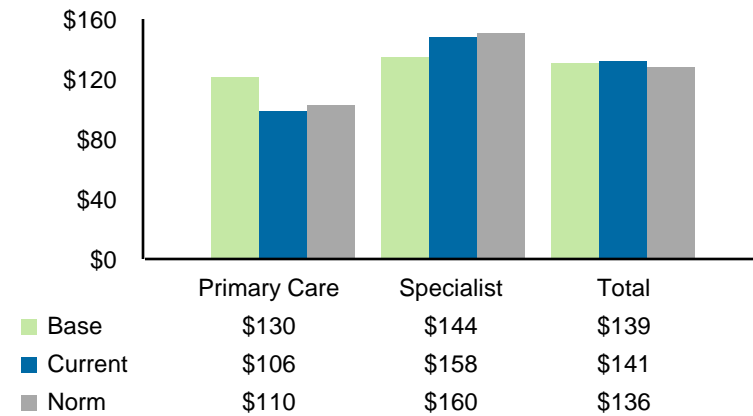


Office Visits

Office visits per 1,000 members



Average plan cost per office visit

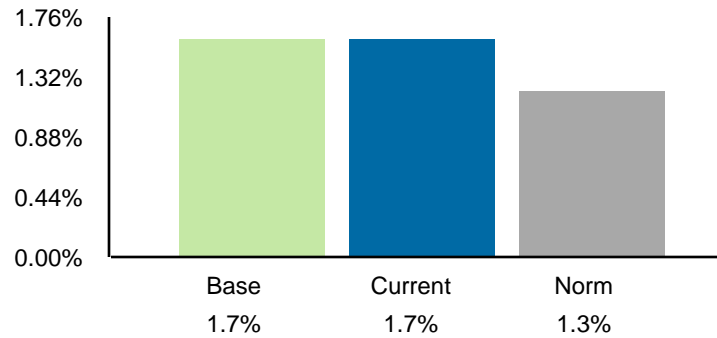


- Office visits per thousand increased from 2,792.9 to 2,838.1, and compares to a norm of 4,050.4
- Cost per visit increased from \$139 to \$141, and compares to a norm of \$136
- Plan spend for Specialists in the current period was \$25 PMPM compared to \$8 PMPM for Primary Care Physicians
- Specialist Evaluation & Management cost increased from \$14 PMPM to \$16 PMPM, an increase of 12.5%

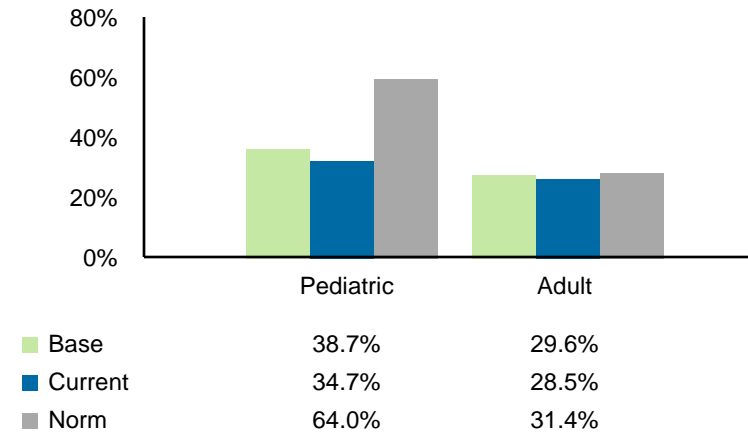


Preventive Care Summary

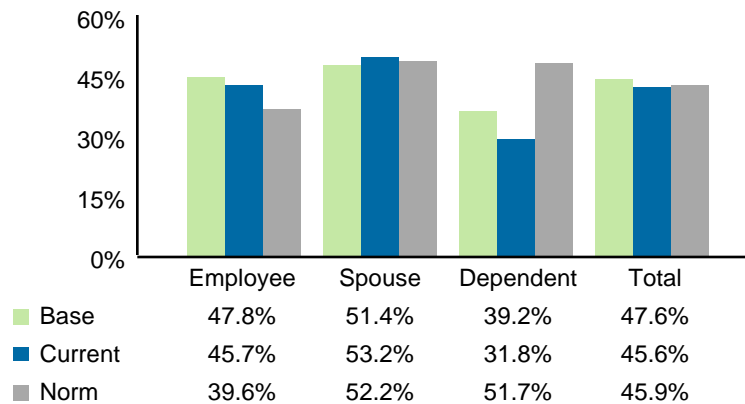
Preventive care as % of total spend



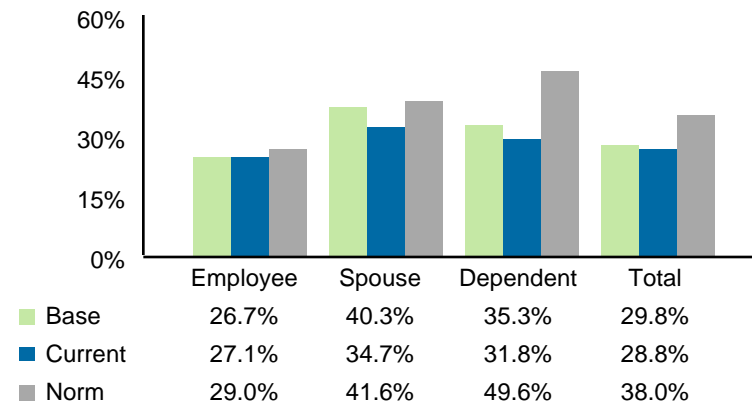
Well visit completion rates



Preventive care utilization (all services)



Well visit completion rates





Pharmacy Key Indicator Summary

Key indicator

	Base	Current	Trend	Norm
Members				
Average Number of Employees	1,116	1,173	5.1%	
Average Number of Members	1,519	1,586	4.4%	
Cost and Utilization Trends				
Ingredient Cost PMPM	\$82.67	\$101.87	23.2%	\$115.35
Employer Paid PMPM	\$71.69	\$90.35	26.0%	\$102.36
Cost Share PMPM	\$11.75	\$12.27	4.4%	\$14.27
Cost Share as percent of Ingredient Cost	14.2%	12.0%	-2.2%	12.4%
Scripts PMPY	8.8	9.3	5.3%	11.1
Retail Adjusted Scripts PMPY	11.5	12.2	6.3%	13.6
Average Ingredient Cost per script	\$112.84	\$132.05	17.0%	\$124.62
Generic Rx Utilization Rate	81.8%	83.5%	1.7%	81.6%
Mail Order Fill Rate - Percent of total	5.9%	4.8%	-1.1%	8.5%
Mail Order Fill Rate - Retail adjusted	13.2%	10.8%	-2.4%	20.0%
Formulary Brand Compliance Rate	80.6%	73.1%	-7.5%	73.7%
Specialty Pharmacy				
Specialty Ingredient Cost PMPM	\$30.45	\$45.21	48.4%	\$33.81
Specialty Scripts PMPY	0.2	0.2	14.7%	0.1
Specialty as Percent of Total Employer Paid	41.0%	48.4%	7.4%	32.4%

- Pharmacy ingredient cost increased from \$82.67 PMPM to \$101.87 PMPM, and compares to a norm of \$115.35 PMPM

- Scripts increased from 8.8 PMPY to 9.3 PMPY, and compares to a norm of 11.1 PMPY

- The generic prescription utilization rate increased from 81.8% to 83.5%, and compares to a norm of 81.6%. Based on the difference between Brand and Generic costs per prescription the savings are \$141,668



Pharmacy Utilization by Therapeutic Class

Pharmacy plan amount & utilization by therapeutic class

	Pharmacy Plan PMPM				Days Supplied			
	Base	Current	Trend	Norm	Base	Current	Trend	Norm
Antiinfectives	\$17.57	\$23.54	34.0%	\$13.98	14,005	16,007	14.3%	13,668
Pain	\$8.49	\$12.17	43.4%	\$17.03	14,047	16,622	18.3%	21,224
Cardiovascular	\$10.74	\$9.63	-10.3%	\$13.38	103,658	111,197	7.3%	104,012
Diabetic	\$8.61	\$9.47	10.0%	\$12.54	21,658	24,688	14.0%	25,251
Hormonal	\$7.86	\$8.59	9.3%	\$11.27	38,816	41,546	7.0%	42,800
Allergy/Respiratory	\$4.91	\$6.43	30.8%	\$6.13	11,674	11,177	-4.3%	20,200
Topical	\$3.92	\$6.25	59.3%	\$6.85	9,312	9,500	2.0%	13,549
Nervous System	\$7.59	\$5.11	-32.7%	\$14.66	48,470	46,247	-4.6%	63,833
Gastrointestinal	\$2.30	\$2.70	17.7%	\$4.84	10,961	11,879	8.4%	18,291
Blood Related	\$0.49	\$1.20	144.0%	\$1.79	3,704	5,161	39.3%	5,200
Supplements/Vitamins	\$0.49	\$0.47	-5.5%	\$0.72	6,401	6,790	6.1%	7,024
Other	\$10.48	\$17.07	63.0%	\$13.44	14,187	14,843	4.6%	16,434
Total	\$83.44	\$102.62	23.0%	\$116.63	296,894	315,657	6.3%	351,486

- Antiinfectives was the top drug class by plan cost in the current period, at \$23.54 PMPM
- Antiinfectives cost increased from \$17.57 PMPM to \$23.54 PMPM, and compares to a norm of \$13.98 PMPM
- Cardiovascular was the top drug class by days supplied in the current period, at 111,197



Top Drugs by Plan Spend

Top 20 drugs by total spend

Current Rank	Drug Name	Indication	Tier	Employer Paid	Cost Share	Plan Spend	Scripts	Base Rank
1	Revlimid	Cancer	Preferred Brand	\$171,641	\$480	\$172,121	12	1
2	Xolair	Asthma	Preferred Brand	\$79,804	\$800	\$80,604	10	4
3	Truvada	HIV	Preferred Brand	\$76,481	\$1,880	\$78,361	46	3
4	Harvoni	Hepatitis	Non-Preferred Brand	\$66,788	\$120	\$66,908	2	6
5	Enbrel	Arthritis	Preferred Brand	\$50,106	\$480	\$50,586	9	7
6	Prezista	HIV	Preferred Brand	\$44,784	\$1,400	\$46,184	35	2
7	Stelara	Psoriasis	Non-Preferred Brand	\$38,057	\$5,764	\$43,821	5	5
8	Atripla	HIV	Non-Preferred Brand	\$40,098	\$720	\$40,818	6	8
9	Prezcobix	HIV	Non-Preferred Brand	\$35,044	\$1,200	\$36,244	15	N/A
10	Cialis	Erectile Dysfunction	Preferred Brand	\$28,966	\$5,053	\$34,018	143	14
11	Viagra	Erectile Dysfunction	Preferred Brand	\$24,738	\$4,595	\$29,333	95	12
12	Jublia	Fungal Infection	Non-Preferred Brand	\$24,018	\$4,740	\$28,757	44	354
13	Prograf	Transplant	Preferred Brand	\$23,935	\$3,314	\$27,250	23	10
14	Crestor	Cholesterol	Preferred Brand	\$20,545	\$4,557	\$25,102	99	9
15	Otezla	Psoriasis	Non-Preferred Brand	\$23,853	\$660	\$24,513	11	N/A
16	Valsartan	Hypertension	Generic	\$21,898	\$0	\$21,898	72	33
17	Androgel	Hormone Replacement	Preferred Brand	\$19,973	\$1,742	\$21,715	33	21
18	Victoza 3-Pak	Diabetes	Preferred Brand	\$19,708	\$1,320	\$21,028	33	11
19	Humira Pen	Arthritis	Preferred Brand	\$18,195	\$160	\$18,355	3	25
20	Tivicay	HIV	Non-Preferred Brand	\$17,250	\$780	\$18,030	13	50

- The top 20 drugs accounted for 45.3% (\$885,645) of all plan spend (\$1,953,224) in the current period



Top Drugs by Volume

Top 20 drugs by number of prescriptions

Current Rank	Drug Name	Tier	Indication	Scripts	Ingred. Cost per Script	Base Rank
1	Atorvastatin Calcium	Generic	Cholesterol	397	\$14.20	1
2	Amlodipine Besylate	Generic	Hypertension	363	\$3.57	2
3	Lisinopril	Generic	Hypertension	358	\$4.08	3
4	Metformin Hcl	Generic	Diabetes	265	\$4.08	4
5	Nature-Throid	Generic	Thyroid	257	\$7.77	25
6	Escitalopram Oxalate	Generic	Depression	217	\$10.76	12
7	Alprazolam	Generic	Anxiety	211	\$3.49	6
8	Simvastatin	Generic	Cholesterol	187	\$6.48	10
9	Levothyroxine Sodium	Generic	Thyroid	185	\$24.52	5
10	Omeprazole	Generic	Ulcer / Heartburn	184	\$8.59	7
11	Oxycodone-Acetaminophen	Generic	Pain	179	\$25.83	9
12	Valacyclovir	Generic	Antivirals	174	\$37.45	17
13	Azithromycin	Generic	Infection	173	\$12.18	11
14	Ibuprofen	Generic	Arthritis / Pain	167	\$5.23	14
15	Hydrocodone-Acetaminophen	Generic	Pain	160	\$15.69	8
16	Losartan Potassium	Generic	Hypertension	149	\$7.84	18
17	Amoxicillin	Generic	Infection	148	\$3.17	16
18	Zolpidem Tartrate	Generic	Sedative	144	\$3.39	13
19	Cialis	Preferred Brand	Erectile Dysfunction	143	\$236.97	24
20	Fenofibrate	Generic	Cholesterol	134	\$69.26	22

- The prescriptions in the top 20 by volume for current period are for the treatment of Hypertension, Cholesterol, Thyroid, Pain, Infection and other conditions



Cohort Population Snapshot

Healthcare Spend & Trend Summary

Total Spend	Base	Current	% Change
Total Medical Spend	\$6,188,026	\$6,029,277	-2.6%
Total Pharmacy Spend	\$1,521,015	\$1,953,224	28.4%
Total Combined Spend	\$7,709,041	\$7,982,501	3.5%

Member Cost Share	Base	Current	Norm
Medical	11.1%	12.3%	9.3%
Pharmacy	14.1%	12.0%	12.2%

Per Capita Spend	Base	Current	% Change	Norm
Total Medical Spend	\$339	\$316	-6.8%	\$397
Total Pharmacy Spend	\$83	\$103	22.9%	\$117
Total Combined Spend	\$423	\$419	-0.9%	\$514

Network Discounts	Base	Current	% Change
Total	66.5%	66.5%	0.0%

Population Specifics

Member Details	Base	Current	% Change	Norm
Ave # EEs	1,117	1,175	5.3%	n/a
Ave # Mbrs	1,520	1,589	4.5%	n/a
Contract Size	1.36	1.35	-0.7%	n/a
% of Female Mbrs	41.4%	41.2%	-0.2%	47.6%
Ave Age of EEs	45.8	46.0	0.3%	48.7
Ave Age of Mbrs	43.0	43.3	0.8%	37.5

Relationship Spend	Base	Current	% Change
Employee	\$472	\$461	-2.4%
Spouse	\$351	\$382	8.8%
Dependent	\$175	\$157	-10.1%

Age Band	Female			Male		
	Base	Curr	% Change	Base	Curr	% Change
<1	\$0	\$88	0.0%	\$0	\$0	0.0%
1-17	\$61	\$111	82.0%	\$50	\$98	96.0%
18-29	\$346	\$225	-35.0%	\$103	\$214	107.8%
30-39	\$535	\$343	-35.9%	\$274	\$159	-42.0%
40-49	\$265	\$351	32.5%	\$153	\$227	48.4%
50-59	\$468	\$413	-11.8%	\$445	\$408	-8.3%
60-64	\$558	\$361	-35.3%	\$392	\$388	-1.0%
65+	\$104	\$489	370.2%	\$1,610	\$481	-70.1%
Total	\$377	\$339	-10.1%	\$286	\$271	-5.2%

Medical Service PMPM Category Trend Analysis & Key Utilization Statistics

Service Category	Base	Current	% Change	Norm
Inpatient	\$23	\$28	22.8%	\$33
Outpatient	\$69	\$79	15.1%	\$80
Professional	\$84	\$93	10.8%	\$105
Other	\$26	\$30	16.0%	\$38
Catastrophic	\$139	\$87	-37.3%	\$141
Pharmacy	\$83	\$103	22.9%	\$117
Total	\$423	\$419	-0.9%	\$514

(per 1,000 members)				
	Base	Current	% Change	Norm
Admissions	46.1	51.0	10.7%	76.4
Bed Days	275.0	225.9	-17.8%	389.6
ALOS	6.0	4.4	-25.8%	5.1
Amb. Surgeries	94.7	105.1	10.9%	118.4
ER Visits	205.9	234.1	13.7%	250.8
Diagnostic Tests	65.1	78.7	20.8%	74.7
OV-PCP	993.5	922.6	-7.1%	1,908.6
OV-Spec	1,799.4	1,915.0	6.4%	2,141.7

City of Fort Lauderdale - 2016 Health Improvement Plan

Policy Year: 1/1/2016 - 12/31/2016

\$87,000 Health Improvement Fund

Updated: 3-24-16

City Hall- Second Wednesday of Every Month at noon-- Reserve with Wendy Sanitation- Fourth Friday or Third Thursday Every Month at 6:30am-- Reserve with Shannon ; 4th Thursday & 4th Friday Fiveash- Third Wednesday of Every Month @ 7:30am-- Reserve with Nancy DSD- Fourth Tuesday of Every Month @ noon-- Reserve with Lizeth				
Month	Program	Description	Estimated Cost	Actual Cost
January	New Year, New You, Meet the Health Center's New Doctor	January 13th-City Hall, January 20th- Fiveash, January 22nd- Sanitation, January 26th- DSD	\$ 2,000.00	\$ 1,201.47
February	Cigna EAP- Family Conflict: Keeping the Peace; Move with the Mayor with TAM & PIO	February 10-City Hall, February 17- Fiveash, February 18th- Sanitation, February 23rd- DSD, February 26th- Move with Mayor	\$ 2,000.00	\$ 1,520.85
March	Preventatives Screenings Lunch & Learn with Dr. Del Pino White	March 9- City Hall, March 16- Fiveash, March 22- DSD, March 30 -Sanitation	\$ 2,000.00	\$ 668.34
April	Mercedes Corp Run	April 7th-\$10 for 100 participants	\$ 1,000.00	\$ 280.00
	Chiropractor for Ergonomic Education & Back Pain		\$ 2,000.00	
May	Health Fair		\$ 25,000.00	
	HIT FITNESS		\$ 2,000.00	
June	Sun Safety with Holy Cross Hospital	Sun Block @ Work	\$ 2,000.00	
July	Hydration		\$ 2,000.00	
August	Cigna EAP (Back it school)-- Send out preventative emails/flyers for employees & spouses to do annual physical		\$ 2,000.00	
September	Tunnel Towers Race	9/11 Race	\$ 250.00	
	Biometrics		\$ -	

October	Nutrition			
	National Breast Cancer Month- Mammovan	MammoVan- Oct 4th- Police Oct 6th- Mills Pond Park Oct 12th - City Hall Oct 13th-DSD Oct 19th - City Hall	\$ -	
	Open Enrollment	October 24th- November 10th ??	\$ -	
November	Turkey Trot Race	Thanksgiving day race	\$ 250.00	
	Cigna EAP: Holiday Stress: Putting "Happy" Back in the Holidays		\$ 2,000.00	
December	Cigna EAP: Holiday Stress: Putting "Happy" Back in the Holidays continue		\$ 2,000.00	
Misc	Pick A Time	January Invoice	\$ 50.00	\$ 40.80
		February Invoice	\$ 50.00	\$ 66.00
		March Invoice	\$ 50.00	
		April Invoice	\$ 50.00	
		May Invoice	\$ 50.00	
		June Invoice	\$ 50.00	
		July Invoice	\$ 50.00	
		August Invoice	\$ 50.00	
		September Invoice	\$ 50.00	
		October Invoice	\$ 50.00	
		November Invoice	\$ 50.00	
		December Invoice	\$ 50.00	
	Fit Bits	100 Fit Bits- purchased 1/22/16	\$ 10,000.00	\$ 7,900.00
	Weight Watchers	Quarter2 (January-March)	\$ 1,450.00	
		Quarter 3 (April-June)	\$ 1,450.00	
		Quarter 4 (July-September)	\$ 1,450.00	
		Quarter 1 (October-December)	\$ 1,450.00	
	Biometrics	Broward Health- Onsite Events	\$ 45,000.00	
			\$ 70,900.00	
				\$ 11,677.46

City of Fort Lauderdale Communication Plan 2016			
2016 Month		Scheduled Initiative	External Communication Piece
Vitamin topic	National Observance/onsite h&w programs		
January		New Year, New You, Meet the Health Center New Doctor	
Powerful Steps for cancer prevention	Walking Seminar	Ringin in the New Year, with healthy new habits 825730a	Monthly Vitamin Communication
			Cigna EAP webinar Information
			January Wellness Calendar
February		Cigna EAP: Family Conflict- Keeping the Peace	Monthly Vitamin Communication
Getting your care at the right place and time	American Heart Month	Move with the Mayor	Cigna EAP webinar Information
		Cigna EAP brochure	Mercedes Corp Run Flyer
			Move with the Mayor Flyer
			LMP Flyers
			February Wellness Calendar
March		Cancer Screening Preventative Exams	
A gut check on probiotics and dairy consumption	National Nutrition E-card, Colorectal Cancer Awareness Month	Take Care of Your one-of-a-kind self male & female flyer 845076; 845077	Monthly Vitamin Communication
		LMP Flyers 882004	Cigna EAP webinar Information
			Mercedes Corp Run Flyer
			March Wellness Calendar
April		Back Pain	
Finanical health	TBD	Mercedes Corp Run	Monthly Vitamin Communication
		Broward Heart Walk	Cigna EAP webinar Information
May		HIT Fitness (Food Labeling marking terms) & STOP BY Booth on reading Cigna EOBs	
Mental health support for you and your loved ones	TBD		Monthly Vitamin Communication
		10 K Steps(possible; Malena needs to present to City)	Cigna EAP webinar Information
			HIT Fitness will bring handouts
June		Sun Safety- Skin Cancer Screeners	
Keep your family active on summer vaction		Holy Cross	Monthly Vitamin Communication
			Cigna EAP webinar Information
July		Hydration/ myCigna Day (discuss EOBs- 30 Minutes)/ Start Biometrics	
Get into interval training	Hydration Challenge		Monthly Vitamin Communication
		Biometrics Reminders	Cigna EAP webinar Information
		Discuss with Dr DPW- if she can provide clinical presentation	
August		Cigna EAP: Back to School	
Gluten facts	National Immunization Awareness e-card	Mailers on annual prevenative visit	Monthly Vitamin Communication
		Biometrics Reminders	Cigna EAP webinar Information
September		Biometrics	
Common childhood illnesses and prevention	Healthy Eating Seminar	Biometrics Reminders	Monthly Vitamin Communication
		OE Prep/Planning	Cigna EAP webinar Information
October		Biometrics/ Open Enrollment/ MammoVan	
Don't go overboard with over-the-counter drugs and supplements	Breast Cancer Awareness eCard Know Your Numbers Seminar		Monthly Vitamin Communication
		Breast Cancer Awareness Month(MammoVan?)	Cigna EAP webinar Information
		OE	OE Communications
		Work on American Heart Association Award	
November		Biometrics/ Open Enrollment/ Cigna EAP: Holiday Stress: Putting "Happy" Back in the Holidays	
Manage stress during holiday travel	Great American Smokeout eCard Maintain Don't Gain Challenge	Walk with the Commissioner- Kick off Healthy Holidays	Monthly Vitamin Communication
		OE	Cigna EAP webinar Information
			OE Communications
December		(Continue) Cigna EAP: Holiday Stress: Putting "Happy" Back in the Holidays	
Fire Safety	Maintain Don't Gain Challenge Holiday Survival Seminar		Monthly Vitamin Communication
			Cigna EAP webinar Information

Cigna Pharmacy Management
Considerations Sharing Calculation
Client Name: CITY OF FORT LAUDERDALE



Period: 01/01/2015 - 12/31/2015

Commercial	Retail	Mail	Total
Total Brand Scripts	5,576	333	5,909
Total Considerations	\$269,118.41	\$75,506.00	\$344,624.41
Guaranteed Terms	100%	100%	
Calculated Payout	\$269,118.41	\$75,506.00	\$344,624.41
Shared Per Brand Script	\$48.26	\$226.74	
Minimum Guaranteed Per Brand Script	\$23.66	\$164.85	
Calculated Payout At Minimum Guaranteed	\$131,928.16	\$54,895.05	\$186,823.21
Pharmacy Considerations Payout			\$344,624.41
Paid To Date			\$259,924.88
Quarterly Payout			\$84,699.53



Rebate Sharing Summary

2014

Payee Name: CITY OF FORT LAUDERDALE
 Payee ID: 1000000729

YTD Totals

Disbursements Due \$	238,063.18
Previous Amount Disbursed \$	181,645.30
Current Amount Disbursed \$	56,417.88

YTD Totals for Percent with Minimum Guarantees

Guarantee Amount \$	193,522.97
Percent Amount \$	238,063.18
Disbursements Due Based on Percent \$	238,063.18

YTD Details

January 1, 2014 - December 31, 2014

Percent with Minimum Guarantees

Guarantee per Claim	Rate \$	Rx Count	Guarantee Amount \$
Retail Brand	22.25	5,617	124,978.25
Mail Brand	154.38	444	68,544.72

Percent	Pct %	Consideration Amt \$	Percent Amount \$
Retail	100	188,318.51	188,318.51
Mail	100	49,744.67	49,744.67

Question and Answers for Bid #565-11755 - Single Source Third Party Administrator, Pharmacy & Employee Assistance

Overall Bid Questions

Question 1

The census does not include tier selections. Please provide an updated census. (Submitted: May 11, 2016 11:04:14 AM EDT)

Answer

- Exhibit 15 has been included for review purposes. (Answered: May 13, 2016 9:41:17 AM EDT)

Question 2

Please clarify what you wish to serve as the "proposal cover sheet" as noted in section 6.2. There does not appear to be a specific document labeled as such for us to include in the proposal. (Submitted: May 12, 2016 2:56:49 PM EDT)

Answer

- A Proposal cover sheet was not included. Each proposer may create their own cover sheet that should include the RFP number, RFP title, due and open date, along with the proposers firm name, address and contact information. (Answered: May 16, 2016 10:11:13 AM EDT)

Question 3

1) Does the current pharmacy benefit allow for up to 90day at retail or just up to 30days? (Submitted: May 17, 2016 10:07:04 AM EDT)

Answer

- To clarify, retail pharmacies can only fill up to a 30 day supply based on the current agreement. Any deviations as a cost savings proposal that is beneficial to the City and the participants should be indicated in the applicable section of the RFP. (Answered: May 23, 2016 3:27:06 PM EDT)

Question 4

Are self-administered specialty medications available at contracted retail specialty pharmacies as well as the PBM specialty pharmacy? (Submitted: May 17, 2016 10:15:28 AM EDT)

Answer

- All specialty medications must be filled by our mail order Cigna Specialty Pharmacy. This standardly translates to allow one fill at a retail pharmacy, and then the any subsequent fills would need to be filled by the Cigna Specialty Pharmacy (Answered: May 23, 2016 11:24:43 AM EDT)

Question 5

It appears that the formulary does have some non-covered or non-formulary items based on the (2016 Cigna Standard RX Drug List 3-Tier Plan under Medications Not Covered) Is that correct? If so, would the Rx3 standard formulary be best formulary to choose? (Submitted: May 17, 2016 10:25:59 AM EDT)

Answer

- Yes best formulary to choose is the 3 Tier Standard Formulary. (Answered: May 23, 2016 11:24:43 AM EDT)

Question 6

You mention that you have a physician and a nurse practitioner as part of your onsite clinic run by Marathon. Can you please supply their names and TIN number? (Submitted: May 18, 2016 7:28:17 AM EDT)

Answer

- This information will be shared with the selected proposer. (Answered: May 23, 2016 11:24:43 AM EDT)

Question 7

In section 6, item 6.12, it gives the GeoAccess parameters for mileage however it doesn't list how many of the providers, specialists and hospitals you would like to fall into that criteria. (i.e. 1 provider within 5 miles and 1 Hospital within 10 miles) Please provide how many providers, specialist and hospitals you would like us to utilize to run the report. (Submitted: May 18, 2016 7:28:35 AM EDT)

Answer

- We have not set specific parameters. Our intent is to identify existing network providers available for existing covered members for the proposing company.

Section 6.12 on Page 24

Geo-Access Report

Provide a geo-access report for members included on the attached census, within 10 miles for primary care, 5 miles for specialists and 10 miles for hospitals, for all zip codes listed. The analysis should include an out of area

(South Florida) component. Include this report in Tab III of your proposal. (Answered: May 23, 2016 11:24:43 AM EDT)

Question 8

You have included documents with your current banking arrangement and P-Card but also ask what our standard banking arrangement is. Do you expect the awarded vendor to maintain your current arrangement or migrate to the carrier's preferred arrangement? (Submitted: May 18, 2016 4:15:31 PM EDT)

Answer

- The City of Fort Lauderdale expects the awarded vendor to maintain our current arrangement unless the awarded carrier suggests a preferred arrangement that is beneficial to the City. (Answered: May 24, 2016 8:45:59 AM EDT)

Question 9

Regarding your banking arrangement, what is your current imprest balance and for how many days of expected claim activity are you maintaining? (Submitted: May 18, 2016 4:15:43 PM EDT)

Answer

- Attached and included in the RFP Section 9, Exhibit 10 and 11, Underwriting Information is the current City of Fort Lauderdale Banking letter and proposed City of Fort Lauderdale Banking Agreement Language. (Answered: May 24, 2016 8:45:59 AM EDT)

Question 10

Does the City expect respondents to redline the current contract and BAA for the response? (Submitted: May 18, 2016 4:15:53 PM EDT)

Answer

- It is required that the selected vendor accept the City's agreement whose provisions will supersede any contradictory provisions contained in other vendor agreements. Any deviations should be noted as indicated in the RFP instructions. (Answered: May 24, 2016 8:45:59 AM EDT)

Question 11

Please clarify their wellness program. The employee handbook speaks to a wellness program and then there is Exhibit 9 that speaks to a Management wellness program. Please confirm if these are the same programs and for all employees? Or are there two versions of programs? How many employees are in the program(s)? (Submitted: May 18, 2016 4:16:05 PM EDT)

Answer

- The City of Fort Lauderdale has a robust wellness program that is available to all employees. As 2016 winners of the Florida Worksite Wellness Award the City utilizes a combination of wellness resources that includes the carrier's wellness programs. In addition the City has a wellness program designed just for Management. For the Management Wellness program, the employee must be a permanent full-time employee under the following categories in order to be eligible: Confidential, Supervisory, Professional, and Management. Temporary full-time employees are not eligible unless they are in the City Management Fellowship Program. All eligible employees are able to participate effective the 1st of the month following the date they become eligible (i.e. date of hire or date of status change). The employee does not need to be on the City's medical plan in order to participate in the Management Wellness Program.

In order to receive the \$500 incentive, eligible employees must complete 3 annual requirements - biometrics, health risk assessment and a coaching session with the Health Center plus complete a minimum of 400 wellness points per year. Employees have to track their wellness activities, participation and involvement on a Wellness Tracker form. When the employee is due for payment (based on date of last paid incentive) and has met the minimum requirements to earn the annual wellness incentive payment, the employee submits the Wellness Tracker form to the Wellness Coordinator. Employees will not receive the incentive payout more than once in a twelve month period. (Answered: May 24, 2016 8:45:59 AM EDT)

Question 12

In regards to the two Performance Guarantees below:

Secure Internet Portals Commitment - Could we get some additional information as to what the City is looking for regarding a PG for Secure Internet Portals Commitment?

Resolution of Eligibility Issues - Are you looking for a response email from the vendor to when they can review their errors from the electronic eligibility file processing? (Submitted: May 18, 2016 4:16:58 PM EDT)

Answer

- The City of Fort Lauderdale requires the proposer's organization provide the City's employees, as administrator, and all covered participants with fully functional secure website portals via internet. Select administrative staff will have access to Employer's portal based on their job function with appropriate level of security and covered participants will have access to the member web portal based on their enrollment. While it is not required, it is considered optimal if the proposer provides a micro-website specifically for the City of Fort Lauderdale's participants.

The City of Fort Lauderdale requires the proposer/vendor resolve any and all eligibility issues for the purpose of coverage and billing/payment. (Answered: May 24, 2016 8:45:59 AM EDT)

Question 13

Exhibit 11 - Proposed Banking Agreement, please confirm that when you refer to "person" it's meant to mean "party." Meaning that we typically overpay providers. (Submitted: May 19, 2016 10:35:39 AM EDT)

Answer

- Proposer may substitute "party" for "person" (Answered: May 23, 2016 1:35:10 PM EDT)

Question 14

Regarding the current onsite clinic. Could we get some additional specifics on what is needed from a medical administration perspective? What is the Tax ID number of the clinic? Does the entire population have access to this clinic? Do they offer Mental Health/Substance Abuse services? (Submitted: May 19, 2016 3:37:56 PM EDT)

Answer

- The City expects the TPA to be able to share claims data (extracts) with the City's selected Health Center Administrator, Marathon, on a monthly basis. We will provide the Tax ID for the Center to the successful proposer. The Center does not provide Mental Health or Substance Abuse Services and is currently available only for eligible participants/dependents enrolled in the Plan. (Answered: May 24, 2016 2:27:06 PM EDT)

Question 15

Please provide a list of services that is included in the current fee. Specifically, what disease management and wellness programs are included in the \$42.10 fee? (Submitted: May 19, 2016 3:38:08 PM EDT)

Answer

- Please see the following list of services for the Administrative Services Only (ASO). Also to clarify the ASO Per Employee Per Month (PEPM) fee is \$42.10 for the OAPN Plan Option 1 & 2. The CDHP/HRA fee is \$47.04 PEPM (\$42.10 + \$4.94 for HRA).

The Network Access fee of \$22.45 includes: \$5.25 for Your Health First -Disease Management (DM), \$3.20 for Health Advisor (DM), \$2.00 for Personal Health Solutions, and \$12.00 is the base access fee. \$19.65 is for the Administrative services. For CDH, HRA fee is additional \$4.94.

This is the list of chronic conditions covered under the Disease Management Program:

• CAD (Angina, Acute Myocardial Infarction) (18 years of age and older)

• Heart Disease (18 years of age and older)

• Heart Failure (18 years of age and older)

• Diabetes Mellitus Type 1 & Type 2 (2 years of age and older)

• Depression (Anxiety, Bi-Polar Disorder) (18 years of age and older)

• Asthma (2 years of age and older)

• Metabolic Syndrome/Weight Complications (18 years of age and older)

• Low Back Pain (18-64* years of age)

• Osteoarthritis (18 years of age and older)

• COPD (Emphysema, Chronic Bronchitis) (18 years of age and older)

• Peripheral Arterial Disease (18 years of age and older) (Answered: May 24, 2016 2:57:37 PM EDT)

Question 16

Please clarify how many data extract files are being requested and the frequency. (Submitted: May 19, 2016 3:38:20 PM EDT)

Answer

- Data Extract files are provided monthly to the Health Center Administrator. The Plan actuary will request files on a as needed basis but probably not more than four times a year. (Answered: May 24, 2016 2:57:37 PM EDT)

Question 17

Please provide the annual rebate revenue. The current arrangement suggests that 100% of rebates are refunded to the City. Please provide the associated revenue with this arrangement. (Submitted: May 19, 2016 3:38:31 PM EDT)

Answer

- See attached rebate reports (Exhibits 22 & 23) (Answered: May 24, 2016 3:03:21 PM EDT)

Question 18

Wellness Center coordination of programs for outreach, wellness and other health services "can the City provide us with the 2015 and 2016 calendars of events as well as the current programs being offered by the Wellness Center?" (Submitted: May 20, 2016 2:44:02 PM EDT)

Answer

- See attached (Answered: May 24, 2016 8:45:59 AM EDT)

Question 19

Annual and Quarterly Reporting "can the City provide us with the last Quarterly Reporting Package along with the last Annual Reporting Package that was provided to the City?" (Submitted: May 20, 2016 2:44:13 PM EDT)

Answer

- See attached (Answered: May 24, 2016 8:45:59 AM EDT)

Question 20

Wellness Program “ can the City provide us with the 2015 and 2016 Wellness Program Plan which typically includes the calendar of events, targeted conditions and budget? (Submitted: May 20, 2016 2:44:23 PM EDT)

Answer

- See calendars attached. (Answered: May 24, 2016 8:45:59 AM EDT)

Question 21

Please confirm if Geos Access reports should be run by County. (Submitted: May 20, 2016 4:30:15 PM EDT)

Answer

- Confirmed, please run the GeoAccess Analysis by County. (Answered: May 23, 2016 3:27:06 PM EDT)