

Monroe County School District

REQUEST FOR PROPOSAL

RFP 2020009

Stop Loss Insurance



Members of the Board

District # 1

BOBBY HIGHSMITH
Chairman

District # 2

ANDY GRIFFITHS

District # 3

MINDY CONN
Vice-Chairman

District # 4

JOHN R. DICK

District # 5

SUE WOLTANSKI

Mark T. Porter

Superintendent of Schools

RFP 2020009 – Stop Loss Insurance

TABLE OF CONTENTS

Table of Contents	pg. 2	Statement of No Bid	pg. 27
Introduction	pg. 3	Contractor Rules	pg. 28
Signature Page for Bid	pg. 4	Debarment Certification	pg. 29
Scope of Work	pg. 5	Identical Tie Proposal	pg. 30
General Information	pg. 16	Non-Collusion Affidavit	pg. 31
- Calendar of Events		Public Entity Crime Statement	pg. 32
- Submittal Requirements		Relationship Disclosure Affidavit	pg. 33
- Conditions and Limitations		Drug Free Workplace Form	pg. 34
- Insurance Requirements		High Risk Offenders	pg. 35
General Terms and Conditions	pg. 19	Request for Taxpayer Identification No.	pg. 36
Acknowledgement of Addendum	pg. 26	Vendor Information Sheet	pg. 37

RFP 2020009 – Stop Loss Insurance

REQUEST FOR PROPOSAL

NOTICE IS HEREBY GIVEN TO PROSPECTIVE PROPOSERS that on November 22, 2019 at 9:00 AM the School Board of Monroe County (the “School District” or “School Board”) will open sealed proposals for the following:

***RFP 2020009
Stop Loss Insurance***

Specifications and proposal documents may be requested from Demand Star by Onvia by calling 1-800-711-1712 or by going to the website www.demandstar.com. The public record documents are available on the district website at www.KeysSchools.com or by contacting the Internal Services Department / Purchasing Division, 241 Trumbo Road, Key West, FL 33040.

Questions regarding the proposal should be directed by e-mail to Jessica Bailey – Buyer, Jessica.Bailey@KeysSchools.com.

From time to time, addenda may be issued to this solicitation. Any such addendum will be posted on www.demandstar.com. You should periodically check the website to download any addendum which may have been issued. The Addendum Acknowledgement must be submitted with the proposal.

Proposals must be submitted electronically to www.demandstar.com. Hard copy or email proposals will not be accepted. All proposals must be received by the Internal Services Department / Purchasing Division on or before November 22, 2019 at 9:00 AM. No waivers shall be allowed for proposals which have not been submitted by the deadline date.

The Monroe County School District reserves the right, at its sole discretion, to accept or reject any and all proposals and to waive informalities when it is in the best interest of the Board to do so.

All proposals must remain valid for a period of ninety (90) days or until the MCSB approves the contract. The School Board will automatically reject the response of any person or affiliate who appears on the convicted vendor list prepared by the Department of General Services, State of Florida, under Section 287.133(3) (d), F.S. (1997).

Recommendation to the District School Board of Monroe County will be based upon a proposal(s) that represent the best interest of the District and award of the contract will be deemed by the board to be in the best interest of Monroe County.

**Suanne C. Lee, CPPO, CPPB, FCRM, RMLO
Director of Internal Services**

Released in Key West, Florida, November 8, 2019

RFP 2020009 – Stop Loss Insurance

***District School Board of Monroe County
Internal Services Department / Purchasing Division***

PROPOSAL FORM

RFP 2020009 – Stop Loss Insurance

BID DUE /BID OPENING DATE/TIME: NOVEMBER 22, 2019 AT 9:00 AM

***PROPOSALS MUST BE SUBMITTED ELECTRONICALLY
TO WWW.DEMANDSTAR.COM. HARD COPY OR EMAIL
PROPOSALS WILL NOT BE ACCEPTED.***

NAME OF COMPANY

***PLEASE BE SURE THAT THE NAME OF
YOUR COMPANY APPEARS ON EACH
PAGE OF THIS PROPOSAL FORM.***

ADDRESS OF COMPANY

***IF SIGNED BY AN AGENT OF NAMED COMPANY
WRITTEN EVIDENCE FROM THE OWNER OF
RECORD OF HIS/HER AUTHORITY MUST
ACCOMPANY THIS PROPOSAL.***

PRINT NAME OF AUTHORIZED SIGNATURE

EMAIL ADDRESS

TELEPHONE No.

FAX

Proposal Certification

I hereby certify that: I am submitting the following information as my firm's (proposer) proposal and am authorized by proposer to do so; proposer agrees to complete and unconditional acceptance of the contents of Pages 1 through 37 inclusive of this Request for Proposal, and all appendices and the contents of any Addenda released hereto; proposer agrees to be bound to any and all specifications, terms and conditions contained in the Request for Proposal, and any released Addenda and understand that the following are requirements of this RFP and failure to comply will result in disqualification of proposal submitted; proposer has not divulged, discussed, or compared the proposal with other proposers and has not colluded with any other proposer or party to any other proposal; proposer acknowledges that all information contained herein is part of the public domain as defined by the State of Florida Sunshine and Public Records Laws; all responses, data and information contained in this proposal are true and accurate.

Signature of
Proposer's Authorized Representative (blue ink preferred on original) _____ Date _____

Name of Proposer's Authorized Representative _____ Title of Proposer's Authorized Representative _____

RFP 2020009 – Stop Loss Insurance

SCOPE OF WORK

I. Scope of Request for Proposal

The Monroe County School Board (School Board) is requesting proposals for Stop Loss Insurance for both self-funded medical and prescription benefits as further described in this Request for Proposal (RFP). Proposal is to be net of commissions to the extent of Florida Purchasing Guidelines. Gallagher Benefit Services, Inc., will be appointed as agent of record and receive compensation as outlined.

This is a re-bid of RFP 2020006 with updated Contract Terms and Conditions (see Section XII.(4)b.2. on page 12) and attachments (including third quarter data). Any questions or requests for additional information must be submitted in writing by the deadline for questions posted in the calendar on page 16 of this bid document. Vendors should submit their best and final offer with their proposal as tentative offers may not be considered.

The School Board is located in Monroe County, Florida with its headquarters in Key West. The School Board's employees reside throughout the Florida Keys, Monroe County and into Miami-Dade County.

For the contract period 2020, Florida Blue will administer the Medical claims and Optum Rx will administer pharmacy claims. It is required that the selected stop loss carrier will prepare stop loss reports for reimbursements and communicate directly with Florida Blue as well as Optum Rx in a timely and efficient manner. This information will also need to flow to Gallagher Benefit Services, Inc. for their review.

- (1) Contract Period: An initial 12-month contract, from January 1, 2020 through and including December 31, 2020, is required. Further, it shall be the option of the School Board to renew the program for up to three (3) additional plan years thereafter.
- (2) Specific Contract
 - Single: \$31.34 (Note that there was no increase over the 2018 rates)
 - Family: \$75.75
- (3) Specific Deductible: \$275,000 with aggregating Individual Deductible of \$130,000 Annual & Lifetime Maximum: Unlimited
- (4) Aggregate Contract
 - Aggregate Corridor: 120%; Annual Maximum \$2,000,000
 - PEPM: \$3.65 (Note that there was no increase over the 2018 rates)
- (5) Coverages: Medical & Prescription Drug
- (6) Terms: Contract is paid in 12 Months.

RFP 2020009 – Stop Loss Insurance

- (7) **Renewal Rates:** Renewal rates are not available as this is the last year of the current stop loss contract. The School Board requests you present your best and final offer at time of proposal. For this RFP and future renewals, the School Board requires that renewal rates be provided no later than September 30th of each year.
- (8) **Retiree Coverage:** There are retirees on the plan. Section 112.0801, Florida Statutes, provides in part: "Any state agency, county, municipality, special district, community college, or district school board which provides life, health, accident, hospitalization, or annuity insurance, or all of any kinds of such insurance, for its officers and employees and their dependents upon a group insurance plan or self-insurance plan shall allow all former personnel who have retired prior to October 1, 1987, as well as those who retire on or after such date, and their eligible dependents, the option of continuing to participate in such group insurance plan or self-insurance plan. Retirees and their eligible dependents shall be offered the same health and hospitalization insurance coverage as is offered to active employees at a premium cost of no more than the premium cost applicable to active employees. For the retired employees and their eligible dependents, the cost of any such continued participation in any type of plan or any of the cost thereof may be paid by the employer or by the retired employees."

II. Current Medical and Rx Plans

Approximately 1,000 employees, COBRA Continuees, retirees and their eligible dependents participate in three (3) Florida Blue plans and Prescription Drug coverage through Med Impact (Note: Optum Rx has been selected as the School Board's PBM vendor for 2020):

- Blue Options Plan 1 – 03768 (Buy-up)
- Blue Options Plan 2 – 03559 (Core)
- Blue Options Plan 3 – 05360 (High Deductible Health Plan)

Please review the plan documents in the Attachments for more information.

Proposers must recognize the School Board's Summary Plan Description of benefits, all deductibles, out of pocket maximums as well as limitations and exclusions as the ruling documents for benefit adjudication and payment, no exception or variation allowed.

III. Role of Consultant

The School Board has requested that Gallagher Benefit Services, Inc. assist them in the evaluation of the proposals based on a wide variety of factors such as: proposed rates; multi-year rate guarantees; value added services and responses to the questionnaire. Gallagher Benefit Services, Inc. will also be appointed as agent of record for this coverage and receive compensation for such services.

RFP 2020009 – Stop Loss Insurance

IV. Insurance Requirements

- (1) Comprehensive General Liability - with minimum occurrence limits of \$1,000,000 and General Aggregate of \$2,000,000 (Should limits of \$1,000,000 be prohibitive due to exposure or availability, \$500,000/\$1,000,000 may be sufficient). The liability policy will need to include an Additional Insured endorsement naming the Monroe County District School Board.
- (2) Commercial Auto Coverage - with minimum combined single limit of \$1,000,000 (Should \$1,000,000 be prohibitive due to exposure or availability, \$500,000 may be sufficient).
- (3) Workers Compensation - Statutory limits and Employers Liability \$100,000 /500,000/100,000. Note, if the contract is with a sole proprietor with no employees, he/she may not have Workers Compensation and may not be required by the state of Florida to carry this coverage. If this is the case and you decide to waive the WC requirement, we recommend that the District specifically include a disclaimer in the contract describing the status as an Independent Contractor and a sole proprietor with no employees and confirming that the District would not be responsible for providing Workers Compensation coverage for any work related injury or illness.
- (4) Professional (errors and omissions) liability policy in the amount of not less than \$2,000,000 covering employees or representatives who provide services to the School Board.
- (5) A fidelity bond in the amount of not less than \$1,000,000 covering those employees or representatives who handle or have possession of monies of the Plan.
- (6) Additional Insured Endorsement: The School Board shall be named as an additional insured on all policies (except Workers Compensation and Professional Liability) that are required by these specifications.
- (7) Cancellation Notice: All policies in effect shall contain cancellation endorsements providing the School Board sixty (60) days written notice of such cancellation, non-renewal and/or reduction in coverage limits prior to the effective date of such cancellation, non-renewal and/or reduction.

V. Minimum Qualifications of Proposer

No proposal will be accepted by the School Board where insurance coverage is provided by a person or organization which is not rated by the following rating firm which is less than the minimum rating specified below.

<u>Rating Firm</u>	<u>Minimum Rating</u>
A.M. Best	A-, with Size of VI or greater

RFP 2020009 – Stop Loss Insurance

VI. Hold Harmless/Indemnification Provision

The successful Proposer shall hold harmless, indemnify and defend School Board, its members, officials, officers and employees against any claim, action, loss, damage, injury, liability, cost and expense of whatsoever kind or nature (including, but not by way of limitation, attorneys' fees and court costs) arising out of or incidental to the performance of the contract or work performed thereunder, whether or not due to or caused by negligence of School Board, its members, officials, officers or employees, excluding only the sole negligence of School Board, its members, officials, officers and employees.

VII. Termination and Non-Renewal Endorsement

Notwithstanding any provision in this Contract to the contrary, except with respect to cancellation of this Contract for non-payment (for which at least sixty (60) days' written notice shall be provided), the Company may not cancel, non-renew, restrict coverage, or restrict the Company's contractual obligations with respect to this Contract except:

- (1) as of the end of the 12 month anniversary of this Contract; and
- (2) then only when such action is to be effective at least one hundred and eighty (180) days after receipt by School Board, of valid written notice from the Company of the Company's intention with respect to such cancellation, non-renewal, restriction of coverage, or restriction of the Company's contractual obligations.

The Company may not effect cancellation of this Contract for non-payment of premium until at least sixty (60) days after receipt by School Board, of valid written notice from the Company of the Company's intention with respect to such cancellation.

The written notice of any cancellation, non-renewal or restriction of the Company's contractual obligations shall be delivered separately to both persons below by certified mail to:

Mr. James Drake
Executive Director of Finance and Performance

AND

Dr. Kathryn Flannery
Employee Benefits & Risk Manager
Monroe County School District
241 Trumbo Road

RFP 2020009 – Stop Loss Insurance

Key West, FL 33040

This contract may be canceled at any time at the request of the School Board, by written notice to the Company stating when thereafter cancellation is to be effective. In the event of termination of this Contract, for whatever reason, the earned fees or other consideration shall be computed on a pro rata basis without penalty, and the Company shall refund the excess of paid fees or other consideration to School Board, within thirty (30) days from the date of termination.

VIII. Re-rating Endorsement

Notwithstanding any provision in this Contract to the contrary, the Company may not affect any increase of rates or other consideration applicable to this Contract except:

- (1) as of the end of the 12 month anniversary of this Contract; and
- (2) then only when such increase is to be effective at least one hundred eighty (180) days after receipt by School Board, of valid written notice from the Company, stating specifically the amount of change proposed. Mere notice that a change in rates or consideration is proposed, without stating clearly the exact amount and the effect of the proposed change on the overall consideration of this Contract, shall not constitute a valid notice.

The written notice of any change in rates or other change in consideration shall be delivered separately to both persons below by certified mail to:

Mr. James Drake
Executive Director of Finance and Performance

AND

Dr. Kathryn Flannery
Employee Benefits & Risk Manager
Monroe County School District
241 Trumbo Road
Key West, FL 33040

IX. Ownership of Claim Data

The School Board shall have all right, title, interest and ownership to all loss statistics created as a result of the services to be provided by the successful Proposer. Further, at the sole option of the School Board, and

RFP 2020009 – Stop Loss Insurance

upon fourteen (14) calendar days' written notice, the successful Proposer shall provide such data to the School Board.

At the termination of the contract, the successful Proposer shall provide the School Board with computer tapes or other computer media containing all of the data required to facilitate a smooth transition. Such data shall be made available within 30 days of written request, in a format generally importable into a commonly recognized database for loss statistics.

X. Proposed Premium:

Your proposal must be submitted as premium rates per enrolled employee and family and provide a composite rate per month. Payment will be remitted to you at the end of each month based on actual enrollment when the monthly report is pulled.

Gallagher Benefit Services, Inc. as our Consultant, is to be paid \$1.75 PEPM as long as the contract remains in force unless changed by the School Board.

XI. Attachments (posted separately)

- (1) MCSD Full Census through September 2019
- (2) Paid Medical and Rx Claims most recent 45 months through September 2019
- (3) HCC through September 2019
- (4) Medical Benefit Summaries
- (5) Rx Benefit Summary
- (6) Current Medical Plan Document

XII. Information To Be Submitted In The Proposal

In order to maintain comparability and facilitate the review process, it is requested that Proposals be organized in the manner specified below. Include all information requested herein in your Proposal.

Proposals should be divided into sections and submitted with the respective **TABS** using the following numbers and titles below:

- (1) TAB 1: INTRODUCTION

RFP 2020009 – Stop Loss Insurance

- a. Title Page: Include RFP number, subject, the name of the Proposer, address, telephone number and the date.
- b. Table of Contents: Include a clear identification of the material by section and by page number.
- c. Letter of Transmittal: Include the names of the persons who will be authorized to make representations for the Proposer, their titles, addresses and telephone numbers.

(2) TAB 2: FORMS

- a. Proposal Forms: Include all required information completed and all signatures as specified (blue ink preferred on original). Any modifications or alterations to this form shall not be accepted and Proposal may be rejected. The enclosed original Required Response Form will be the only acceptable form.
- b. Include proof of insurance at required levels.

(3) TAB 3: REFERENCES

Stop Loss Insurers should provide at least four (4) references for which similar coverage and services have been provided in the past three (3) years. References from the School Board's general geographic area and from similarly sized Florida school districts, counties, municipalities and/or other governments are preferred. Please note that Experience and Qualifications Evaluation Criteria will include References and will be ranked upon original submittal and original submittals are expected to include reference details.

(4) TAB 4: QUESTIONNAIRE

Please respond to the following:

Assume a January 1, 2020 effective date.

a. Experience and Qualifications:

1. How long have you been in business nationally and in Florida?
2. Are you licensed in all 50 states?
3. Explain your ownership structure in detail.
4. Are any changes in ownership or structure expected in the near future?
5. Has your company done business under any other names? If YES, please provide historical background information. Identify any interests your organization may have with associated vendors such as brokerage firms TPAs, carriers, PBMs, etc.
6. How many excess loss clients do you currently have in Florida / Nationally? How many clients

RFP 2020009 – Stop Loss Insurance

do you have with the BUCA's?

7. How much annualized premium do these clients represent in Florida / Nationally?
8. What is your AM BEST rating?
9. Is your organization able to work with any claims administrator (carriers, TPAs, etc.)? If no, explain.
10. Have you ever been suspended for writing coverage in any state? If so, please provide details.
11. Do you have any industries that you consider ineligible?

b. Contract Terms and Conditions:

1. Describe your disclosure process for pre-sale and at renewal (if different). (Cannot accept contingent proposals).
2. Please propose a 24/12 and a 12/15 contract. Each with specific limits of; \$250,000, \$275,000 and \$300,000. Aggregate level set at 120% and 125%. Include an aggregating specific option for each level.
3. Are you able to propose a terminal liability option for a group that may, at some point in the future, choose to convert to a fully-insured arrangement? What is the cost to include this option? Please indicate whether this would be a PEPM or %. Is this option available at initial policy issue and also at renewal?
4. Will your contract waive "actively at work" provisions, based upon HIPAA guidelines?
5. Is your organization's excess loss contract guaranteed renewable? If no, describe your determination and notification methods.
6. Coverage is based on a no-loss/no-gain full transfer of coverage basis. Please confirm. If you disagree, please explain.
7. How does your organization address claims that were denied in one coverage period and paid in another coverage period?
8. Is your organization willing to contact the claims administrator (carriers, etc.) or case management firms directly to obtain additional information related to large claimants?
9. Do you limit the percentage of covered lives that are COBRA and/or retirees? If yes, provide details.
10. Do you laser individuals at policy inception? Do you laser individuals at renewal? If yes, indicate whether this applies only to those lasered under the initial contract terms, or if potentially large claimants are reviewed annually. If you do not laser, will you laser upon request and offer a lower premium? If you do laser, will you offer a premium increase instead of the laser?
11. What is your organization's average turnaround time for specific claims submitted for reimbursement?
12. With respect to specific claims submitted for reimbursement, describe any limitations (e.g., minimum dollar amounts).
13. The School Board requires that the employer's Plan Document/SPD be the controlling

RFP 2020009 – Stop Loss Insurance

document for all claim determinations. Do you agree?

14. Do you offer advance funding or quick pay options for specific claims? If yes, provide details including any additional cost, if any.
15. Assume a January 1, 2020 effective date.
16. What percentage increase do you apply to the “first year” (i.e., PAID / 15) specific pricing to increase the liability from the traditional 12 months to 15 months?
17. What percentage of the risk does your company assume? If less than 100%, please identify the additional reinsurer(s) and the respective percentage of assumed liability.
18. Is there a run-in limit on specific stop loss? If yes, what is the percentage or formula?
19. What is the maximum individual amount your contract recognizes as eligible (i.e., \$2 million, 5 million, unlimited)? \$_____ Do you have more than one option available?
20. How long is your aggregate premium guaranteed? Are you willing to guarantee these rates for a period longer than twelve months? If yes, how would this impact rates?
21. Does your aggregate contract impose an annual maximum claim liability? If yes, identify the amount. Are there other options available? If yes, describe.
22. What percentage, if any, of annual paid claims applies to initial run-in limitations on your aggregate contract? Will your organization waive run-in limitations? If yes, at what cost/percentage?
23. Is there a Transplant Centers of Excellence provision in your contract? If yes, is this voluntary or a mandatory program? If voluntary, do you offer any discounts for including it in the plan? Explain the consequences of non-compliance.
24. When do you require notification of a specific claim? What is your company’s timing requirements with respect to notification and claim filing?
25. Does your contract recognize all eligible employees, dependents, FMLA, retirees and COBRA beneficiaries as defined by the employer’s Plan Document/SPD?
26. Other than the employer’s Plan Document/SPD, does the contract allow for guidelines found in the employer’s Employee Handbook (e.g., leave of absence policy)?
27. Is there ever a situation in which you would deny a claim that was a covered benefit in an employer’s Plan Document/SPD you had previously approved?
28. Detail the process involved in obtaining coverage for out-of-contract services.
29. Identify any restrictions and limitations pertaining to an off-anniversary termination.
30. What are your proof of claim and timely filing requirements for claim reimbursement requests?
31. Who has final claim decision-making authority with respect to specific and aggregate claims?
32. When do you consider a claim paid? Be specific.

(5) TAB 5: REPORTING:

- a. Gallagher Benefit Services, Inc. is to receive a monthly claim file no later than the third week of the following month.

RFP 2020009 – Stop Loss Insurance

- b. List and describe any management reports you are able to provide regularly at no additional charge and the frequency with which this information can be provided. Provide samples of each report.
- c. Do you have the ability to track and report on individual participant claim payments?
- d. Describe your capability to produce ad hoc reports? Is there an additional charge?
- e. Does your system provide web-based reporting tools that allow the client to view and print their reports?

(6) TAB 6: PROPOSED PREMIUM

Include all information requested in section X.

Your proposal must be submitted as both a flat monthly rate per enrolled employee and family per month and as a composite rate. Payment will be remitted to you at the end of each month based on actual enrollment when the monthly report is pulled.

Gallagher Benefit Services, Inc. will be appointed as our agent and will be paid \$1.75 PEPM through the balance of the agreement and this fee should be included in your proposed rate.

Tier	Rate
Individual Rate	
Family Rate	
Composite Rate	
Gallagher Fee Per Employee Per Month	\$1.75
Total Individual (sum of proposed rate and Gallagher Fee)	
Total Family (sum of proposed rate and Gallagher Fee)	
Total Composite (sum of proposed rate and Gallagher Fee)	

XIII. Evaluation Criteria for Stop Loss Insurance Coverage

RFP 2020009 – Stop Loss Insurance

- (1) The Health Insurance Committee (hereinafter referred to as “Committee”), shall evaluate all Proposals received, which meet or exceed, Minimum Eligibility Requirements and Indemnification according to the following criteria:

Experience and Qualifications - 35 points max
Contract Terms and Conditions - 45 points max
Cost of Services - 20 points max
Total = 100 points

- (2) The School Board may require proposers to provide interviews or oral presentations in support of their proposals or to exhibit or otherwise demonstrate the information contained therein. In the event, oral presentation are given, the proposers will be re-rated under the same evaluation criteria listed in this RFP.

XIV. Award

MCSB intends to make award(s) to the Proposer(s) that has complied with the terms, conditions and requirements of the overall RFP. After the conclusion of negotiations, the recommended award would be made for the goods and services sought in the RFP in accordance with the terms of negotiations. The award(s) shall not be a guarantee of business or a guarantee of specified quantities of products or volume of service. An Agreement shall be prepared for execution by the Awardee and The School Board, and shall be governed by the laws of the State of Florida. The agreement approved by the MCSB General Counsel will be submitted to MCSB for final approval.

Approval shall not be a guarantee of business, a guarantee of specified volume of service or minimum dollar revenue to be received on this contract.

RFP 2020009 – Stop Loss Insurance

GENERAL INFORMATION

A. INTRODUCTION

The School Board of Monroe County, Florida, hereinafter referred to as the "School Board" will accept sealed proposals from any responsive and responsible proposer as specified herein. Following is a tentative calendar:

B.

CALENDAR OF EVENTS RFP 2020009		
DATE:	TIME (ET):	ACTION:
November 8, 2019	8:00 AM	Release Solicitation
November 8, 9, 2019	Publication	Notice of Solicitation /Bid Opening
November 13, 2019	5:00 PM	Last day for submission of written questions to MCSD
November 18, 2019	5:00 PM	Last day for MCSD to post answers to questions
November 22, 2019	9:00 AM	Proposal Due/Bid Opening (Open to Public – MCSD Administration Bldg. 241 Trumbo Road, Key West, FL 33040)
November 22-December 1, 2019	TBD	Evaluation by Consultant
December 2, 2019	2:00 PM	Ranking and Selection (During Health Insurance Committee Meeting, Open to Public – MCSD Administration Bldg. 241 Trumbo Road, Key West, FL 33040)
December 2, 2019	5:00 PM	Recommendation to Award
December 17, 2019	3:00 PM	Board Meeting (Open to Public – Coral Shores High School Media Center, 89901 Overseas Hwy, Tavernier, FL 33070)

RFP 2020009 – Stop Loss Insurance

C. SUBMISSION REQUIREMENTS

Proposals must be submitted electronically to www.demandstar.com. Hard copy or email proposals will not be accepted.

1. DemandStar requires that all documents be downloaded, completed, saved and reuploaded to submit your proposal. DemandStar does not support online document completion.
2. The Vendor Contact Information page on the DemandStar site has a required field "BID AMOUNT". The District does not require this field to be completed, but in order to complete the process DemandStar requires input. It is suggested that you input zero. All the District requirements should be included in number one above.
3. It is recommended that you incorporate your response into one document or as few separate uploads as possible when submitting your proposal to DemandStar.
4. The District will only consider proposals that have been uploaded and submitted through DemandStar prior to the bid closing date and time. Allow sufficient time to complete your proposal.
5. **IMPORTANT INFORMATION:** When finished uploading all required documents, at the end of the document, you must submit your response. After clicking "Submit Response" the following process will begin:
 - a. DemandStar will verify that your response is complete as entered.
 - b. You will see a confirmation page with your confirmation number and date/time stamp of your upload.
 - c. You will receive a confirmation e-mail indicating a successful response submittal.
 - d. If you do not receive any of the above, please call DemandStar Supplier Services at (800)711-1712.
6. Be advised that registering with DemandStar is a FREE service if registering to receive Monroe County School District solicitations.

The proposal must be signed by a person(s) legally authorized to conduct business in the name of the Proposer. The name, office address, e-mail address and office telephone number of the representative designed to serve as a liaison with the School Board must be included. Proposals received, which are at variance with these instructions, may not be given further consideration.

The proposal package must be submitted no later than November 22, 2019 at 9:00 AM.

D. WRITTEN EVALUATION / ORAL INTERVIEW OR PRESENTATION EVALUATION

Responses will be distributed to a selection committee for review and evaluation. The evaluation criteria will be listed in the scope of work of this document. The committee will then discuss and scores will be tallied. After an evaluation of the proposals, the selection committee may select a vendor or conduct interviews or request presentations from a short list of vendors.

In accordance with Florida Statute 286.0113, the oral interviews, presentations, and evaluation committee meetings will be exempt from the public meeting requirement (F.S. 286.011) in cases where the following activities occur:

1. Any portion of a meeting at which a negotiation with a vendor is conducted pursuant to a competitive solicitation, at which a vendor makes an oral presentation as part of a competitive solicitation, or at which a vendor answers questions as part of a competitive solicitation is exempt from s.286.011 and s. 24(b), Art. I of the State Constitution.

Any portion of a team meeting at which negotiation strategies are discussed is exempt from s. 286.011 and s. 24(b), Art. I of the State Constitution.

2. A complete recording shall be made of any portion of an exempt meeting. No portion of the exempt meeting may be held off the record.

The recording of, and any records presented at, the exempt meeting are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution until such time as the agency provides notice of an intended decision or until 30 days after opening the bids or proposals, whichever occurs earlier.

RFP 2020009 – Stop Loss Insurance

E. CONDITIONS AND LIMITATIONS

- a) The School Board reserves the right to reject any and all proposals, to waive any irregularities or informality, and to accept or reject any items or combination of items.
- b) The School Board may consider all proposals and reserves the right to award the contract(s) in the best interest of the School Board.
- c) A proposal may not be withdrawn before the expiration of ninety (90) days after the proposal due date.
- d) The School Board will not reimburse proposers for any costs associated with the preparation and submittal of any proposal, or for any travel and per diem costs incurred.
- e) Proposer acknowledges that all information contained within their proposal is part of the public domain as defined by the State of Florida Public Records Law.
- f) Proposers, their agents and/or associates shall refrain from contacting or soliciting any official of the Monroe County School District or School Board member regarding this proposal during the selection process. Failure to comply with this provision may result in disqualification of the proposer.
- g) The proposal and the related responses of the selected proposer will by reference become part of the formal agreement between the selected proposer and the School Board.
- h) The School Board and the selected proposer(s) will negotiate a contract or contracts as to terms and conditions. In the event an agreement cannot be reached with the selected proposer in a timely manner, the School Board reserves the right to select an alternative proposer.
- i) Cancellation: In the event the proposer violates any of the provisions of this proposal, the Superintendent shall give written notice to the proposer stating the deficiencies and unless deficiencies are corrected within five (5) days, recommendations will be made to the School Board for immediate cancellation. The School Board reserves the right to terminate any contract resulting from this proposal at any time for any reasons, upon giving thirty (30) days prior written notice to the other party.
- j) Non-Discrimination: There shall be no discrimination as to race, sex, color creed, or national origin in operations conducted under this contract.
- k) Selling, Transferring or Assigning Contract: No contract awarded under these terms, conditions and specification shall be sold, transferred or assigned. In the event that the Proposer to which the contract is awarded merges with another entity, the School Board has the option to remain with the new institution or cancel the contract by giving 120 days advance written notice to the institution.

F. INSURANCE REQUIREMENTS

Comprehensive General Liability - with minimum occurrence limits of \$1,000,000 and General Aggregate of \$2,000,000 (Should limits of \$1,000,000 be prohibitive due to exposure or availability, \$500,000/\$1,000,000 may be sufficient). The liability policy will need to include an Additional Insured endorsement naming the Monroe County District School Board.

Commercial Auto Coverage - with minimum combined single limit of \$1,000,000 (Should \$1,000,000 be prohibitive due to exposure of availability, \$500,000 may be sufficient).

Workers Compensation - Statutory limits and Employers Liability \$100,000 /500,000/100,000. Note, if the contract is with a sole proprietor with no employees, he/she may not have Workers Compensation and may not be required by the state of Florida to carry this coverage. If this is the case and you decide to waive the WC requirement, we recommend that the District specifically include a disclaimer in the contract describing the status as an Independent Contractor and a sole proprietor with no employees and confirming that the District would not be responsible for providing Workers Compensation coverage for any work related injury or illness.

RFP 2020009 – Stop Loss Insurance

GENERAL TERMS & CONDITIONS

1. PREPARATION OF PROPOSALS:

- a) **Bidder's Liability:** Respondents are expected to examine the specifications and all special and general conditions, requirements, and instructions. Negligence on the part of the respondent to make the necessary examinations and investigations, visit appropriate site locations and become familiar with ALL locations covered under this solicitation, or failure to fulfill, in every detail, the requirements of the contract documents, will not be accepted as a basis for varying the requirements of the district or for paying additional compensation to the contractor. Failure to do so is at the contractor's risk.

Failure to follow the instructions contained in the solicitation for completion of a solicitation response is cause for rejection of a proposal.

- b) **Submittal of Proposals: PROPOSALS MUST BE SUBMITTED ELECTRONICALLY TO DEMANDSTAR.COM.** *Hard copy or email proposals will not be accepted. Any company not responding to this request with either a proposal or a "NO BID" may be removed from the active broadcast list.*

- c) **Receipt of Proposals:** The Internal Services Department / Purchasing Division is not responsible for timely submission of proposals. The Respondent is responsible to allow adequate upload time ensuring confirmation of submission from DemandStar is received by the specified due date and time.

- d) **Minimum Required Documents:** The following documents must be returned with your proposal to be considered responsive:

- i) Completed and signed **Invitation Package**
- ii) Completed **Proposal** form(s)
- iii) Certificate of Insurance

- e) **Forms:** All proposals must be submitted on and comply with the proposal forms provided. If additional space is required, the respondent may submit an attachment which will become part of the proposal response. The Invitation Package **must** be signed by the owner or authorized officer/agent of the company submitting a proposal or the proposal will be rejected. Hard copy, facsimile (FAX), or email proposals will not be considered.

- f) **Quoted Prices:** Prices are to be submitted in accordance with the quantities required, which appear in the solicitation invitation. Unit prices will prevail over extended totals whenever the extended amount is in conflict with the estimated quantity (x) the unit price. When a total group price of two or more distinct items is requested, the Internal Services

Department / Purchasing Division reserves the right to verify mathematical extensions and totals, correct extensions and totals if necessary and recommend an award based upon the overall group total.

- g) **Freight Terms:** All items are to be proposed **FOB destination** with all transportation charges prepaid and included in the proposal prices and title transferring to the district at the time of delivery, unless otherwise stated in solicitation. Any exceptions to these freight terms taken by the respondent must be clearly stated in the respondent's proposal. The Internal Services Department / Purchasing Division will evaluate any such exceptions and determine if the exception constitutes grounds for rejection of the respondent's proposal.

- h) **Item Specifications:** Specifications in this document may reference specific manufacturers' products and list their model or part numbers, followed by the words "or equal" or "approved brands". Unless the words "only" or "No Substitutes" is used in place of "or equal", these references are intended to establish a quality and performance standard only. Anything listed, herein, of a proprietary nature is done so without express knowledge or intent to exclude other manufacturers' products from consideration.

i) The term "No Substitutes" or "Only" may be used when compatibility with other articles or materials is required or if standardization is desired.

ii) Any item proposed as an alternate which lacks sufficient descriptive literature or technical information to enable a complete comparative analysis, may prevent its consideration.

iii) If the respondent does not clearly state in their proposal that an item proposed is an alternate to that specified, the respondent must furnish the specified item upon receipt of a purchase order or else be declared in breach of contract.

- i) **Insurance Certificate:** When an insurance certificate is required, detailed specifications for this insurance will be included in the Insurance Requirement section of the solicitation.

- j) **Product Certification:** When product certification is requested, the respondent must submit a signed, notarized affidavit along with their proposal attesting that the item meets all specifications requested.

- k) **Proposal Organization:** Respondents are expected to organize their proposals in such a manner as to facilitate the evaluation process. Proposals should be keyed or indexed to correspond with this solicitation. Responses should be correlated to the specific Submittal, Criterion, Section or Paragraph Number of the **Competitive Solicitation** or **Request for Qualifications** being addressed. District staff will make a reasonable effort to locate information in the proposals;

RFP 2020009 – Stop Loss Insurance

however, failure to follow this suggested format may make location of critical submittal information difficult, possibly resulting in a loss of appropriate point credit or complete rejection of your proposal.

2. INQUIRIES/INFORMATION: Any questions by prospective respondents concerning requirements of this solicitation should be addressed by e-mail to Jessica.Bailey@KeysSchools.com. The Internal Services Department / Purchasing Division will assist vendors and facilitate questions to the appropriate individuals as deemed necessary. Requests for interpretation of the solicitation or additional information should be communicated to the Internal Services Department / Purchasing Division by e-mail prior to the "Last Day for Submission of Written Questions" period listed on the Calendar of Events. Vendors are encouraged to visit www.demandstar.com to obtain this information. The following information is available from this location, 24 hours per day, 7 days per week:

- A copy of a solicitation packet for a contract or project currently issued and any associated addenda (It is the respondent's responsibility to check www.demandstar.com frequently for an updated list of issued addenda)
- A listing of solicitations scheduled for award
- Historical solicitation award information
- A copy of all required documentation

3. ACCEPTANCE AND WITHDRAWAL OF PROPOSALS: A proposal (or amendment thereto) will not be accepted by the Internal Services Department / Purchasing Division after the time and date specified for the proposal opening, nor may a proposal (or amendment thereto) which has already been opened in public be withdrawn by the respondent for a period of ninety (90) calendar days after the proposal opening date and time, unless authorized by the Superintendent. By written request to Superintendent, the respondent may withdraw from the solicitation process and ask to have their sealed proposal returned at any time prior to the closing date and time for the receipt of proposals.

4. AMENDMENT & CANCELLATION: The Internal Services Department / Purchasing Division reserves the right to cancel, recall and/or reissue all, or any part, of this solicitation or request for proposal, at any time, if it is found to be in the best interest of the district to do so.

5. SOLICITATION OF DISTRICT EMPLOYEES & ACCEPTANCE OF GRATUITIES: The district expressly prohibits respondents from making any offer of employment or any other offering of value to any employee of the district who is directly or indirectly involved in the development, solicitation or evaluation and subsequent recommendation for award of this solicitation.

6. QUALIFICATIONS OF RESPONDENT: Proposals will be considered only from contractors, manufacturers, authorized

distributors or dealers who are normally engaged in the manufacture, sale or distribution of the materials or services requested herein. The respondent must have adequate organization, facilities, equipment and personnel to ensure prompt and efficient service to the district. The Internal Services Department / Purchasing Division expressly reserves the right to reject any proposal if it determines that the business and technical organization, equipment, financial and other resources, or experience of the respondent, compared to work proposed, justifies such rejection.

7. CONFIDENTIALITY OF STUDENT RECORD INFORMATION: Student record information may be provided to vendors to enable them to respond to a sealed competitive solicitation or to a Request for Proposal, or to perform under a contract already awarded to them. Vendors are hereby notified that any such student record information must be kept strictly confidential and may not be released to any other person or entity without authorization, pursuant to FS. 228.093 and Rule 6A-1.0955, FAC. Failure to comply with this directive could result in civil liability.

8. NON COLLUSION: The respondent, by affixing its signature to this proposal, certifies that its proposal is made without previous understanding, agreement, or connection with any person, firm or corporation making a proposal for the same item(s), and is in all respects fair, without outside control, collusion, fraud, or otherwise illegal action.

9. CONFIDENTIALITY OF INFORMATION SUBMITTED BY RESPONDENT: The district reserves the right to retain all copies of respondents' proposals and associated documentation submitted. Under Florida's public records laws, sealed proposals received by the district pursuant to competitive solicitations or requests for proposals may only be kept confidential until such time as the district provides notice of a decision or intended decision or within 30 days after the proposal opening, whichever is earlier. Vendor requests to hold certain submitted materials or information in confidence cannot generally be honored. If a vendor feels that public scrutiny of certain information requested in the solicitation documents could be detrimental to its business, the vendor should notify the district and cite the governing statute which exempts such material from public scrutiny.

In the matter of solicitations requiring a negotiation process; If the District rejects all sealed replies, the records may remain exempt from Florida Statute 119.07 until such time as the District provides notice of a decision or intended decision pursuant to Florida Statute 120.57(3)(a) concerning the reissued invitation or until the District withdraws the reissued invitation. Records may not remain exempt for longer than 12 months after the initial notice rejecting all replies. (FS 286.0113(3))

10. SUBCONTRACTING: The respondent must describe in their proposal, all responsibilities that the respondent anticipates assigning or subcontracting, identify all the

RFP 2020009 – Stop Loss Insurance

subcontractors and also describe how the respondent will manage these subcontractors. The vendor will be held directly responsible and liable for the actions of all of its subcontractors and the actions of its subcontractors' employees.

11. INTELLECTUAL PROPERTIES: If this agreement specifically provides for product development work on behalf of the District, any discovery, invention or work product produced for the District under this contract shall be the sole and exclusive property of the District. The vendor assigns to the District any and all claims of any kind, type or nature to such property, including but not limited to patent rights, copyrights and rights in data, arising out of the specific development covered by such agreement. Unless specifically agreed by the parties in writing, this paragraph will not apply to customizations of vendor's product. Any intellectual property rights arising out of such customizations will be the property of vendor. The parties acknowledge that if this Agreement does not specifically include the funding of any development, then all products, processes, or similar works developed and/or prepared by vendor in the course of this Agreement shall be the exclusive property of the vendor.

12. PUBLIC ENTITY CRIME & CONVICTED VENDOR LIST: Per the provisions of Florida Statute 287.133 (2)(a), "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 Florida Statute 287.017 for **CATEGORY TWO** for a period of 36 months from the date of being placed on the convicted vendor list".

13. PROPOSAL PREPARATION COSTS: The costs to develop the proposal are entirely the responsibility of the respondent, and shall not be charged in any manner to the district. This includes, but is not limited to, the direct cost of the respondent's personnel assigned to prepare the respondent's response to this solicitation and any out-of-pocket expenses (including, but not limited to, travel, accommodation, supplies) incurred by the respondent in preparing their proposal.

14. VARIANCE TO SOLICITATION DOCUMENTS: For the purpose of proposal evaluation, respondents must clearly stipulate any or all variances to the solicitation documents or specifications, no matter how slight. If variations are not stated in the respondent's proposal, it shall be construed that the proposal submitted fully complies in every respect with our solicitation documents.

15. ADDENDA TO SOLICITATIONS IN PROCESS: Interpretations of the solicitation, clarification of solicitation

specifications and requirements or changes to the solicitation which have a *material effect* will be documented and communicated to respondents **only by written addenda posted on www.demandstar.com**. Verbal responses to respondents' questions do not constitute an *official response* unless documented in the form of written addenda and shall be considered inadmissible in bid protest proceedings. All such written addenda should be acknowledged on the "**Addendum Acknowledgement Form**" or by returning a copy of the signed addendum along with your proposal as proof of receipt. Failure to acknowledge such addenda may constitute cause for rejection of your proposal. Hard copy, telegraph, facsimile, or email acknowledgements of addenda will not be accepted.

16. FLORIDA STATE CONTRACTS & FLORIDA DEPARTMENT OF EDUCATION CONTRACTS: If a company currently holds a contract with the State of Florida, Department of Management Services, Division of Purchasing or the Florida Department of Education (FDOE), to supply the products or services requested in this solicitation, the respondent shall quote not more than the prices listed in these approved contracts. Failure to comply with this request may result in disqualification. The Internal Services Department / Purchasing Division reserves the right to reject all proposals and purchase from State contracts or FDOE contracts if doing so represents the best interests of the district.

17. SAFETY REQUIREMENTS: All items proposed must comply with ALL applicable safety requirements as required by Federal, State and local regulations, OSHA & EPA guidelines, and any other laws and regulations that govern the item(s) or services requested in this solicitation. All electrically operated equipment shall be UL® rated or approved. Corded equipment shall have a 3-wire grounded power cord or be double insulated and labeled as such.

18. PURCHASE OF MATERIALS WITH RECYCLED CONTENT: The Internal Services Department / Purchasing Division will seek alternative proposals, whenever possible, for select products containing recycled materials. Such products shall be purchased as long as all specifications are met and the price does not exceed an amount 10% more than the cost of comparable products made from 100% virgin materials.

19. MANUFACTURER'S CERTIFICATION: The Internal Services Department / Purchasing Division reserves the right to request a separate letter from the manufacturer of the products proposed certifying that all statements and claims made in the proposal are true, and that all products proposed meet or exceed the specifications stated in the solicitation documents.

20. SOLICITATION QUANTITIES: Quantities listed in the solicitation are estimates provided for respondent information purposes only. No guarantee is given or implied as to the exact quantities which will be purchased from this solicitation. The district reserves the right to increase or decrease all estimated quantities during the term of this contract or to delete any item

RFP 2020009 – Stop Loss Insurance

or items as it deems appropriate, without affecting the proposal pricing or the terms and conditions of the solicitation.

21. METHODS OF AWARD:

- a) **“By Item”**: Each item in the solicitation may be awarded individually to the lowest responsive and responsible respondent.

- b) **“All or None by Group, Section or Category”**: The solicitation will/may be divided into Groups, Sections or Categories of similar types of items when it would be impractical to split the award to multiple vendors. Each Group, Section or Category will be awarded to the lowest responsive and responsible respondent for all items contained within the Group, Section or Category. Respondents are required to propose on all items within the Group, Section or Category in order to be considered for award of that Group, Section or Category. After proposals are opened and tabulated, the Internal Services Department / Purchasing Division reserves the right to delete one or more items within a Group, Section or Category and recommend award of the balance of the items contained within that Group, Section or Category, when to do so represents the best interests of the district.

- c) **“All or None”** The solicitation will/may be awarded to all respondents to the solicitation, or may be awarded to no respondents. In the event of awarding to no respondents, the school district will issue a “Notice to Reject All Bids”.

- d) **“Primary & Secondary Suppliers or Contractors”**. The solicitation is awarded to both a **Primary** and a **Secondary** supplier or contractor when it is critical to have a backup source of supply, or when it is anticipated that only one vendor cannot effectively handle the volume of business generated under the contract. In the event that the **Primary** supplier or contractor cannot perform in accordance with the district's needs, the district reserves the right to use the **Secondary** supplier or contractor at its sole discretion. The **Primary** and a **Secondary** suppliers or contractors are defined as the two lowest Responsive and Responsible respondents.

- e) **“Rotating Short List of Contractors”**. An RFQ is awarded to a short list of Responsive and Responsible contractors, the number of which is pre-defined in the solicitation documents. The district will use a list of selection criteria to determine eligibility to make the short list. Project work is rotated through the short list as it is identified. Every effort is made to equitably distribute the workload amongst all contractors.

- f) **“Qualified Supplier Sourcing”** An RFQ (*Request For Qualifications*) is awarded to a listing of suppliers based on qualification criteria. The district will use a list of selection criteria to determine eligibility and award consideration.

22. DELIVERY LEAD TIME: Each respondent shall state the number of consecutive calendar days they require after receipt

of order (A.R.O.) to either complete delivery or provide the requested services in the space provided on the **Proposal** form. The length of time to complete a project and deliver all of the items ordered could be a factor in awarding this solicitation. If a finite number of days have been specified for delivery or project completion, this deadline must be met. If a finite number of days have not been specified in the solicitation and the respondent has not stipulated a specific lead time for delivery in their proposal, orders will be considered delinquent after 30 days from the issue date of the purchase order.

23. TAXES: Purchases are exempt from **ALL** Federal excise and State sales tax.

24. FISCAL NON-APPROPRIATIONS CLAUSE: In the event sufficient budgeted funds are not available for a new fiscal period, the Internal Services Department / Purchasing Division shall notify the vendor of such an occurrence and the contract shall terminate on the last day of the current fiscal period without penalty or expense to the district.

25. SOLICITATION SAMPLES: The respondent shall provide product samples, without charge, when requested. Criteria used to determine compliance with specifications include, but are not limited to; performance, delivery lead time, workmanship, fit and finish, compatibility with existing stock, and durability. If the sample is not consumed through testing, it will be returned to the respondent when said request is submitted with the proposal. Unused samples will be returned at the respondent's risk and expense. The successful respondents' samples may be retained until all the terms of the purchase order or contract have been fulfilled. All samples are to be submitted at the place indicated in the **Special Conditions** section of the solicitation in accordance with the instructions outlined therein.

26. PROMPT PAYMENT DISCOUNTS: Only prompt payment discounts offered for thirty (30) days or longer will be taken into consideration when determining lowest proposal.

27. TIE PROPOSALS: In the case of identical qualified proposals, if all other considerations are equal, the Board prefers to purchase within the District from established local vendors.

28. ERRORS AND OMISSIONS: In the event an error or obvious omission is discovered in a respondent's proposal, either by the Internal Services Department / Purchasing Division or the respondent, the respondent may have the opportunity of withdrawing their proposal, provided they can produce sufficient evidence to document that the error or omission was clerical in nature and unintentional. Actual original copies of working papers, calculations, etc., may be requested at the Internal Services Department / Purchasing Division's discretion, to support the validity of such a request. This privilege shall not extend to allowing a respondent to change any information contained in their proposal; however, in the event of a minor omission or oversight on the part of the

RFP 2020009 – Stop Loss Insurance

respondent, the Internal Services Department / Purchasing Division (or designee) may request written clarification from a respondent in order to confirm the evaluator's interpretation of the respondent's response and to preclude the rejection of their proposal, either in part or in whole. The Internal Services Department / Purchasing Division will have the authority to weigh the severity of the infraction and determine its acceptability. Informalities and improprieties may be waived if deemed to be in the best interest of the district to do so.

29. BASIS OF AWARD OF SOLICITATIONS: When price and specification compliance are the primary criteria for making the vendor selection, the Superintendent will recommend the lowest responsive and responsible respondent(s) to the Board. A "Responsive" Respondent is defined as one whose proposal is in substantial conformance with the material requirements of the solicitation. A Respondent who substitutes its standard terms and conditions for the district's, or who qualifies its proposal in such a manner as to nullify or limit its liability to the district will be considered non-responsive. A "Responsible" respondent is defined as one who is able to satisfactorily perform the work described in the Competitive Solicitation or request for proposal. The district may apply all, or any part of the following criteria to measure a Respondent's degree of responsibility

- Size of firm
- District's past experience with firm
- Financial status of firm
- Capabilities of Management and Technical staff
- Labor relations
- Internal procedures of the firm
- Capacity of the firm
- Bonding capacity
- Reputation of firm among its peers
- Customer references
- Service after the sale
- Facilities and reserve facilities
- Location of firm
- Location of service facilities
- Professional credentials

When additional criteria other than price must be considered, a point system may be used to make the vendor selection, the Superintendent will then recommend the vendor receiving the highest point score to the Board. Slight variations or irregularities may be accepted by the Board if either is found to be in its best interest of the district to do so.

30. REJECTION OF PROPOSALS: A proposal may be rejected by the Internal Services Department / Purchasing Division if it is non-responsive or the respondent is determined to be not responsible. A proposal is not officially rejected until the School Board approves the recommendation. Proposals may not be rejected frivolously to avoid a protest or litigation. The Board reserves the right to reject any or all proposals received.

31. NOTICE OF INTENT TO AWARD SOLICITATIONS: Once proposals are evaluated and a recommendation for award is received by the Internal Services Department / Purchasing Division, a *Notice of Intent to Award* will be posted on www.demandstar.com. The recommendation for award is not official until approved by the School Board. Intent to Award Notices are normally posted on or about two weeks preceding the Board meeting date listed on the Calendar of Events. Occasionally a supplemental posting may occur after the regular posting if it is essential to include the award on the next Board agenda. This schedule may vary depending on the Board meeting schedule from month to month. **Since this information is available as outlined above, the Internal Services Department / Purchasing Division will not mail or fax intent to award notices to all respondents.**

32. BID PROTEST: If a respondent wishes to protest a solicitation, they must do so in strict accordance with Monroe County School Board Policy 6320. Copies of this procedure are included in the solicitation document and are also available at www.KeysSchools.com. Any person who files an action protesting the solicitation specifications or a decision or intended decision pertaining to this solicitation pursuant to FS 120.57(3)(b), shall post with the Internal Services Department / Purchasing Division at the time of filing the formal written protest, a bond payable to the Monroe County School District in an amount equal to 5 percent (5%) of the total estimated contract value, but not less than \$10,000 nor more than \$25,000, which bond shall be conditioned upon the payment of all costs which may be adjudged against the protester in the administrative hearing in which the action is brought and in any subsequent appellate court proceeding. In lieu of a bond, a cashier's check, or certified bank check, will be an acceptable form of security.

Failure to file a protest within the time or manner prescribed shall constitute a waiver of proceedings.

Any person who is adversely affected by the District's decision or intended decision concerning a proposal solicitation or a contract award shall file with Superintendent a written notice of protest within seventy-two (72) hours after posting of the notice of the decision or intended decision. Saturdays, Sundays and legal holidays shall be excluded in the computation of the 72-hour time periods. The formal written protest shall be submitted by the person within ten (10) days after filing the notice of protest. Failure to file a formal written protest shall constitute a waiver of proceedings under Chapter 120, Florida Statutes. A protest is officially filed when it is received in the Internal Services Department / Purchasing Division. The formal written protest shall contain the following: (a) name, address, and file or identification number, if known, of the affected agency. (b) Name and address of the affected party (c) a state of the ultimate facts upon which the protest is based: and, (d) such other information as deemed relevant to the issue.

33. NOTIFICATION OF SOLICITATION AWARD: After the Board awards a solicitation, the Internal Services Department /

RFP 2020009 – Stop Loss Insurance

Purchasing Division will issue an official award letter, a purchase order, or both, which will authorize the respondent to commence delivering materials or providing services.

34. AUTHORIZATION TO PERFORM UNDER A CONTRACT:

All purchases must be properly authorized in advance. Vendors must first obtain either a printed purchase order, a purchase order number or a purchasing card account number before commencing performance under a contract. Vendors shall take no directions to modify (increase, change, decrease, cancel) a purchase order, once issued, from anyone other than the buyer listed on the purchase order. Additional work must be authorized in advance by the buyer who will issue either a change order to the original purchase order or a supplemental purchase order. The vendor assumes all liability for any costs or damages incurred and payment will be denied for additional work if this procedure is not strictly followed.

35. POINT OF CONTACT: The district will consider the selected respondent(s) to be the sole point of contact with regard to all contractual matters, including payment of any and all charges.

36. ASSIGNMENT OF CONTRACT: The final contract to be awarded and any resulting amounts to be paid shall not be transferred, pledged, or assigned without the prior written approval of the district.

37. LICENSES AND PERMITS: The vendor shall obtain and pay for all necessary licenses, permits, and related documents required to comply with the solicitation specifications. The vendor shall save and hold harmless the district as a result of any infraction of the aforementioned.

38. CONDITION OF ITEMS: Unless otherwise specified in the **Special Conditions** section of the solicitation, all items requested must be **new**, the **latest model manufactured, first quality, carry the manufacturer's standard warranty** and be **equal to or exceed the specifications** listed in the solicitation. Proposals on "*used, remanufactured or reconditioned* equipment" or "*blems or seconds*" will not be considered unless specifically requested in the solicitation documents.

39. INSPECTION: The district reserves the right to have inspectors on the premises of the respondents or manufacturers at any time during the manufacturing or assembly process to verify compliance with solicitation specifications.

40. PACKAGING: All products require adequate packaging to protect them from damage in transit. Packaging must fully cover and protect merchandise. Vendors must fully comply with all special packaging requirements, if and when specified in the solicitation document. When corrugated carton packaging is specified, poly wrap or blanket wrap will not be acceptable. Respondents are requested to provide products with environmentally safe packaging if at all possible. The

district assumes no responsibility for damage of any kind incurred while the items are in transit. Respondents may adjust unit packaging up or down only when attempting to reach the next standard unit pack. Otherwise, only exact quantities requested will be accepted and no overages will be allowed.

41. STANDARDS OF CONDUCT: Vendors awarded a contract will be held to the same standards of conduct as employees of the school district while conducting business with the district. These standards, as defined in School Board policies, will apply not only to employees of the vendor, but also to the employees of its subcontractors. Standards of Conduct are located at www.KeysSchools.com.

42. ITEM SUBSTITUTIONS & DISCONTINUATIONS: Under no circumstances may a vendor substitute a different product for any item they were awarded from this solicitation, without prior approval from the Internal Services Department / Purchasing Division. In the event an awarded item is discontinued by the manufacturer or the vendor no longer offers the item in their product line during the term of this solicitation, the vendor **must** provide an acceptable substitute item at a mutually acceptable negotiated price, or risk being found in default. The vendor must file a written request with the Internal Services Department / Purchasing Division and be granted approval to substitute, in writing, before any substitution may be made. Requests to substitute should be accompanied by complete detailed, technical specifications for the proposed substitute item, and a sample, if requested. The district reserves the right to purchase on the open market while negotiations are being conducted.

43. RECEIPT OF MERCHANDISE & DELIVERY NOTIFICATION: The purchaser reserves the right to reject any and all materials or products delivered which, in its opinion, do not comply with the solicitation specifications, within 5 calendar days of receipt. All materials or products rejected by the purchaser shall be promptly removed and replaced by the vendor at no charge. All shipments are to be off-loaded from the delivery vehicle to the loading dock or brought inside the building if the facility has no loading dock. The exception will be for materials obviously intended for outdoor use. Deliveries shall be made between the hours of 9:00 AM and 3:00 PM, Monday through Friday, excluding holidays, unless stipulated. Exceptions to this schedule will be stated in the **Special Conditions** or on the purchase order. For shipments which may require the assistance of district personnel to off-load merchandise, or when the purchase order specifies vendor installation, the person to whose attention the items are being shipped should be notified a minimum of forty-eight (48) hours prior to delivery to allow sufficient time to prepare the area.

44. EQUIPMENT DEAD ON ARRIVAL (D.O.A.): Any product shipped which arrives inoperable or ceases to function within seven (7) business days of the initial installation shall be considered DOA and shall be replaced by the vendor with a new product identical to the one ordered within 30 days of notification at no charge to District.

RFP 2020009 – Stop Loss Insurance

45. INVOICES AND PAYMENT TERMS: All invoices, packing lists, and correspondence should reference our purchase order number. Unless otherwise stated in the **Special Conditions**, payment will only be made after the merchandise or services have been:

- Received complete or substantially complete;
- Inspected and found to comply with all specifications and be free of damage or defect;
- Properly invoiced. A minimum of **thirty (30)** days is required for payment. Photocopies of original invoices may be sent to other district personnel if they request it, but the original copies must be sent to the District. Failure to follow this procedure may result in payment delays. Occasionally, a school may issue its own internal purchase order. Invoices associated with a school's internal purchase order should be submitted directly to the school for payment.

46. BREACH OF CONTRACT AND TERMINATION FOR CAUSE: The District reserves the right to terminate this contract for cause. The failure of the vendor to comply with any provision of this contract shall constitute a breach of contract and just cause for termination. Prior to the district terminating a contract, the Superintendent will initiate an internal review of the case in which the vendor may be invited to participate. If after examining the facts surrounding the case, the Superintendent feels that sufficient grounds exist to declare the vendor in default, he or she shall notify the vendor in writing, making specific reference to the provision(s) that gave rise to the default. The vendor shall then be entitled to a period of five (5) working days from receipt of such notice in which to cure the breach. If the breach is not cured within the five (5) day period, the Superintendent (or designee) shall serve a written notice of termination on the vendor, which shall become effective thirty (30) calendar days from the vendor's receipt of such notice. The failure of either party to exercise this right shall not be considered a waiver of such right in the event of any further breach or non-compliance.

47. RENEWAL OF SOLICITATIONS: This Contract may be renewed for a period that may not exceed three (3) years or the term set forth above, whichever period is longer. The compensation for the renewal term shall be determined prior to renewal of this contract and is subject to approval by the MCSB. Further, renewal of this contract is contingent upon a determination by the MCSB that the services have been satisfactorily performed, that the services are needed and upon availability of funds.

48. ADMINISTRATIVE REGULATION ON FINGERPRINTING: All Vendors awarded contracts that require contractors, workers, or subcontractors to perform services on school facility grounds will comply with The Jessica Lunsford Act. The expense of fingerprinting individuals is to be

borne by the contractor or person finger printed unless waived by the Superintendent. In accordance with the legislative mandate set out in sections 1012.32, 1012.465 and 435.04, Florida Statutes (2005) as well as with the requirements of HB 1877, The Jessica Lunsford Act (2005), effective September 1, 2005, Contractor agrees that all of its employees and sub-contractors, including employees of sub-contractors, who provide or may provide services under this Contract have completed all background screening requirements through a Monroe County School Board designee pursuant to the above-referenced statutes. It is recognized and agreed that the provisions and exceptions relating to the dictates of The Jessica Lunsford Act, and codified at sections 1012.321, 1012.465, 1012.467 and 1012.468 of the Florida Statutes, shall apply to the requirements of this paragraph where so applicable.

49. CIVIL RIGHTS COMPLIANCE: The Contractor certifies it is in compliance with the Office for Civil Rights requirements with respect to nondiscrimination on matters related to race, sex, handicap or age, and the contractor further agrees that it shall not discharge; fail or refuse to hire; limit, segregate, or classify employees or applicants for employment opportunities or adversely affect any individual's status as an employee; or otherwise to discriminate against any individual with respect to compensation, terms conditions or privileges of employment, because of such individual's race, color, religion, sex, national origin, age, handicap or marital status except as may otherwise be provided by law or as a result of a bona fide occupational qualification reasonably necessary for the performance of the particular employment.

50. FEDERAL LAW COMPLIANCE: The Contractor certifies it is in compliance with applicable provisions of the Civil Rights Act of 1964; Title IX of the Education Amendments Act of 1974; Section 504 of the Rehabilitation Act 1973; The Individuals with Disabilities Education Act; and the Immigration Reform Act of 1986, all as may be amended from time to time.

51. VENDOR CONDUCT DURING SOLICITATION: Respondents to this solicitation or persons acting on their behalf may not contact, between the release of the solicitation and the end of the 72-hour period following the agency posting the notice of intended award, excluding Saturdays, Sundays, and state holidays, any employee or officer of the executive or legislative branch concerning any aspect of this solicitation, except in writing to the procurement officer or as provided in the solicitation documents. Violation of this provision may be grounds for rejecting a response.

RFP 2020009 – Stop Loss Insurance

ACKNOWLEDGMENT OF ADDENDUM

As the person authorized to sign the statement, I certify that this firm acknowledges any and all addendum that may have been issued as part of this bid. All addendum are issued via www.demandstar.com.

ADDENDUM NO. ____ DATED _____

ADDENDUM NO. ____ DATED _____

ADDENDUM NO. ____ DATED _____

ADDENDUM NO. ____ DATED _____

ADDENDUM NO. ____ DATED _____

ADDENDUM NO. ____ DATED _____

Date: _____
Applicant's Signature

RFP 2020009 – Stop Loss Insurance

STATEMENT OF NO BID

NOTE: If you do not intend to bid on this requirement/project, please upload this form immediately to www.demandstar.com. Thank you.

School Board of Monroe County, Florida

We, the undersigned have declined to submit a proposal due to the following reason(s):

- ☐ Specifications too “tight”, i.e. geared toward one brand/manufacturer/service only (explain below)
- ☐ Unable to meet time period for responding to proposal.
- ☐ We do not offer this product or service.
- ☐ Our schedule would not permit us to perform.
- ☐ Unable to meet specifications.
- ☐ Unable to meet Bond/Insurance requirement(s).
- ☐ Specifications unclear (explain below).
- ☐ Unable to Meet Insurance Requirements.
- ☐ Please Remove Us from Your “Bidder’s List”.
- ☐ Other (specify below).

REMARKS: _____

We understand that if the “No Bid” letter is not executed and returned our name may be deleted from the Bidder’s List of the School Board of Monroe County.

Company Name: _____

Email: _____

Proposal Number: _____

Date: _____

Signature: _____

Fax: _____

Telephone: _____

RFP 2020009 – Stop Loss Insurance

CONTRACTOR RULES

The following is a list of rules that contractors/vendors and their personnel must adhere to while working on Monroe County School projects. Failure of the contractor/vendor to abide by the rules will result in the violators being removed from the job site. All costs resulting from this will be the responsibility of the contractor/vendor. Please sign these rules and indicate the contractor/vendor's agreement to follow them.

- Casual communications by contract/vendor personnel with students, staff, or faculty is prohibited.
- Convicted felons and employees with a past history of child abuse or molestation shall not be used on Monroe County School projects.
- The schools are "Drug Free Zones," use or possession of illegal substances and alcohol in any form are prohibited.
- The schools are "Tobacco Free," no tobacco use is permitted on the school campus, in parking lots, or inside school restrooms.
- Vulgar language or gestures discernible to students or school staff is prohibited.
- Fighting or physically abusive actions of a similar nature are prohibited.
- Appropriate and modest attire is required while working on school campus. Revealing clothing will not be permitted.
- Clean up of work area is required on a daily basis. Hazardous materials shall not be put in school trash receptacles.
- Work that may be disruptive to the school shall be scheduled with the school administration or done after normal school hours.
- Pets are not allowed on campus.

Signature

Date

Printed Name

RFP 2020009 – Stop Loss Insurance

DEBARMENT CERTIFICATION

“The bidder certifies that, neither the firm nor any person associated therewith in the capacity of owner, partner, director, officer, principal, investigator, project director, manager, auditor, and/or position involving the administration of federal funds:

(a) Is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions, as defined in 2 CFR Chapter 180, by any federal department or agency;

(b) Has within a three-year period preceding this certification been convicted of or had a civil judgment rendered against it for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state, or local government transaction or public contract; violation of federal or state antitrust statutes; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Is presently indicted for or otherwise criminally or civilly charged by a federal, state, or local Governmental entity with commission of any of the offenses enumerated in paragraph (b) of this certification; and

(d) Has within a three-year period preceding this certification had one or more federal, state, or local government public transactions terminated for cause or default.

The bidder certifies that it shall not knowingly enter into any transaction with any subcontractor, material supplier, or vendor who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this project by any federal agency.

Dated this _____ day of _____, 20____.

By _____
Authorized Signature/Contractor

Typed Name/Title

Contractor's Firm Name

Street Address

City/State/Zip Code

Area Code/Telephone Number

RFP 2020009 – Stop Loss Insurance

IDENTICAL TIE PROPOSALS

Preference shall be given to businesses with drug-free workplace programs. Whenever two or more of a proposal, which are equal with respect to price, quality, and service, are received by the State or by any political subdivision for the procurement of commodities or contractual services, an proposal received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie proposals will be followed if none of the tie vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violation of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under proposal a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under proposal, the employees will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements

Vendor's Signature

RFP 2020009 – Stop Loss Insurance

NON-COLLUSION AFFIDAVIT

I, _____ of the City of _____
according to law on my oath, and under penalty of perjury, depose and say that;

1) I am _____, the bidder making the proposal for
the project described as follows:

2) The prices in this proposal have been arrived at independently without collusion, consultation, communication or agreement for the purpose of restricting competition, as to any matter relating to such prices with any other bidder with any competitor;

3) Unless otherwise required by law, the prices which have been quoted in this proposal have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to proposal opening, directly or indirectly, to any other bidder to any competitor; and

4) No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit, or not to submit, a proposal for the purpose of restricting competition;

5) The statements contained in this affidavit are true and correct, and made with full knowledge that Monroe County School District relies upon the truth of the statements contained in this affidavit in awarding contracts for said project.

Signature of Authorized Representative

Date

STATE OF _____,

COUNTY OF _____

PERSONALLY APPEARED BEFORE ME, the undersigned authority, _____,
who, ___ being personally known, ___ or having produced _____
as identification, and after first being sworn by me, affixed his/her signature in the space provided above on
this _____ day of _____, 20____.

NOTARY PUBLIC

My Commission Expires:

RFP 2020009 – Stop Loss Insurance

PUBLIC ENTITY CRIME STATEMENT

"A person or affiliate who has been placed on the convicted vendor list following a conviction for 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 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, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list."

RFP 2020009 – Stop Loss Insurance

MONROE COUNTY SCHOOL DISTRICT
BUSINESS/PERSONAL RELATIONSHIP DISCLOSURE AFFIDAVIT

I, _____, of the City/Township/Parrish of _____, State of _____, and according to law on my oath, and under penalty of perjury, depose and say that;

1) I am the authorized representative of the company or entity making a proposal for a project described as follows:

Name of company/vendor: _____

Nature of services presently being offered to School District: _____

2) ____ I have (OR) ____ I have not at any time prior to this application, had a **business relationship** with any employee or board member of the School District of Monroe County, Florida.

IF YOU ANSWER I HAVE: Please list details of the relationship including the employee or board member's name with whom you have done business, the type of work that was performed and the years worked. _____

3) ____ I have (OR) ____ I DO NOT have a **personal relationship** (this includes family) with an employee of OR a board member of the School District of Monroe County, Florida.

IF YOU ANSWER I HAVE: Please list details of the relationship including the employee(s) or board member(s) name with whom you are related, and your ties to that person (spouse, mother, brother, cousin, or related by marriage, partners, etc.) _____

The statements contained in this affidavit are true and correct, and made with full knowledge that The School Board of Monroe County, Florida, relies upon the truth of the statements contained in this affidavit in awarding contracts for the subject project. **I hereby agree to keep the School District of Monroe County, Florida, informed of any change to the information contained herein. I further understand and agree that discovery of any undisclosed relationship can and will lead to termination of any ongoing contracts, and may potentially lead to me being banned from conducting future business with the school district.**

Date

(Signature of Authorized Representative)

STATE OF _____

COUNTY OF _____

PERSONALLY APPEARED BEFORE ME, the undersigned authority, _____ who, ____ being personally known, ____ or having produced _____ as identification, and after first being sworn by me, affixed his/her signature in the space provided above on this ____ day of _____ 20____.

NOTARY PUBLIC

My commission expires:

RFP 2020009 – Stop Loss Insurance

DRUG FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that:

(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in section (1).
4. In the statement specified in section (1), notify the employees that, as a condition of working on the commodities or contractual services that are under proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 (Florida Statutes) or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, or any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Applicant's Signature

Date

RFP 2020009 – Stop Loss Insurance

SB 988 – HIGH-RISK OFFENDERS

by Argenziano (*HB 7103 by Safety & Security Council*)

AMENDS: ss. 322.141, 322.212, 775.21, 943.0435, 944.607, 1012.465, F.S.

CREATES: ss. 1012.321, 1012.467, 1012.468, F.S.

EFFECTIVE: July 1, 2007

THIS BILL HAS SCHOOL BOARD POLICY IMPLICATIONS

This bill amends Jessica Lunsford Act provisions that require background checks for contractors on school grounds. The bill defines “noninstructional contractor” to mean any vendor, individual, or entity under contract with a school or with the school board who receives remuneration for services performed for the school district or a school, but who is not otherwise considered an employee of the school district. The term also includes such contractor’s employees and subcontractors and subcontractor’s employees. The bill defines “school grounds” to mean the buildings and grounds of any public prekindergarten, kindergarten, elementary school, middle school, junior high school, high school, or secondary school, or any combination of grades prekindergarten through grade 12, together with the school district land on which the buildings are located. The term does not include any other facility or location where school classes or activities may be located or take place, the public school buildings and grounds during any time period in which students are not permitted access, or any such buildings during any period in which it is used solely as a career or technical center for postsecondary or adult education.

The bill provides a list of offenses that automatically disqualify a noninstructional contractor from being on school grounds when students are present. The bill also provides an exemption from the screening requirement for a non-instructional contractor who:

- is under direct line-of-sight supervision of a person who meets the screening requirements;
- is already required, and has undergone, a level 2 background screening;
- is a law enforcement officer assigned or dispatched to school grounds, or an employee or medical director of an ambulance provider;
- works and remains in an area separated from students by a 6-foot chain link fence;
- provides pick-up or delivery services to school grounds.

The bill also exempts instructional personnel who work with children with developmental disabilities or who are child care personnel meeting certain requirements. The exempted contractors are subject to a search of the online state and national registry of sexual predators and sexual offenders at no charge to the contractor.

For those subject to a fingerprint-based background check, the check must be performed at least every five years and may be paid for by the school board, the school, or the contractor. Any fee charged by a school board may not exceed 30 percent of the total costs charged by FDLE and the FBI for the check. FDLE is required to implement an Internet-based system for school districts to share the results of the background checks.

Further, the bill requires a contractor who is arrested for a disqualifying offense to report the arrest to the employer or primary contractor and the school district within 48 hours. If a contractor has been arrested for a qualifying offense, it is a third-degree felony for the contractor to willfully fail to report the arrest or for an employer or primary contractor to knowingly authorize the contractor to be on school grounds when students are present. If a contractor is to be denied access to school grounds, the school district must notify the contractor of the basis for denial. The only basis for contesting the denial is mistaken identity and misinterpretation of an offense from another jurisdiction. The bill provides immunity from civil and criminal liability for employees of school districts and schools who share background check information in good faith. It also provides that the new or amended portions of the School Code are not intended to create a new duty of care or basis of liability, or to create a private cause of action.

RFP 2020009 – Stop Loss Insurance

Form W-9 (Rev. October 2018) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification ► Go to www.irs.gov/FormW9 for instructions and the latest information.	Give Form to the requester. Do not send to the IRS.
Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	
	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see Instructions) ► </div> <div> <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </div> </div>	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		
Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later. Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Social security number <div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"> [] [] [] - [] - [] [] </div> </div> <div style="width: 35%;"> Employer identification number <div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"> [] [] [] - [] [] [] [] </div> </div> </div>		
Part II Certification Under penalties of perjury, I certify that:		
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.		
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.		
Sign Here	Signature of U.S. person ► _____	Date ► _____
General Instructions Section references are to the Internal Revenue Code unless otherwise noted. Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9 . Purpose of Form An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:		
<ul style="list-style-type: none"> • Form 1099-DIV (dividends, including those from stocks or mutual funds) • Form 1099-MISC (various types of income, prizes, awards, or gross proceeds) • Form 1099-B (stock or mutual fund sales and certain other transactions by brokers) • Form 1099-S (proceeds from real estate transactions) • Form 1099-K (merchant card and third party network transactions) • Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition) • Form 1099-C (canceled debt) • Form 1099-A (acquisition or abandonment of secured property) Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN. <i>If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.</i> 		

RFP 2020009 – Stop Loss Insurance

**Monroe County School District
Vendor Information Sheet**

Vendor Name: _____

Federal EIN/SSN: _____

Primary Address: _____

Payment Address: _____

Contact Name: _____

Phone: _____ ext. _____

Fax: _____

E-Mail: _____

MCSD-Membership-Enrollment Census Rpt-Current

Company: MONROE COUNTY SCHOOL DISTRICT

Group: 64966

Current Paid Period: From 01/2019 to 09/2019

Mbr SSN	Active/ Retired	Plan Description	Coverage Desc	Mbr DOB	Mbr Age
*****1322	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	09/16/1955	064
*****0441	COBRA	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	02/20/1969	049
*****6363	COBRA	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	04/24/1966	052
*****6004	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	01/11/2016	003
*****8163	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	02/17/1992	027
*****0935	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	08/22/1989	030
*****5557	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	09/10/1964	055
*****0213	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	06/17/1963	056
*****4626	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	03/27/2014	005
*****1303	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	10/22/1978	040
*****3550	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	12/17/1986	032
*****4915	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	03/07/1989	030
*****2834	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/26/1969	049
*****0380	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	04/09/1966	053
*****0138	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	08/12/2005	014
*****5214	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	08/12/2005	014
*****7039	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/04/1999	020
*****4148	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	06/30/2004	015
*****5707	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/01/1997	022
*****6405	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	11/10/1962	056
*****8227	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	11/13/1965	053
*****6384	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	04/29/1967	051
*****7435	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	07/20/1981	037
*****2330	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	10/19/1960	058
*****2721	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	02/14/1962	057
*****2556	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	05/27/1953	066
*****3011	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	05/08/1985	034
*****4496	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	10/02/1994	024
*****0539	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	11/26/1996	022
*****3207	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	05/13/1966	053
*****0658	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	06/02/1969	050
*****4748	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	04/14/1958	061
*****3251	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	09/14/1960	059
*****7240	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	12/26/1968	050
*****1624	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	09/12/1973	046
*****2281	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	03/06/2000	019
*****6753	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	09/08/2004	015
*****2325	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	05/18/1967	052
*****2325	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	05/18/1967	052
*****8310	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	02/13/1959	060
*****2117	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	03/01/1954	065
*****4357	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	11/05/1961	057
*****5320	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	01/16/1985	034
*****1981	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	07/06/1963	056
*****7374	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	05/19/1960	059
*****3028	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	01/17/1960	059

****0650	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	11/07/1981	037
****0650	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	11/07/1981	037
****5485	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	07/19/1978	040
****5485	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/19/1978	041
****4102	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	03/31/2019	000
****7849	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	01/25/2016	003
****6837	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	04/08/1988	031
****1109	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	02/01/2018	001
****3810	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	07/07/1966	053
****9020	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	10/02/1982	036
****9891	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	02/08/2004	015
****7578	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	10/26/2007	011
****9088	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	10/11/1966	052
****6601	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	08/03/2005	014
****9560	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	09/26/2008	011
****4045	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/26/1974	044
****4442	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	08/22/1974	045
****0374	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	06/16/1975	044
****8552	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	11/24/2003	015
****1673	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	08/17/2007	012
****1000	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	09/24/1986	032
****5708	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	09/17/1960	059
****6418	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	02/06/2001	018
****8872	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	01/25/2006	013
****5592	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	12/19/1975	043
****2065	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	04/07/1962	057
****8879	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	05/01/1980	039
****4022	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	05/18/2019	000
****1511	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	01/03/1990	029
****1511	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	01/03/1990	029
****0088	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	12/21/1989	029
****0088	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	12/21/1989	029
****1111	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	02/21/2008	011
****4969	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	04/21/2009	010
****8261	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/14/1988	030
****1222	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/21/1981	038
****0453	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	11/03/2017	001
****0356	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	03/02/1983	036
****0356	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	03/02/1983	036
****6330	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	05/13/1978	041
****1072	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	01/28/1983	036
****5167	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	04/10/1962	057
****0290	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	07/14/1975	044
****7154	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	04/28/1957	062
****2649	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	04/25/1967	052
****8820	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	11/21/1989	029
****6025	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	04/14/1964	055
****7884	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	11/13/1961	057
****9893	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	01/24/1961	058
****7684	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	02/06/1968	051
****7234	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	04/13/1984	035
****2437	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	03/13/1958	061
****2119	COBRA	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	11/20/2018	000
****1249	COBRA	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	08/12/1990	029

****0947	COBRA	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	04/24/1990	029
****2119	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	11/20/2018	000
****1249	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	08/12/1990	028
****0947	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	04/24/1990	029
****8609	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	11/06/1978	040
****5208	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	01/05/2009	010
****3750	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	04/07/2014	005
****2946	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	11/29/1983	035
****7063	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	02/02/1986	033
****0959	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	03/16/1990	029
****2037	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	12/23/2018	000
****0384	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	02/20/1968	051
****3087	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	12/07/1964	054
****1779	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	02/22/1971	048
****2989	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	09/24/1972	047
****7134	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	04/04/1971	048
****3455	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & SPOUSE	02/07/1977	042
****1020	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & SPOUSE	02/12/1977	042
****3276	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	04/30/2007	012
****0218	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/06/1996	023
****7322	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	09/14/1974	045
****1066	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	03/14/1973	046
****0999	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	02/03/1992	027
****3809	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	12/11/1974	044
****6918	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	04/20/1999	020
****0643	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	05/08/1964	055
****0270	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	04/25/1963	056
****8340	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	11/27/1971	047
****5706	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	01/10/1991	028
****5706	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	01/10/1991	028
****	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	04/27/2019	000
****3205	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	10/16/1988	030
****3205	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/16/1988	030
****9232	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	09/04/1990	029
****5590	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	08/15/1990	029
****8334	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	06/28/1981	038
****8012	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	03/22/1957	062
****7590	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	07/20/1975	044
****5076	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	11/05/1979	039
****1179	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	10/04/1985	033
****6808	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	05/15/1976	043
****9578	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	06/20/1990	029
****4948	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	02/13/1963	056
****8621	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	09/06/1965	054
****2621	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	01/21/1965	054
****4131	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	08/07/1946	072
****2014	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	04/14/1954	064
****1502	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	08/09/1962	057
****6731	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	03/11/1972	047
****4810	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	11/28/1964	054
****4810	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	11/28/1964	054
****9196	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	03/29/1993	026
****8361	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	03/31/1992	027
****4770	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/27/1965	054

****4770	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	05/27/1965	054
****5401	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	09/12/1995	024
****7541	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	04/22/1967	052
****7204	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	06/21/1998	021
****3989	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	07/30/2006	013
****0982	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	05/27/1984	035
****5463	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	07/06/1983	036
****3250	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	12/21/1957	061
****1820	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	10/16/1976	042
****8230	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	08/07/1961	058
****7247	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	10/16/1990	028
****3975	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	06/11/1965	054
****0526	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	03/24/1965	054
****8509	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	05/25/1959	060
****6915	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	03/14/1964	055
****5134	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	12/04/1965	053
****8357	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	04/19/1958	061
****0904	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	02/05/1968	051
****5476	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	01/29/1993	026
****2585	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	03/03/1999	020
****7273	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	01/15/1968	051
****2081	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	03/21/1976	043
****8901	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	11/01/1999	019
****1473	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	02/07/2007	012
****5898	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/26/1971	048
****1552	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	08/12/1970	049
****9832	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	12/16/1980	038
****4553	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	03/14/1968	051
****9928	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	03/10/1955	064
****2621	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	03/19/1993	026
****4988	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/04/1953	066
****7946	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	02/27/1977	042
****	COBRA	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	02/17/2017	002
****2901	COBRA	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	12/13/1972	046
****4659	COBRA	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	08/25/1982	037
****6495	COBRA	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	06/06/2012	007
****6219	COBRA	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/05/2014	005
****2734	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	09/27/1952	066
****4298	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	06/24/1977	042
****0144	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/04/2011	008
****	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	08/24/2016	003
****4645	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	11/07/1974	044
****8213	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	01/17/1964	055
****4245	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	08/07/1959	060
****9180	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	12/03/1969	049
****9546	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	08/27/1990	029
****7999	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	12/07/2005	013
****5771	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	08/18/1970	049
****2553	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	09/27/1969	050
****5982	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	07/27/1971	048
****2143	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	01/28/1960	059
****5760	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	12/09/1953	065
****9971	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	04/07/2017	002
****8943	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	01/08/1985	034

****6578	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/28/2013	005
****1443	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	08/28/1985	034
****1599	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	10/13/2010	008
****5322	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	03/28/1975	044
****3537	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	04/16/1981	038
****0808	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	08/06/2003	016
****1221	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	11/27/2007	011
****1423	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/19/1972	046
****0745	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/16/1971	047
****4722	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	09/06/1952	067
****4251	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	11/26/1955	063
****1259	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	09/16/1971	048
****6916	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/25/1968	050
****3929	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	09/17/2005	014
****6108	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	06/30/2008	011
****0901	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	11/02/1965	053
****8899	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	05/12/1973	046
****7658	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	08/27/1973	046
****7015	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	07/13/1963	056
****9601	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	10/23/2006	012
****7809	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	01/29/1977	042
****1764	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	04/27/1982	037
****3325	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/04/2013	005
****0033	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	01/19/1991	028
****7329	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	01/20/1986	033
****5792	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/21/2017	002
****2544	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	06/13/1985	034
****2270	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	04/30/1984	035
****3087	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	03/04/1982	037
****9151	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	07/25/1970	049
****8140	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	02/18/1969	050
****9364	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	02/25/1977	042
****5793	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	05/27/1976	043
****8252	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	09/22/1962	057
****9961	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	08/10/1986	033
****3701	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	11/07/1977	041
****7143	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	11/24/1982	036
****3026	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/31/2003	015
****8478	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	11/03/2004	014
****5222	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	06/02/1993	026
****8512	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	12/10/1985	033
****1384	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	03/16/1978	041
****2103	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	03/20/2018	001
****2199	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	08/11/1987	032
****6114	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	03/08/1991	028
****7272	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	06/19/1987	032
****6379	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	01/24/1989	030
****5332	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	08/26/1992	027
****2935	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	08/12/1967	052
****7946	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	07/24/1961	058
****8997	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	02/21/1972	047
****0469	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	09/19/1973	046
****8383	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	11/21/1973	045
****1293	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	03/22/2013	006

*****7114	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	09/18/1988	031
*****4357	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	01/30/1981	038
*****7144	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	08/12/1953	066
*****4397	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	06/13/1987	032
*****1890	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	07/24/1984	035
*****8146	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	05/09/1966	053
*****7011	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	03/14/1956	063
*****9940	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	02/18/1988	031
*****6345	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	02/28/1985	034
*****4182	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	09/28/1960	059
*****4341	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	01/21/1970	049
*****6697	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	08/30/1991	028
*****4515	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	04/28/1991	027
*****5206	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	04/10/2012	006
*****2507	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	12/12/1965	053
*****2802	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	03/11/2001	018
*****2520	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & SPOUSE	07/26/1963	056
*****0046	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & SPOUSE	11/04/1974	044
*****2620	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	06/03/1983	036
*****3962	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	06/25/1982	037
*****6940	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	01/25/2015	004
*****9918	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	01/25/2015	004
*****6763	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	08/17/1966	053
*****2576	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	04/01/1967	052
*****8229	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	05/05/1982	037
*****5204	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	04/07/1963	056
*****2542	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	05/14/1982	037
*****1688	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	07/18/1980	039
*****4507	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	12/20/1967	051
*****8689	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	03/25/1968	051
*****9008	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	11/30/1982	036
*****1109	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/01/2016	003
*****3806	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	09/26/1983	036
*****0612	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	02/25/1965	054
*****3910	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	04/09/1998	021
*****4002	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/06/1996	022
*****5943	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	06/09/1964	055
*****5333	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	12/07/1981	037
*****6203	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	12/22/1994	024
*****8257	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	07/11/1967	052
*****1085	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	12/29/1998	020
*****8343	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/20/2003	015
*****1918	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/30/1969	050
*****0744	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	10/28/1992	026
*****0562	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	02/15/1966	053
*****6886	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	02/19/1970	049
*****0785	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	12/12/1977	041
*****5218	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	02/17/1953	065
*****5205	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	04/16/1935	083
*****5532	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	09/07/1961	058
*****9294	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	02/03/1981	038
*****5898	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	01/14/1988	031
*****6936	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	11/03/2015	003
*****3680	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	12/23/2016	002

****4629	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	04/16/2015	004
****6722	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	10/20/1992	026
****6722	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/20/1992	026
****7807	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	12/05/1984	034
****7807	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	12/05/1984	034
****3259	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	08/21/1990	029
****2645	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	09/23/1990	029
****6953	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	08/13/1992	026
****4778	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	01/16/1964	055
****4642	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	09/10/1960	059
****4184	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	04/22/1955	064
****1917	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	09/27/2004	015
****1609	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	09/30/2010	009
****7055	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/24/1978	040
****1610	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/10/1979	039
****6795	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	12/31/1966	052
****1196	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	12/08/1970	048
****3117	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	08/30/1975	044
****0655	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	08/30/2001	018
****6785	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	05/20/1997	022
****7092	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	10/07/1989	029
****4138	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	04/30/1975	044
****2917	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	06/14/1977	042
****8441	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	09/20/1984	034
****8171	RETIREE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & SPOUSE	01/24/1954	065
****2373	RETIREE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & SPOUSE	09/03/1959	059
****2373	RETIREE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	09/03/1959	060
****9464	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	08/24/1971	048
****7586	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	06/06/1973	046
****7572	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	01/15/2015	004
****2116	RETIREE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	02/07/1957	062
****0008	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	10/03/1988	030
****0760	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	10/27/1971	047
****9704	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	04/16/1971	048
****9160	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	10/05/1988	030
****0375	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	08/31/1988	031
****7793	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	11/28/2000	018
****9158	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	02/18/2003	016
****0322	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	07/05/1969	050
****0503	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	06/12/1976	043
****9262	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	12/07/2006	012
****2733	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	06/29/1975	044
****6076	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	11/10/2008	010
****8094	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	10/18/1976	042
****5016	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	08/07/1995	023
****6906	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	11/09/1996	022
****4058	COBRA	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	03/04/1955	064
****6481	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	01/30/1970	049
****7961	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	01/18/1949	070
****0982	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	04/19/1947	072
****4191	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	08/24/1963	056
****0852	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	03/07/1995	024
****1178	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	05/28/1980	039
****2670	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	05/31/1977	042

****1218	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	04/24/2007	012
****0041	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	05/06/1980	039
****4172	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	11/04/1965	053
****2010	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	07/29/1967	052
****0817	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	07/13/1968	051
****8771	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	12/09/1998	020
****1957	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	10/10/2001	017
****1341	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	08/12/1960	059
****5042	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/29/1967	051
****8162	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	12/10/1961	057
****3735	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	12/17/1993	025
****4564	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	05/20/1997	022
****4587	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	12/04/1965	053
****1052	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	12/09/1962	056
****0105	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	08/04/1961	058
****2583	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	06/16/1976	043
****3998	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/03/1976	042
****1771	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	02/26/2008	011
****4208	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	12/12/1978	040
****4154	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	07/08/1972	047
****5318	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	09/22/1989	030
****0041	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	08/22/1987	031
****2131	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	08/15/1972	047
****3834	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	12/06/1957	061
****6230	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	02/12/1991	028
****1195	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	06/27/1965	054
****7301	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	12/29/1988	030
****5925	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	03/15/1969	050
****9886	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	06/28/1954	065
****1852	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	06/15/1964	055
****4276	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	02/14/1994	025
****4676	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	06/19/1994	024
****4676	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	06/19/1994	025
****7089	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	01/19/1988	031
****7779	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	07/02/1993	026
****9222	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	11/21/2018	000
****2746	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	11/05/2013	005
****2802	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	04/10/1991	028
****6034	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	02/07/1992	027
****4764	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	09/22/2018	001
****6640	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	05/26/1987	032
****6349	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	07/11/1976	043
****9755	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	05/26/1971	048
****3498	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	08/16/1988	031
****9084	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	01/12/1990	029
****3220	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	04/13/1981	038
****3705	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	03/25/1977	042
****0294	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	02/10/1993	026
****8322	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	12/12/1996	022
****1051	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	07/25/2013	006
****8962	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/26/1963	055
****3618	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/27/2004	015
****8209	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	08/05/2010	009
****8858	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	02/14/1966	053

****9073	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	11/07/1998	020
****4869	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	11/15/1996	022
****5859	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	03/07/2019	000
****6027	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	05/14/1995	023
****6027	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/14/1995	024
****3078	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	08/30/1994	024
****3078	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	08/30/1994	025
****9960	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	03/23/1968	051
****5208	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	11/03/1995	023
****3058	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	11/12/1993	025
****4742	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	03/23/1974	045
****4268	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	04/07/1974	045
****8591	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	09/09/1955	064
****5122	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	07/13/1988	031
****5114	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	02/05/1961	058
****1952	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	04/11/1961	058
****9159	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	08/15/1993	026
****7406	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	03/26/1971	048
****5493	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	02/26/1994	025
****9492	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	12/30/1992	026
****9086	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	02/22/1983	036
****4935	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	06/28/1990	029
****5199	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	03/31/1995	024
****4183	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	07/16/1991	028
****3950	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	05/14/1991	028
****6503	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	07/16/2018	001
****	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	04/05/2019	000
****	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	04/05/2019	000
****2370	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	12/16/1990	028
****0631	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	04/09/1987	031
****0631	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	04/09/1987	032
****0631	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	04/09/1987	032
****3145	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	03/24/1956	063
****2483	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	08/29/1959	060
****7112	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	02/16/1993	026
****4669	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	08/28/1957	062
****7234	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	12/18/1990	028
****5671	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	09/26/1983	036
****8843	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	05/01/1990	029
****4957	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	05/16/1967	052
****7451	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	06/02/1992	027
****2689	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	05/16/1975	044
****7175	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & SPOUSE	04/25/1959	060
****8252	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & SPOUSE	08/31/1958	060
****7175	COBRA	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & SPOUSE	04/25/1959	060
****8252	COBRA	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & SPOUSE	08/31/1958	061
****2431	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	01/06/1990	029
****9010	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	06/06/1961	058
****4568	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	01/30/1953	066
****5298	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	06/27/1961	058
****6770	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	10/23/1971	047
****4505	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	04/14/2014	005
****5347	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	06/17/1980	039
****7129	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	09/03/1977	042

*****5659	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	02/18/2016	003
*****6632	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	10/30/2009	009
*****6629	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	10/30/2009	009
*****1699	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	04/14/1978	041
*****0085	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	08/04/1999	020
*****7525	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	09/06/2002	017
*****3791	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	09/29/2010	009
*****0316	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	04/22/1976	043
*****7711	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	06/01/1983	036
*****2245	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	09/19/2007	012
*****8613	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	08/31/1976	043
*****7705	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	12/28/2005	013
*****1909	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	10/06/1978	040
*****0082	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	08/17/1952	067
*****0121	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	06/14/1950	069
*****4863	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	10/04/1956	062
*****9349	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	06/23/1961	058
*****1432	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	03/04/1965	054
*****0874	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	09/28/1964	055
*****7693	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/14/1958	061
*****4943	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	06/28/1953	066
*****3330	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	06/28/1997	022
*****6297	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	11/04/1973	045
*****2043	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & SPOUSE	11/04/1988	030
*****6131	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & SPOUSE	12/20/1985	033
*****5099	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	10/14/2007	011
*****5189	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	09/20/1973	046
*****2167	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	01/15/1954	065
*****4280	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	05/08/1979	040
*****2277	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	11/21/1981	037
*****2331	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	08/01/1981	038
*****3916	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	09/23/1994	025
*****1970	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	12/24/1975	043
*****4396	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	03/09/1986	033
*****7212	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	06/15/1965	054
*****9957	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	03/09/1963	056
*****1283	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/27/1995	023
*****6009	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/05/1997	021
*****1196	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	04/30/1996	023
*****5681	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	05/19/1964	055
*****7196	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	10/19/1971	047
*****6210	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	01/26/1969	050
*****2264	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	03/20/1990	029
*****4385	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	05/11/1988	031
*****2518	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	11/26/1979	039
*****9893	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	08/10/1980	038
*****2699	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	07/05/1986	033
*****2102	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/29/1999	019
*****5974	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	11/22/1968	050
*****7357	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	11/29/1957	061
*****2139	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	01/27/1992	027
*****1802	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	04/23/1968	051
*****9641	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	11/17/1972	046
*****8129	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	02/12/1971	048

****9424	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	06/29/1971	047
****9424	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	06/29/1971	048
****4137	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	06/20/1995	024
****9846	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	03/04/1966	053
****9606	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/25/1967	052
****2783	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	06/20/1995	024
****6631	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	06/11/1975	043
****6631	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & SPOUSE	06/11/1975	044
****9800	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & SPOUSE	08/11/1982	037
****6779	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	01/10/1973	046
****2087	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	10/30/1970	048
****5412	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	03/07/1990	029
****1835	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	07/24/1984	035
****7713	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	06/08/1984	035
****7213	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	05/25/1969	050
****1403	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	08/26/1964	055
****9974	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	11/15/1997	021
****3594	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	03/16/1961	058
****1348	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	03/17/1985	034
****5296	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	01/09/1992	027
****4962	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	06/21/1991	028
****1676	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	02/20/1998	021
****9316	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	03/14/1958	061
****7218	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	01/23/1978	041
****3103	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	04/11/2006	013
****5853	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	12/10/1981	037
****	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	02/10/2018	001
****5580	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	05/23/2016	003
****3307	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	09/04/1988	030
****7210	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	04/08/1986	033
****1779	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	03/28/1991	028
****8500	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	11/12/1993	025
****2081	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	02/27/1983	036
****8993	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	10/07/2011	007
****9754	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	05/05/2008	011
****5198	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	08/17/2009	010
****8904	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	06/01/1985	034
****1026	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	10/10/1991	027
****3803	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	03/05/1981	038
****9263	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	01/02/1974	045
****5491	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	11/12/1974	044
****9682	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	03/17/2003	016
****1662	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	05/09/1999	020
****6602	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	04/27/1973	046
****2773	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	06/29/2004	015
****7596	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	02/13/1965	054
****4257	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	02/21/1994	025
****1160	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	09/17/1968	051
****8836	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	05/05/1990	029
****1615	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	12/13/2016	002
****8278	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	05/21/1992	027
****6977	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	06/02/1985	034
****0608	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	03/10/1981	038
****9608	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	03/04/2011	008

****7450	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	09/13/2012	007
****1979	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	09/12/1990	029
****3526	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	09/26/1993	026
****0816	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	02/07/2013	006
****0115	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	11/20/2015	003
****9761	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	10/08/1991	027
****4928	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	09/21/1975	043
****4052	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/31/1988	030
****6157	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/10/1987	031
****9704	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	04/24/2018	001
****2082	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	10/11/2018	000
****7051	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	09/13/1993	025
****6016	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	08/10/1978	041
****0287	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	05/01/1968	051
****0185	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	05/02/1991	028
****0418	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	12/10/2011	007
****6897	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	05/24/1963	056
****9543	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	04/10/2005	014
****9766	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	05/15/2008	011
****2655	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	02/25/1971	048
****5451	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	06/07/2003	016
****6953	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	09/26/1953	066
****3279	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	11/11/1975	043
****8288	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	03/04/1982	037
****8529	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	07/19/2012	007
****3081	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	01/11/2011	008
****3030	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	08/17/1954	065
****0942	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	01/05/1986	033
****2905	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	06/14/1965	054
****2905	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	06/14/1965	054
****0090	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	06/20/1996	023
****0090	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	06/20/1996	023
****3036	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	12/11/1970	048
****7495	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	08/18/1985	034
****8323	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	12/14/1969	049
****7526	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	03/19/1994	025
****4104	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	03/03/1991	028
****6024	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	08/20/1984	035
****0178	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	04/13/1991	028
****1635	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	08/30/1989	030
****0200	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	12/01/1972	046
****8203	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	01/17/1952	067
****3656	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	01/02/1954	065
****8870	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	10/27/1989	029
****8820	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	05/24/2000	019
****1460	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/25/2003	016
****0010	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	01/31/2007	012
****3997	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	11/08/1968	050
****4455	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/14/1976	042
****9092	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	08/30/1963	056
****6601	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	10/01/1994	024
****4947	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	10/07/1957	061
****3354	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	06/18/2003	016
****9438	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	03/13/2007	012

****9180	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	09/23/1969	050
****1392	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	08/26/2004	015
****3318	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	02/18/1984	035
****2460	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	01/05/1962	057
****6256	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	02/16/1982	037
****0123	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	11/20/2008	010
****1089	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	03/14/2007	012
****7447	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	01/10/1978	041
****5396	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	11/26/2003	015
****3537	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	07/24/1965	054
****8862	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	08/18/1995	024
****5294	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	12/08/1997	021
****1397	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	04/17/1971	048
****5910	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	01/31/2007	012
****5990	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	06/18/2002	017
****4044	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	08/16/1974	045
****1818	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	11/02/1974	044
****9707	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	01/30/2006	013
****4458	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	08/17/1990	029
****3712	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	05/18/1960	058
****5176	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	09/08/1958	060
****8432	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	05/21/1970	049
****2177	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	02/10/1994	025
****4673	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	11/13/1988	030
****4899	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	11/25/1987	031
****8402	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	08/07/1993	026
****7875	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	06/29/1971	048
****8799	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	06/09/2007	012
****7643	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	12/29/1968	050
****6079	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	02/04/1993	026
****7265	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	06/27/2013	006
****4393	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	08/02/1982	037
****7237	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	05/03/1963	056
****5885	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	06/30/1964	055
****0253	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	08/03/1991	028
****5090	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	08/16/1993	026
****0891	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	02/02/1965	054
****9931	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	07/05/1963	056
****6846	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	03/01/1982	037
****9079	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	09/16/1986	033
****1898	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	11/16/1992	026
****1527	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	09/03/1982	037
****1016	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	05/26/1981	038
****2480	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	06/25/1978	041
****2798	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	06/16/2013	006
****7251	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	04/15/1993	026
****6649	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	09/05/1958	061
****9087	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	07/21/1997	022
****9535	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	03/21/1992	027
****8673	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	07/31/1966	052
****6695	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	04/02/1961	057
****1876	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	07/16/1993	026
****2999	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	12/06/1968	050
****6552	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	12/10/2013	005

****6895	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	03/14/2011	008
****1027	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	09/17/1978	041
****5424	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	12/16/1975	043
****1051	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	06/29/1992	027
****3488	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	10/04/2017	001
****6433	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	04/01/1986	033
****0780	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	05/03/1959	060
****9715	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	03/15/1984	035
****0365	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	07/21/1985	033
****0365	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	07/21/1985	034
****3132	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	07/16/2007	011
****3132	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	07/16/2007	012
****9276	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	07/24/2008	010
****9276	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	07/24/2008	011
****8546	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	03/06/2006	012
****8546	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	03/06/2006	013
****9564	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	11/25/1993	025
****4156	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	08/03/2018	001
****8609	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	05/16/1979	040
****1836	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/12/1980	039
****2476	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/12/2014	005
****2089	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	06/15/1990	029
****0724	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	02/11/1966	053
****6200	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	08/02/1991	028
****5015	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	04/19/1986	033
****9890	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	03/30/2016	003
****8375	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/11/2012	007
****8840	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	09/27/1971	047
****5704	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	02/12/1989	030
****9704	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	11/18/1987	031
****8379	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	12/23/2018	000
****1575	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	02/07/1990	029
****5211	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	09/14/1993	026
****2997	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	07/30/1996	023
****6558	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	08/04/1991	028
****2235	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	12/18/2005	013
****1810	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	01/07/2004	015
****8453	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	08/28/1969	050
****8613	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	07/31/1968	051
****8165	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	07/15/1971	048
****4565	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	10/08/1960	058
****4175	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	03/23/1957	062
****0748	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	02/12/1963	056
****8340	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	02/05/1964	055
****8340	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	02/05/1964	055
****9211	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	06/16/1995	024
****9940	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/03/2015	004
****1681	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/07/2014	005
****4375	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	04/19/1982	037
****5389	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	06/27/1984	035
****6430	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	12/05/1978	040
****1189	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	12/11/1987	031
****4499	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	08/01/1991	027
****2026	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	12/04/1991	027

****2075	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	11/22/1979	039
****0765	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	01/19/1982	037
****9034	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	08/19/2009	010
****6037	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	02/08/2015	004
****1936	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	12/31/1974	044
****4596	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	09/27/1973	046
****2977	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	03/05/1989	030
****0869	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	11/19/1976	042
****6047	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	03/15/2006	013
****4163	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	07/04/1970	049
****2044	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	09/02/1991	028
****7909	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	05/23/2017	002
****4991	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	03/17/1975	044
****9488	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	12/16/1968	050
****4293	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	11/03/1968	050
****4297	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	04/04/1957	062
****2467	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	02/10/2012	007
****9309	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	04/23/2014	005
****3054	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	12/18/1980	038
****3686	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	12/27/1979	039
****2525	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	04/28/2010	009
****1686	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	02/02/1966	053
****8107	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	06/03/1985	034
****5802	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	07/18/1980	039
****8555	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	04/17/1987	032
****5695	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	08/10/1983	036
****7528	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	07/03/1977	042
****2326	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	12/11/1992	026
****3544	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	03/10/1969	050
****8810	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	05/05/2009	010
****4129	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	09/18/2007	011
****5056	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	09/30/1971	047
****8810	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	05/05/2009	010
****4129	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	09/18/2007	012
****5056	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	09/30/1971	048
****6446	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	01/30/1979	040
****4711	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	12/15/1991	027
****6373	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	12/10/1984	034
****0421	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	09/07/1982	037
****1594	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	10/02/1984	034
****7925	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	01/28/2012	007
****6444	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	07/13/1997	021
****7211	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	09/24/1975	043
****3771	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	07/30/1992	027
****3443	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	04/06/1956	063
****3551	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	06/02/1953	066
****0458	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	10/01/1995	023
****6880	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	03/31/2018	000
****7086	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	04/03/1991	027
****7086	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	04/03/1991	028
****9775	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/22/2002	017
****9071	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	02/20/1967	052
****1634	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/07/1966	053
****5740	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	03/31/1994	025

****2348	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	09/09/2003	015
****6945	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	04/07/1971	048
****4312	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	06/10/1971	048
****5161	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	09/05/1989	030
****6637	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	05/19/1994	025
****5699	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	11/05/1956	062
****2153	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	03/14/1954	065
****3096	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	04/17/1971	048
****2146	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	05/17/2005	014
****0692	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	08/08/1975	044
****2348	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	08/10/1955	064
****6241	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	12/03/1977	041
****0898	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	03/27/2003	016
****7885	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/30/2005	013
****5244	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	09/18/2007	012
****6410	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	06/10/1981	038
****3424	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	01/30/2008	011
****7424	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	12/06/1996	022
****9118	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	06/14/1974	045
****3282	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	11/23/2000	018
****6445	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	07/04/2002	017
****4097	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	05/23/1960	059
****4851	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	02/18/1976	043
****1392	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	02/04/1992	027
****8240	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	10/02/1988	030
****0190	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & SPOUSE	03/14/1991	028
****7186	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & SPOUSE	03/08/1991	028
****1415	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	04/19/1993	026
****1238	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	03/15/1971	048
****	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	04/22/2016	003
****4488	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	10/04/1994	024
****4488	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	10/04/1994	024
****0336	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	06/08/1989	030
****9255	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	11/28/1986	032
****3724	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	04/14/1971	048
****4582	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/04/1960	058
****4710	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	08/23/1996	023
****9405	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	07/30/1973	046
****0186	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	07/15/1964	055
****3235	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	09/16/1955	064
****1496	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	10/12/1993	025
****6552	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	12/10/2013	005
****6895	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	03/14/2011	008
****1027	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	09/17/1978	041
****5424	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	12/16/1975	043
****2749	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	06/01/1971	048
****4249	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	08/13/1967	052
****0737	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	09/25/1984	035
****4534	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	03/28/1992	027
****4875	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	04/27/1970	049
****9808	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	11/10/1954	064
****8543	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	07/31/1959	060
****3940	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	05/22/1987	032
****0028	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	03/09/1965	054

****1756	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	06/22/1963	056
****8555	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	11/02/1996	022
****4288	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	03/10/1984	035
****7854	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/31/1981	037
****3587	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	06/19/2015	004
****2085	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	12/10/1967	051
****7413	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	05/05/1993	026
****0894	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	09/06/1996	023
****5543	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	01/03/1984	035
****5304	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	06/21/1985	034
****9229	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	09/01/1989	030
****6263	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	06/26/1972	047
****9890	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	01/23/1975	044
****8550	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	12/28/1998	020
****0883	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	03/04/1998	021
****7654	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	10/19/1992	026
****7209	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	03/29/1996	023
****8628	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	06/29/1993	026
****3796	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	11/09/2000	018
****4005	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	12/29/1962	056
****1347	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/13/1964	055
****0214	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	09/12/1960	059
****2911	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	12/27/1958	060
****1879	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	08/10/1955	064
****3928	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	05/26/2018	001
****2267	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	02/27/1998	021
****9196	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	03/10/1992	027
****1361	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	07/31/2017	002
****9270	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	03/08/1990	029
****7722	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	02/23/1984	035
****3683	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	09/25/2000	019
****5146	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	06/30/1992	027
****0471	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	06/18/1960	059
****6127	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/01/1946	073
****1159	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	04/14/1994	025
****2433	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	05/24/1995	024
****9013	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	09/18/1988	031
****9349	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	06/23/1961	058
****1432	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	03/04/1965	054
****5273	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	12/31/1981	037
****7014	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	05/24/1996	023
****2419	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	06/11/1977	042
****5301	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	05/20/2000	019
****7074	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	05/20/2000	019
****3924	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	06/11/1969	050
****9113	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	05/22/1984	035
****4639	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	04/13/1994	025
****7464	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	08/22/1971	048
****8555	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	11/06/1970	048
****9139	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	07/19/1991	028
****5643	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	05/05/1992	027
****1200	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	01/04/2018	001
****8273	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	05/17/1994	025
****8952	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	08/03/1963	056

*****6545	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	01/23/1965	054
*****2224	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	01/16/2000	019
*****1120	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	01/16/2000	019
*****5805	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	03/07/1967	052
*****6794	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	11/13/1970	048
*****0012	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	04/30/1970	049
*****8032	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	02/14/1970	049
*****9513	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	02/14/2005	014
*****7902	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	02/14/2005	014
*****9779	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	11/05/1984	034
*****2700	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	12/19/2007	011
*****6521	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	02/13/1962	057
*****1956	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	01/18/1963	056
*****2016	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	05/19/1992	027
*****2672	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	08/08/1981	038
*****6056	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	02/25/1970	049
*****6474	COBRA	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & SPOUSE	07/03/1963	056
*****9943	COBRA	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & SPOUSE	06/06/1962	057
*****6474	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & SPOUSE	07/03/1963	056
*****9943	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & SPOUSE	06/06/1962	057
*****9373	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	12/20/1984	034
*****3210	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	05/07/1977	042
*****9209	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	11/03/1976	042
*****2758	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	09/05/1959	060
*****3693	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	04/03/1980	039
*****	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/09/2019	000
*****0648	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	12/29/2012	006
*****2355	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	05/14/1979	040
*****5824	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	03/23/1973	046
*****4364	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	02/02/1980	039
*****4636	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	04/17/2007	012
*****1336	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	06/27/2005	014
*****3184	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	02/14/1986	033
*****3539	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	11/08/1977	041
*****1159	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	07/13/2011	008
*****4781	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	04/09/1979	040
*****3924	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	03/03/2015	004
*****3555	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	04/08/1988	031
*****9369	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	12/03/1961	057
*****7376	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	03/09/1960	059
*****9977	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	04/13/1976	043
*****9977	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	04/13/1976	043
*****9965	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	06/29/1998	021
*****9605	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/31/1975	044
*****8185	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	12/07/1955	063
*****0054	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	07/18/1995	024
*****4961	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	01/18/2017	002
*****3262	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	06/06/1996	023
*****1673	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	03/17/2005	014
*****0623	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	06/10/1994	025
*****4487	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	09/17/1967	052
*****4367	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	01/10/1965	054
*****8017	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & SPOUSE	03/22/1967	052
*****4505	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & SPOUSE	06/21/1975	044

****6906	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	06/22/1955	064
****2539	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	03/10/1974	045
****6950	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	12/29/1981	037
****8030	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	10/19/2010	008
****1691	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	08/31/2007	012
****1866	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	06/24/1986	033
****0900	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	04/08/1981	038
****2360	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	09/13/1969	050
****4957	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	02/27/2006	013
****1825	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	04/01/1971	048
****6327	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	09/29/1962	057
****4634	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	05/30/1976	043
****6858	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	06/02/1994	025
****6703	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	10/10/1985	033
****4432	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/07/1980	038
****5161	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/20/1979	039
****5268	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	05/07/2006	013
****5204	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	06/09/2016	003
****8154	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	08/18/1980	039
****1256	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	11/28/2004	014
****4156	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/23/2004	015
****4049	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	02/12/1966	053
****1362	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	01/21/1952	067
****1290	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	12/17/1966	052
****8241	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	08/07/1968	050
****8241	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	08/07/1968	051
****3212	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	12/30/1971	047
****0963	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/14/1971	047
****9423	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	01/14/2001	018
****7223	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	11/27/2003	015
****8172	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	12/02/2011	007
****2089	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	12/02/1984	034
****0229	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	08/17/1973	046
****4619	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	11/10/1969	049
****9118	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	09/23/2015	004
****7936	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	01/02/1981	038
****0286	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	07/20/2017	002
****4449	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/01/1979	040
****9637	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	10/05/1982	036
****6759	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	04/25/1959	060
****6371	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	08/19/1973	046
****0161	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	10/02/2001	017
****5939	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	12/17/2004	014
****5292	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	11/10/1946	072
****2942	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	03/03/1993	026
****3470	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	10/14/1958	060
****0889	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	08/30/1973	046
****7476	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	01/16/2005	014
****7267	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	08/04/1998	021
****5442	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	09/20/2002	017
****9448	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	08/20/1971	048
****8869	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	09/19/1954	065
****2903	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	01/29/1965	054
****8089	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	08/21/1966	053

****8010	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	12/14/1994	024
****0770	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	09/07/1969	050
****6540	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	03/21/1975	044
****8019	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/10/2008	010
****8818	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	12/24/1969	049
****9248	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	01/26/2006	013
****3324	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	12/03/1964	054
****1983	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	03/28/1955	064
****6264	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	05/19/1993	026
****	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	03/21/1976	043
****6985	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	09/21/1973	046
****8447	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	12/10/1997	021
****0559	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	12/09/1991	027
****2582	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	07/14/1994	025
****7048	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	08/21/1968	051
****9905	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	10/12/1952	066
****8783	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	11/28/1949	069
****1655	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	09/06/1951	068
****7844	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	11/06/1957	061
****3124	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	06/09/2011	008
****2037	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	05/04/1978	041
****2716	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	02/23/1981	038
****8311	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	06/19/1958	060
****8303	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	09/14/1952	067
****6786	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	11/13/1954	064
****4355	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	06/26/1958	061
****3996	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	08/27/1969	050
****9201	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	09/11/1963	056
****6254	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	09/01/1975	044
****6907	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	07/06/1954	064
****2553	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	02/09/1956	063
****8227	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	09/03/1954	065
****3235	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	09/16/1955	064
****6663	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	09/08/1954	065
****6655	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	09/18/1994	025
****2584	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	04/20/1955	064
****1523	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	06/08/1955	064
****9163	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	03/07/1967	052
****3886	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	05/26/1958	061
****1617	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	04/02/1959	060
****5854	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	03/22/1959	060
****1664	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	11/16/1958	060
****5854	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	03/22/1959	060
****1664	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	11/16/1958	060
****4923	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	12/26/1957	061
****4923	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	12/26/1957	061
****4799	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	09/21/1958	061
****1959	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/17/1970	048
****9218	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/30/2001	017
****8717	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	03/25/1971	048
****5085	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/01/2007	011
****4790	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	10/23/1966	052
****1769	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	04/29/1957	062
****5655	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	09/18/1950	068

****6497	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/13/1964	054
****9401	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	07/01/1963	056
****5722	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	02/08/1992	027
****0500	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	04/14/1997	022
****2100	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/25/1999	019
****7346	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	04/17/1954	064
****1539	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	03/26/1957	062
****1539	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	03/26/1957	062
****8399	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	09/18/1962	057
****8682	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	07/02/1996	023
****8958	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	08/11/1998	021
****8609	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	01/15/2000	019
****8739	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	08/10/1961	058
****6851	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	12/18/1962	056
****7995	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	11/19/1941	077
****3465	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	01/01/1955	064
****7397	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	11/26/1955	063
****8676	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	04/16/1970	049
****2369	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	01/19/1978	041
****9666	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	01/12/1958	061
****0636	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	09/20/1963	056
****6093	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	08/24/1962	057
****8098	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	08/19/1992	027
****8574	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	01/18/1995	024
****4553	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	01/23/2004	015
****8224	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	09/25/1953	066
****6646	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	03/24/1951	068
****5444	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	01/24/1961	058
****6725	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	12/23/1953	065
****2634	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	10/31/1957	061
****7016	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	03/05/1959	060
****6770	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	10/20/1950	068
****7808	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	10/16/1953	065
****0934	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	09/02/1965	053
****9406	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/14/1967	052
****2399	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	09/20/2001	017
****0859	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	02/05/1957	062
****9969	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	04/28/1973	046
****6602	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	10/05/1960	058
****6804	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	08/25/1956	062
****4227	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	08/29/1961	057
****4092	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/19/1993	026
****2276	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	11/13/1995	023
****1109	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	01/22/1997	022
****6804	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	08/25/1956	063
****4227	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	08/29/1961	058
****2276	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	11/13/1995	023
****1109	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	01/22/1997	022
****3704	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	03/24/2001	018
****0596	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	09/14/1976	043
****2027	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	07/17/1997	022
****1257	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	01/31/2000	019
****0670	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	03/16/1997	022
****9328	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	06/24/2011	008

****8917	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	11/13/2001	017
****4811	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/27/1967	051
****1570	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	08/14/2017	002
****8071	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	12/18/2015	003
****0144	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	04/14/2014	005
****1638	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	08/19/1982	037
****0143	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	11/20/1981	037
****2858	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	12/17/1962	056
****0725	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	04/13/1962	057
****0342	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	04/24/1955	064
****8380	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	08/26/1955	064
****7277	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	11/29/1960	058
****6362	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	06/30/1957	062
****2308	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	08/30/1958	061
****9329	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	04/09/1963	056
****0474	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	12/15/1967	051
****1023	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	06/16/1993	026
****5150	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/01/1966	052
****8655	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/01/1998	020
****2592	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	11/04/1974	044
****5492	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	01/22/1961	058
****4408	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	01/17/1958	061
****6327	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	09/20/1962	057
****5509	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	09/24/1965	054
****1549	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	12/18/2003	015
****7997	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	06/29/1994	025
****7244	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	07/07/1950	069
****9480	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	05/08/1957	062
****3839	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	10/26/1954	064
****2912	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	09/08/1995	024
****7853	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	06/27/1962	057
****9452	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	03/28/1991	028
****8263	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	12/15/1957	061
****4724	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	09/17/1946	073
****7711	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	11/15/1963	055
****0145	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	03/19/1995	024
****4813	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	04/01/1967	052
****0300	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	01/29/1956	063
****0354	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	02/02/1960	059
****4394	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	10/08/1956	062
****3847	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	06/25/1958	061
****0971	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	04/22/1954	064
****4436	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	05/08/2011	008
****4384	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	11/24/1968	050
****3452	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	02/14/1974	045
****5535	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	01/21/2000	019
****4246	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	02/20/2007	012
****3429	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	06/03/1967	052
****9416	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	07/01/1955	064
****3781	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	11/12/1963	055
****5265	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	05/19/1956	063
****7082	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	08/21/1966	053
****7115	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	04/02/1965	054
****4815	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	03/08/1953	066

*****5060	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	05/27/1953	066
*****7341	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/21/1994	024
*****6611	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	08/26/1965	054
*****8272	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	05/18/1964	055
*****3891	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	02/10/1979	040
*****5215	RETIREE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	09/06/1953	066
*****8016	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	03/02/1975	044
*****0500	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	08/20/1978	041
*****2854	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	08/10/2006	013
*****2723	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	05/22/2004	015
*****6241	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	01/01/1980	039
*****7842	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	12/20/1952	066
*****3849	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	10/05/1953	065
*****6967	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	01/28/1956	063
*****1933	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	07/18/1953	066
*****7371	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	03/08/1954	065
*****5910	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	04/25/1968	051
*****5758	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	07/06/1970	049
*****7885	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	10/16/1962	056
*****1761	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	04/05/1958	061
*****7718	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	09/19/1949	069
*****9267	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	09/20/1954	064
*****9491	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	12/31/1992	026
*****2133	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/14/1993	026
*****9010	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	09/16/1994	025
*****5705	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	11/24/1966	052
*****0650	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/25/1973	046
*****5654	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	06/18/2007	012
*****2984	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/10/2003	016
*****7583	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	05/26/1954	065
*****4934	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	01/15/1958	061
*****8330	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	04/13/1962	057
*****6310	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	03/02/1961	058
*****4603	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	12/10/1965	053
*****1163	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	01/18/1961	058
*****1522	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	11/14/1997	021
*****5385	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	05/17/1992	027
*****5487	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	02/15/1964	055
*****1557	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	11/03/1959	059
*****8285	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	08/21/1960	059
*****3629	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	08/25/1968	051
*****8782	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	12/29/1960	058
*****9441	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	03/03/1957	062
*****6581	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/01/1960	058
*****9625	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/20/1957	062
*****9639	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/10/1995	024
*****0672	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/18/1983	035
*****3500	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/30/2014	004
*****4022	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/15/2003	016
*****5591	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	08/11/1980	039
*****3664	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	02/13/1976	043
*****0294	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	01/14/2008	011
*****0293	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	01/14/2008	011
*****6805	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	04/18/1976	043

****9895	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	08/25/2008	011
****0965	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	08/08/1969	050
****1394	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	04/02/1980	039
****2934	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	11/29/1983	035
****8624	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	04/25/2011	008
****5192	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	03/29/2013	006
****8995	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	08/13/1972	047
****2958	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	11/27/1975	043
****4691	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	04/12/1938	081
****4882	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	10/27/1956	062
****3418	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	11/16/1993	025
****9603	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	06/12/2008	011
****9607	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/16/1972	047
****9992	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	04/26/1971	048
****3703	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	12/15/2006	012
****9549	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	09/23/1956	063
****3910	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	09/25/1957	062
****9853	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	02/07/2008	011
****1310	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	05/28/1975	044
****5643	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	09/21/1974	045
****1196	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	05/11/2006	013
****5916	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	09/02/1957	061
****2119	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	11/08/1956	062
****3412	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	09/24/1950	069
****2475	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	02/15/1974	045
****1392	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	09/10/1971	048
****6618	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	03/08/1960	059
****9312	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	03/05/1999	020
****4789	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	10/02/1970	048
****1130	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	01/18/2008	011
****4202	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	10/11/1997	021
****3484	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	06/30/1999	020
****8133	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	05/13/2010	009
****6315	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	07/12/1965	054
****7255	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & SPOUSE	10/19/1959	059
****9549	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & SPOUSE	10/24/1961	057
****9309	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	03/03/1999	020
****4157	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	01/14/1961	058
****7624	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	12/08/1993	025
****7226	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	09/07/1958	061
****7697	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	09/22/1956	063
****1728	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	05/21/1955	064
****1728	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	05/21/1955	064
****2623	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	10/08/1961	057
****6069	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	07/21/1951	068
****1605	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/29/1966	052
****3942	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	09/06/1966	053
****0765	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	02/21/1997	022
****6167	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	03/31/1983	036
****7353	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	04/24/2011	008
****4089	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	08/01/1984	035
****5938	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	05/06/2015	004
****0878	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	06/10/1968	051
****0878	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	06/10/1968	050

****8159	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	02/13/1992	026
****0769	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	10/23/1969	049
****5593	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	06/11/1983	036
****1901	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	03/16/1974	045
****4255	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	07/16/1996	023
****0724	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/31/2001	017
****7786	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	01/26/1972	047
****8380	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	07/02/1999	020
****2910	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	04/25/2007	012
****0777	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	02/24/1969	050
****2106	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	01/03/1980	039
****9066	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	05/05/1974	045
****8899	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	01/02/1996	023
****0277	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	04/13/1974	045
****3249	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	11/18/1962	056
****0880	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	02/26/1978	041
****1097	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	09/28/2016	003
****7837	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	07/26/2018	001
****5275	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	07/26/2018	001
****6389	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	08/04/1970	049
****8539	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/13/1976	042
****9498	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/09/2000	019
****4854	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	01/12/2004	015
****6588	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	09/30/1975	044
****3700	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	09/03/1961	058
****4643	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	04/02/1998	021
****5139	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	08/07/1973	046
****1966	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	03/19/1963	056
****7955	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	04/15/1977	042
****8014	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/05/2005	014
****8614	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	01/19/2000	019
****8019	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	05/29/1977	042
****1804	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	03/16/1966	053
****6971	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	12/27/1968	050
****0611	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	11/21/2000	018
****4843	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	01/22/1971	048
****5163	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	04/01/1961	058
****8199	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	09/18/2001	018
****6255	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	09/16/1997	022
****4132	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/15/1974	044
****7584	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/03/2008	010
****5423	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/10/1978	041
****3465	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	07/17/2008	011
****1749	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/30/2003	016
****7470	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	07/12/1979	040
****2514	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	11/05/1981	037
****9100	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	04/02/1978	041
****9686	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	09/05/2002	017
****5175	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	09/30/2009	010
****0436	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	05/26/1971	048
****5886	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	05/22/2001	018
****2060	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	05/07/2004	015
****2301	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	09/25/1977	042
****1087	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	04/14/1976	043

****3894	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	09/04/1999	020
****4790	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	12/22/2000	018
****8635	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	02/08/2016	003
****0521	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	07/13/2008	011
****3785	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	09/16/1976	043
****0628	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	07/26/1983	036
****5708	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/26/2003	015
****7267	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	02/24/2005	014
****1111	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	01/19/2013	006
****4516	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & SPOUSE	11/02/1971	047
****9288	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & SPOUSE	10/09/1959	059
****2146	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	05/01/1962	057
****6493	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	09/26/1962	057
****9994	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	04/16/1971	048
****1488	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	02/24/1983	036
****6029	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/28/1979	040
****2650	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	04/12/2012	007
****2149	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	01/11/1983	036
****2755	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	07/01/2013	006
****1784	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	07/15/1985	034
****7854	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	03/08/1974	045
****5502	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	11/16/1953	065
****4507	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	06/07/1957	062
****1129	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	10/10/1984	034
****7013	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	07/17/2014	005
****7173	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	12/27/1959	059
****5876	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	02/02/1971	048
****5847	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	05/07/1996	023
****9372	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	05/29/1999	020
****3316	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	04/27/1983	036
****5461	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	06/13/1956	063
****9053	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/31/2013	005
****7944	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	11/08/1970	048
****8319	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	04/17/1977	042
****2519	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	03/18/1966	053
****5092	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	05/28/1965	054
****9375	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	05/24/1993	026
****0174	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/16/2012	007
****6096	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	01/18/2010	009
****9291	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	08/18/1980	039
****1381	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	12/27/1979	039
****8089	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	03/29/2012	007
****1366	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	08/05/1975	044
****4075	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	03/25/2006	013
****3922	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	01/25/2010	009
****1878	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	07/23/1956	063
****2918	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	05/13/1951	068
****2150	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	06/21/1960	059
****6895	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	06/05/1963	056
****4802	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/09/1973	046
****8985	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	04/28/1978	041
****3949	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/15/2012	007
****4104	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	08/09/1954	065
****8982	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	01/10/1952	067

****6873	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	08/27/1962	057
****7096	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	01/20/1981	038
****4863	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	04/19/2012	007
****4568	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	07/30/2014	005
****7094	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	09/20/1983	036
****9597	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	04/10/1959	060
****8071	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	11/08/1964	054
****9848	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	01/25/1966	053
****4304	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	06/24/1993	026
****4233	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	01/28/1996	023
****9980	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	07/26/1997	022
****6763	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	06/18/1956	063
****0085	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	01/04/1941	078
****9215	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	10/15/1957	061
****4078	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	06/26/1975	044
****9502	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	07/11/2000	019
****0753	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	04/23/2005	014
****4630	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/31/1972	046
****3756	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/09/2012	007
****8545	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	08/01/1966	053
****6542	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	12/29/1964	054
****5094	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/17/1993	025
****1529	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	05/14/1961	058
****4315	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	08/08/1955	064
****5016	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	11/15/1957	061
****7712	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	10/02/1955	063
****7712	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	10/02/1955	063
****8693	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	12/29/1995	023
****9856	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	08/10/1955	064
****2037	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	02/13/1997	022
****9282	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	08/02/1953	066
****9061	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	02/05/1964	055
****5939	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	12/27/2014	004
****9478	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	12/06/2011	007
****4858	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	06/12/1981	038
****9756	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	08/28/1975	044
****7419	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	08/29/1957	061
****8283	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/14/1960	058
****8283	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	07/14/1960	059
****2283	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	08/06/1997	021
****2283	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	08/06/1997	022
****2988	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/01/1999	019
****2988	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	07/01/1999	020
****6940	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	04/11/1964	055
****5196	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	12/16/1966	052
****0916	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	04/01/1959	060
****6733	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	09/30/1954	064
****5261	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	06/18/1973	046
****9508	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	03/08/2006	013
****0187	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/16/2009	009
****4824	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	12/19/1979	039
****7039	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	06/22/2018	001
****6117	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/18/2016	003
****3481	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	01/06/1983	036

****8459	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	02/11/1959	060
****2444	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	02/08/1962	057
****9366	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	05/22/1964	055
****0021	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	12/08/1993	025
****9523	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/18/1958	060
****7864	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	02/15/1959	060
****4760	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	02/22/1969	050
****4919	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/20/1972	047
****9697	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	03/27/2006	013
****8386	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	04/06/2011	008
****3801	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	12/01/1976	042
****3505	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	08/05/1978	041
****4244	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/13/2005	014
****4993	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	07/29/2009	010
****1620	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	09/22/1971	048
****1593	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	02/03/1960	059
****9560	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	06/12/1957	062
****1510	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	09/11/1967	052
****1001	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	11/07/1968	050
****3144	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/11/2001	017
****3094	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	11/02/1976	042
****8280	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	07/23/2010	009
****5823	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	11/22/1972	046
****4220	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	11/12/1969	049
****8530	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	08/23/2007	012
****3697	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	07/15/1962	057
****9070	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	07/17/1966	053
****9705	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	01/07/2002	017
****2565	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	09/06/1960	058
****2565	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	09/06/1960	059
****2061	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	01/21/1975	044
****6088	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	08/30/2005	014
****2910	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	06/24/1972	047
****4404	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	09/24/2008	011
****0800	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	04/30/1968	051
****8546	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/16/1960	059
****6332	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	11/21/1994	024
****2452	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	06/15/1998	021
****3975	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	02/12/2004	015
****7288	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	03/17/1960	059
****3152	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	08/02/1968	051
****6820	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/19/1958	061
****9582	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	01/03/1967	052
****7670	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/03/1996	023
****4788	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	03/16/1963	056
****9773	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	09/06/1958	061
****6515	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	07/16/1961	058
****1751	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/20/1993	026
****4259	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	02/01/1994	025
****7323	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	06/19/1971	048
****6074	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	12/17/1969	049
****9764	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/13/2008	011
****2423	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	06/08/1959	060
****2613	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	08/08/1959	060

****0839	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	12/28/1998	020
****3265	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	07/06/2001	018
****9147	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	02/06/1970	049
****6743	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	11/19/1973	045
****1992	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	08/15/1996	023
****2458	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	12/14/1977	041
****6735	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	04/27/1999	020
****6783	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	07/18/2000	019
****1885	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	10/21/1997	021
****7886	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	03/28/1973	046
****7939	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	07/03/1951	068
****8249	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	12/14/1970	048
****4692	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	04/23/1983	036
****0261	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	04/23/2014	005
****0329	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	11/03/2010	008
****0331	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	11/03/2010	008
****8278	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	03/28/1958	061
****3065	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	05/15/1958	061
****9418	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	05/18/1966	053
****6849	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	08/17/1960	059
****2038	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	01/26/1959	060
****1266	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	09/01/1956	063
****0076	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	08/14/1954	065
****1943	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	08/06/1956	063
****3041	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	11/05/1945	073
****3951	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & SPOUSE	06/27/1959	060
****3905	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & SPOUSE	12/25/1964	054
****4449	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	09/29/1975	044
****6927	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	12/08/1954	064
****0925	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	08/18/1953	066
****9024	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	08/20/1966	053
****4184	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	06/18/1935	084
****9377	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	01/11/1995	024
****7411	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/05/1960	058
****4533	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	04/30/1958	061
****6462	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	09/15/1999	020
****9111	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/20/1962	056
****9110	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	12/13/1959	059
****6937	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	06/13/1995	024
****2597	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	09/20/1998	021
****8692	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	01/20/1959	060
****5371	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	08/25/2008	011
****2265	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	09/23/1973	046
****1269	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	09/30/1978	041
****5544	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	08/12/1954	064
****7706	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	02/07/1952	067
****6284	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	11/13/1950	068
****3684	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	11/10/1965	053
****9538	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	12/11/1952	066
****1260	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	01/04/1958	061
****1886	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	12/12/1952	066
****7801	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/02/1968	050
****9747	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/08/1969	050
****1268	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	12/28/2001	017

*****5719	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	02/16/2004	015
*****6862	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	06/08/1964	055
*****7001	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	04/24/1991	028
*****2384	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/29/1960	059
*****1806	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	02/05/1966	053
*****6310	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	01/29/1996	023
*****7997	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	06/30/1998	021
*****4645	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	04/03/1968	051
*****4162	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	02/15/2002	017
*****2788	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	02/15/2002	017
*****4161	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	11/21/1941	077
*****9565	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	09/24/1957	062
*****9399	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	10/10/1968	050
*****1450	COBRA	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	02/24/2017	002
*****1347	COBRA	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	04/24/1966	053
*****7564	COBRA	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/14/1975	044
*****1450	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	02/24/2017	002
*****1450	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	02/24/2017	002
*****1347	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	04/24/1966	053
*****7564	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	05/14/1975	043
*****7564	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/14/1975	044
*****8117	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	10/30/1958	060
*****8031	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	02/10/1953	066
*****1745	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	02/23/1995	024
*****1330	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	12/22/1960	058
*****5499	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	12/24/1996	022
*****9887	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/06/1959	059
*****2994	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	08/13/2001	018
*****3639	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	11/26/1963	055
*****2029	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	05/13/1960	059
*****2951	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	03/21/1962	057
*****2718	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	05/16/1959	060
*****1083	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/05/1956	063
*****4587	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	05/21/1997	022
*****6086	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	03/06/1968	051
*****1415	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	07/11/1966	053
*****7273	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	08/19/1992	026
*****7753	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	10/10/1995	023
*****3076	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	06/21/1953	066
*****2693	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	09/19/1955	064
*****3783	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	04/08/1959	060
*****2543	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	03/21/1961	058
*****6926	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	12/31/1993	025
*****9299	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	02/16/1996	023
*****4375	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	05/17/1961	058
*****5013	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	09/28/1967	052
*****0764	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	10/22/1993	025
*****4922	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	08/02/1959	060
*****2197	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	07/03/1956	063
*****0112	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	06/13/1952	067
*****2798	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/08/1997	021
*****1046	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	08/17/1958	061
*****0876	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	10/05/2004	014
*****0876	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/05/2004	014

****3281	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/05/2003	015
****6656	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	08/24/2002	017
****4944	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	09/22/1980	039
****9073	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	03/07/2018	001
****1901	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	02/15/1965	054
****1901	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	02/15/1965	054
****1096	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	09/10/1969	050
****8418	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	06/05/1973	046
****8412	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	06/30/2001	018
****9797	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	07/19/2002	017
****2862	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	09/23/1956	063
****1643	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	05/28/1960	059
****3582	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	12/03/1982	036
****2523	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	01/24/1983	036
****3131	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	04/21/2006	013
****5470	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	06/22/1962	057
****6860	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	03/18/1964	055
****9573	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	05/31/1959	060
****0410	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/27/1971	047
****0410	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	10/27/1971	047
****7914	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/23/1966	053
****7914	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	05/23/1966	053
****6455	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	06/10/1993	026
****4348	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	06/18/1998	021
****8598	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	06/27/2007	012
****5157	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/14/1970	049
****6235	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	06/10/1969	050
****9695	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/06/2004	014
****3275	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	09/28/1965	054
****7538	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	09/09/1959	060
****3098	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	02/22/1961	058
****1418	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	01/08/2010	009
****2004	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	11/26/1967	051
****9972	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	11/21/1976	042
****0382	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	01/05/1967	052
****2153	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	03/14/1954	064
****4156	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	11/05/1956	062
****5221	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	09/07/1969	050
****9976	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	12/18/2011	007
****2906	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/17/1969	050
****1222	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/15/2004	015
****2664	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	04/14/1954	064
****2664	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	04/14/1954	064
****4600	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	02/10/1954	065
****4568	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	04/01/1970	049
****5128	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	07/12/1973	046
****0514	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	11/18/2003	015
****6725	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	05/05/1975	044
****1038	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	05/18/2004	015
****7427	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	05/05/2008	011
****4067	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	11/24/1964	054
****5195	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	02/10/1999	020
****4129	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	12/15/1966	052
****9320	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	05/18/1968	051

****4767	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	06/20/1957	062
****3105	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	12/14/1959	059
****4767	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	06/20/1957	062
****3105	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	12/14/1959	059
****3753	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	02/05/1957	062
****9259	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	07/25/1964	055
****6602	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	02/27/1994	025
****0200	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/18/1995	023
****2109	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	04/11/2000	019
****9646	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	10/25/1963	055
****6402	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/20/1982	036
****6417	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	09/18/2018	001
****6417	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	04/08/1979	040
****6795	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	06/13/2015	004
****8006	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	04/05/1970	049
****9261	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	11/10/2012	006
****7418	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/13/1978	040
****4402	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	12/05/1970	048
****0771	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/09/1967	051
****9899	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	09/25/1963	056
****8181	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/23/1996	022
****2939	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	11/17/1999	019
****2753	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	02/03/1997	022
****2753	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	02/03/1997	022
****0959	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	11/05/1962	056
****8576	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	02/04/1966	053
****8576	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	02/04/1966	053
****8576	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	02/04/1966	053
****0153	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	12/24/1966	052
****0191	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	06/19/1996	023
****4620	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	06/01/2000	019
****3913	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	11/13/1965	053
****4997	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	03/19/1997	022
****9994	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	06/09/2001	018
****9995	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	06/09/2001	018
****5923	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	02/26/1956	063
****1426	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	06/23/1953	066
****3320	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	02/10/1957	062
****9479	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	11/03/1993	025
****1078	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	10/10/1954	064
****8294	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	11/23/1957	061
****4349	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	10/25/1959	059
****0328	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	02/06/1963	056
****6775	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	06/21/1961	058
****4778	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	12/20/1994	024
****0603	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	11/09/2000	018
****3629	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	11/25/1961	057
****1921	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	03/03/1978	041
****0798	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	12/01/1976	042
****6326	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	04/23/1998	021
****7891	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/31/2001	018
****5260	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	11/06/2007	011
****3150	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	03/03/1982	037
****8404	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	02/19/1954	065

****1477	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	12/26/1955	063
****4224	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	10/26/1962	056
****4672	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	07/30/2008	011
****3628	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	08/14/1984	035
****5495	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	06/21/2004	015
****9883	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	12/12/1964	054
****4412	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	07/19/1937	082
****6122	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	07/21/1956	063
****6554	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	12/31/1968	050
****2681	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	04/07/1958	061
****4117	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	12/13/1961	057
****2114	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	07/21/2009	010
****0383	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	08/19/1971	048
****4754	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	02/20/1969	050
****9008	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	05/22/1998	021
****5275	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	10/12/1967	051
****0282	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	09/10/1957	062
****9169	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	09/11/1980	039
****4618	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	06/17/1983	036
****0122	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	10/08/2010	008
****8035	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	03/02/2012	007
****1927	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	03/04/2011	008
****0739	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	02/19/1985	034
****1587	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	03/22/2018	001
****1720	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	12/24/2013	005
****8835	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	06/29/1978	041
****1889	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	02/03/2017	002
****4607	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	02/04/1957	062
****8869	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	01/11/1958	061
****3571	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	12/08/2005	013
****9318	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	11/11/2013	005
****0993	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/15/2010	009
****0109	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	08/10/1980	039
****3607	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	08/11/1979	040
****1620	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	07/29/1972	047
****2390	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	12/29/1968	050
****7940	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	06/03/1998	021
****1079	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	12/06/1999	019
****8951	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	08/21/2001	018
****6078	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	02/27/2005	014
****7017	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	11/16/1985	033
****0677	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	11/24/1963	055
****9435	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	09/15/1961	058
****0899	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	01/21/1967	052
****0887	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	02/20/1988	031
****8957	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	08/02/1984	035
****1783	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	07/15/1958	061
****7358	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	08/02/1967	052
****5730	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	07/11/2000	019
****1840	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	07/18/1997	022
****5671	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	02/10/2005	014
****1127	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	01/30/1985	034
****2886	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	11/12/1981	037
****3214	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	03/06/1982	037

*****5117	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	04/14/2015	004
*****3467	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	09/23/1953	065
*****6625	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	03/16/1955	064
*****1531	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	05/16/1960	059
*****9630	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	10/13/1960	058
*****1930	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	04/05/2008	011
*****3165	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	09/10/2009	010
*****7956	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	12/21/1972	046
*****1664	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	01/19/1961	058
*****3702	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & SPOUSE	12/15/1959	059
*****3458	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & SPOUSE	03/30/1964	054
*****5348	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	05/20/1951	068
*****9939	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	06/04/1970	049
*****4621	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	03/28/1999	020
*****1483	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	04/04/2003	016
*****3112	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	11/18/1961	057
*****4012	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	09/03/1956	063
*****3112	COBRA	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	11/18/1961	057
*****4012	COBRA	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	09/03/1956	062
*****4098	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	06/03/1962	057
*****7070	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	07/28/1963	056
*****4476	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	07/27/1989	030
*****3711	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	03/30/1961	058
*****8338	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	05/01/1961	058
*****2629	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	07/04/1959	060
*****0094	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	02/12/1986	033
*****3690	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	07/16/2015	004
*****8863	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	04/20/2011	008
*****2886	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	03/09/1982	037
*****0667	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	07/03/1974	045
*****6511	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	01/17/2001	018
*****2327	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	10/30/1957	061
*****3645	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	04/01/1973	046
*****7392	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	01/25/2004	015
*****7412	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	01/10/2007	012
*****9118	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	10/24/1982	036
*****8363	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	08/20/2017	002
*****2641	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	02/05/1983	036
*****7749	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	04/03/2000	019
*****7122	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	09/06/2004	015
*****6242	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	08/10/1969	050
*****8685	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	04/19/1970	049
*****5459	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	11/13/1969	049
*****3274	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	02/16/1995	024
*****1363	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	01/14/1998	021
*****3803	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	11/03/1970	048
*****8623	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	11/08/2004	014
*****2286	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	07/12/1998	021
*****1801	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	02/15/1979	040
*****0271	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	01/23/1971	048
*****7946	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/15/1958	060
*****4272	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	09/18/1955	064
*****6724	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/22/1992	026
*****0330	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	04/26/1960	059

****4497	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	04/22/2018	001
****6421	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	01/10/1971	048
****2853	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	04/21/1977	042
****3528	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	02/26/2016	003
****9613	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	03/26/1967	052
****0846	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	03/25/1979	040
****9765	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	10/17/2005	013
****5706	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	11/16/2011	007
****2390	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	08/31/1976	043
****8932	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	01/06/2004	015
****4364	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	07/24/1956	063
****9422	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	07/15/1979	040
****7124	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	12/16/1997	021
****0855	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	03/22/1967	052
****7471	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	12/19/1969	049
****0664	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	04/03/1962	057
****9868	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	07/16/1992	027
****0554	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	12/30/1993	025
****4815	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	11/22/1963	055
****2569	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	09/29/1999	020
****1232	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	04/09/1967	052
****2945	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	10/11/1969	049
****0098	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	06/11/1996	023
****1164	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	09/27/1954	064
****9924	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	02/11/1957	062
****2615	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	04/29/1957	062
****2471	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	08/16/1973	046
****5819	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	04/25/1974	045
****1373	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	04/11/2011	008
****3147	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	03/15/2012	007
****3363	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	06/12/1984	035
****0936	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	12/21/2015	003
****7060	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/17/1990	029
****5097	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	07/30/1949	070
****5640	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	02/13/1993	026
****3309	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	04/11/1969	050
****7455	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	09/12/1966	053
****8228	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	03/28/1983	036
****6969	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	09/20/1956	063
****1879	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	02/27/1951	068
****5715	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	11/08/1999	019
****9514	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	04/29/1968	051
****4696	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	02/05/1960	059
****3599	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	04/26/1989	030
****5609	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	07/07/2011	008
****6324	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	10/28/1980	038
****7646	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	06/09/2005	014
****0366	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	08/13/1955	064
****4385	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & SPOUSE	12/18/1990	028
****7564	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & SPOUSE	10/14/1988	030
****8447	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	01/03/1957	062
****1690	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	12/15/1951	067
****9458	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	03/24/1988	031
****7119	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	05/02/1969	050

*****7245	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	09/20/1971	048
*****9364	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	06/06/1986	033
*****5991	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	11/11/1960	058
*****2857	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	10/24/1964	054
*****6237	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	09/09/1985	034
*****3855	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	02/07/2014	005
*****1656	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	02/07/2014	005
*****1792	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	04/03/1957	062
*****3975	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	03/02/1958	061
*****2581	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	08/03/1996	022
*****3370	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	02/23/1998	021
*****1792	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	04/03/1957	062
*****3975	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	03/02/1958	061
*****2581	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	08/03/1996	023
*****3370	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	02/23/1998	021
*****6955	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	07/10/1979	040
*****9135	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	11/20/1956	062
*****6124	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	11/24/1959	059
*****1690	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	04/21/1977	042
*****1344	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	12/26/2012	006
*****9520	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	06/06/1983	036
*****3677	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	09/03/2009	010
*****2324	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	04/25/1981	038
*****6514	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	08/19/2013	006
*****9605	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	06/10/1964	055
*****0382	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	06/09/1965	054
*****4265	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	03/20/1992	027
*****0382	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	12/05/1997	021
*****2490	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	09/13/1998	021
*****2024	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	08/22/1969	050
*****5214	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	01/26/1971	048
*****1551	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	08/29/1963	056
*****8231	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	07/08/1994	025
*****9572	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	02/03/1961	058
*****8271	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	07/25/1959	060
*****2664	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	09/26/1964	055
*****0108	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	08/29/1975	044
*****0932	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	05/26/1993	026
*****5939	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	07/06/1995	024
*****9841	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	05/07/1999	020
*****1393	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	01/07/1968	051
*****3877	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	03/25/1963	056
*****0030	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	02/27/1956	063
*****3264	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	11/22/1963	055
*****7640	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	09/08/1999	020
*****1159	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	05/28/2001	018
*****9858	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	06/16/1971	048
*****8696	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	06/21/1971	048
*****9772	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	02/23/1983	036
*****5884	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	01/11/1971	048
*****7305	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	10/27/2004	014
*****8826	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	05/24/1997	022
*****4254	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	09/09/1958	061
*****1824	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	03/21/1999	020

****0998	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	11/07/1957	061
****2830	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	12/06/1984	034
****9594	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	08/27/1960	059
****7411	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/05/1976	043
****5211	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	05/03/1976	043
****8412	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/03/2000	019
****8953	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	08/17/1997	022
****8143	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	11/02/2005	013
****6963	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	11/07/1993	025
****8654	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	06/10/1995	024
****2789	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	02/04/1967	052
****8821	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	05/27/1958	061
****6566	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	08/14/1955	064
****8744	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	08/02/1957	061
****6731	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	08/23/1965	054
****3626	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	07/24/1961	058
****8804	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	03/25/2016	003
****9691	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	12/18/1979	039
****3992	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	06/08/1972	047
****1252	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	04/23/2013	006
****5815	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	11/02/1988	030
****5401	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	11/19/2017	001
****4158	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	06/13/1970	049
****0303	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	04/03/1963	056
****3235	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	03/23/1960	059
****0303	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	04/03/1963	056
****3235	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	03/23/1960	059
****8396	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	12/29/1955	063
****8677	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	02/03/1955	064
****1436	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	07/26/1985	034
****5539	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	01/01/1986	033
****1416	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	03/27/1965	054
****6965	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	01/23/1982	037
****9360	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	06/23/1973	046
****0190	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	12/09/2005	013
****7950	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & SPOUSE	02/03/1961	058
****8037	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & SPOUSE	02/26/1954	065
****8536	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	11/08/1985	033
****3881	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/02/1966	052
****2672	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	11/22/1967	051
****4429	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	08/28/1998	020
****5955	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	04/06/1971	047
****5955	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	04/06/1971	048
****5848	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	08/01/1961	058
****4968	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	09/11/1967	052
****7368	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	09/06/1962	057
****1973	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	04/20/1956	063
****6927	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	08/12/1973	046
****9996	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	07/27/2007	012
****8838	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	11/15/1973	045
****8440	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	01/23/1976	043
****9421	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	06/13/1964	055
****0483	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	08/13/1961	058
****3434	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	12/15/1961	057

****2597	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	06/26/1956	063
****5314	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	02/03/1978	041
****5670	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	12/27/2007	011
****6353	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	05/28/1977	042
****6482	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	02/25/1987	032
****2600	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	06/25/1974	045
****9857	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	09/17/1965	054
****7939	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	04/04/1994	025
****5661	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	09/28/1997	022
****2030	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	04/29/1959	060
****2618	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	11/02/1968	050
****0562	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	09/02/2003	016
****1220	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	11/29/2004	014
****8043	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	03/01/1960	059
****5506	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/01/1996	023
****2401	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	03/31/1999	020
****6495	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/04/1971	048
****6359	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	03/13/1971	048
****0225	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	06/23/1988	031
****9428	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	01/31/2018	001
****3287	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	07/14/1974	045
****5120	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	10/19/1979	039
****1457	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/25/1982	036
****	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	07/08/2019	000
****8014	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	09/29/1972	047
****3347	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	09/10/2013	006
****0258	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	07/16/2016	003
****4015	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	07/06/1958	061
****5173	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	12/25/1980	038
****0368	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	06/08/1972	047
****7676	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	09/13/2005	014
****1427	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	12/09/2008	010
****5162	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	02/07/1954	065
****8076	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	06/29/1956	063
****2914	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	09/28/1961	058
****1135	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	07/01/1981	038
****2771	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	01/27/1963	056
****3170	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	09/10/2014	005
****2652	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	02/21/2012	007
****7529	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	07/06/1988	031
****8358	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	05/24/1979	040
****9643	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	07/14/1980	039
****0921	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	09/26/2002	016
****4639	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	01/11/2006	013
****0735	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	11/18/2007	011
****5560	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	08/25/2015	003
****4151	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	06/12/2003	016
****9750	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	02/26/1972	047
****0535	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	02/05/1970	049
****8952	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	02/15/1953	066
****1681	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	09/20/1971	048
****5668	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	12/17/1997	021
****2784	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	01/16/2001	018
****0640	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	09/14/2003	016

*****7907	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/06/2001	018
*****1463	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/31/1998	021
*****1427	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	09/11/1965	054
*****1428	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	11/27/1958	060
*****3074	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	03/08/1961	058
*****2096	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/27/2003	016
*****0389	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/27/2003	016
*****7977	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	01/23/2012	007
*****1783	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	06/11/1978	041
*****9065	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	12/19/1978	040
*****7426	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	10/17/1960	058
*****1449	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	12/28/1954	064
*****8915	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	12/29/1986	032
*****3673	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	01/24/1977	042
*****4261	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	06/16/1990	029
*****6449	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	12/05/1949	069
*****4285	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	10/26/1957	061
*****7554	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	12/02/1976	042
*****7414	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	01/11/1968	051
*****0543	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	04/25/1966	053
*****9078	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	09/30/1959	059
*****9078	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	09/30/1959	060
*****8328	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	02/24/2004	015
*****2746	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	02/19/1967	052
*****2244	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	07/24/1984	035
*****0604	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	11/05/1975	043
*****3098	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	09/25/1952	066
*****7388	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	08/08/1963	055
*****3098	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	09/25/1952	067
*****7388	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	08/08/1963	056
*****6933	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	09/21/2013	006
*****2662	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	10/10/1978	040
*****2662	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	10/10/1978	040
*****6039	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	12/25/1982	036
*****2841	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	02/25/1955	064
*****2841	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	02/25/1955	064
*****8006	RETIREE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	07/22/1954	065
*****3748	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	07/29/1957	062
*****5011	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	12/20/1951	067
*****0586	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	07/29/1967	052
*****7683	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	01/09/1996	023
*****1086	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/30/1997	021
*****5945	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	08/18/2000	019
*****8884	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	06/24/1966	053
*****2099	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	11/12/1969	049
*****2555	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	02/16/1972	047
*****9365	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	03/13/2006	013
*****7024	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	01/31/1973	046
*****8342	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	03/14/1966	053
*****0170	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	01/30/1969	050
*****8589	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	07/19/2001	018
*****7128	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	03/10/2004	015
*****9939	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	11/17/1972	046
*****7818	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	06/12/1963	056

*****8134	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	03/23/1992	027
*****2317	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/08/1971	047
*****6140	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	02/03/1997	022
*****1810	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	02/10/1999	020
*****8548	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	02/18/1969	050
*****2953	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/11/1997	022
*****2880	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	01/05/1990	029
*****8721	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	01/09/2018	001
*****1667	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	08/19/2016	003
*****4459	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	01/07/1986	033
*****4005	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	04/11/2003	016
*****1097	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	10/02/1968	050
*****9387	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	01/20/1998	021
*****4696	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	11/10/2004	014
*****6232	ACTIVE	5360-LOWER COST PLAN 05360-R8	FAMILY	09/02/1962	057
*****5206	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	11/23/1989	029
*****0976	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	06/08/1990	029
*****6211	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	03/13/1961	058
*****6725	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	06/09/1959	059
*****6211	COBRA	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	03/13/1961	058
*****6725	COBRA	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	06/09/1959	060
*****8220	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	06/25/1958	061
*****0986	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	11/15/2016	002
*****9313	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	02/07/2013	006
*****7209	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & CHILDREN	06/27/1981	038
*****3534	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	10/20/1972	046
*****1511	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	06/09/1980	039
*****8245	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	03/08/1956	063
*****9264	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	07/29/1957	062
*****8344	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	11/20/1977	041
*****2910	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	06/02/2000	019
*****8012	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	01/27/2006	013
*****7112	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	08/07/1958	061
*****5373	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	10/25/1960	058
*****8607	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	07/26/1959	060
*****2422	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	07/29/1972	047
*****3128	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	09/02/2016	003
*****7018	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	04/29/2003	016
*****5477	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	08/18/1953	066
*****2970	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	12/07/1959	059
*****9510	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	05/27/1974	045
*****5804	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	03/27/1985	034
*****4656	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/29/2013	005
*****3066	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	03/25/1962	057
*****1943	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	04/14/2008	011
*****3710	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/28/1959	059
*****2224	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	05/12/1966	053
*****3371	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	04/05/1965	054
*****7330	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	02/18/1994	025
*****5706	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & CHILDREN	11/17/1968	050
*****6241	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	06/17/2010	009
*****9329	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	01/30/1993	026
*****1064	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	09/15/1959	060
*****	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/23/2019	000

****7836	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	02/16/1986	033
****7836	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	02/16/1986	033
****9302	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	01/19/1984	035
****9302	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	01/19/1984	035
****0618	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	02/25/1960	059
****6812	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	11/24/1957	061
****2574	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	05/02/1972	047
****9188	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	08/28/2011	008
****8618	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/08/1982	036
****6556	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	05/26/1965	054
****6454	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	06/17/1968	051
****4631	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	09/14/1962	057
****0189	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/16/1964	054
****5441	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	05/04/1965	054
****4844	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/03/2005	013
****4819	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	07/30/1989	030
****4257	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	04/26/1988	031
****4351	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	05/21/1958	061
****5690	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	12/16/1961	057
****8791	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	02/27/1954	065
****6039	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	09/27/1953	066
****1754	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	11/24/1981	037
****2401	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	09/06/1962	057
****0115	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	11/11/1995	023
****9553	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	04/10/1957	062
****2045	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	11/25/2005	013
****9249	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	04/17/1972	047
****6699	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/26/2007	011
****0718	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	05/15/1971	048
****4947	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/02/1970	048
****2632	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/30/2006	012
****8769	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	11/19/2004	014
****5006	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	07/07/1976	043
****8269	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	07/05/1983	036
****0803	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	12/07/1976	042
****8182	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	03/17/2009	010
****2625	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	03/24/2007	012
****2701	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	02/11/1995	024
****9671	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	04/26/1955	064
****9112	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	06/06/1956	063
****1131	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	06/21/1956	063
****1552	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	07/05/2016	003
****9573	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	03/21/2019	000
****7177	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	02/19/1989	030
****8122	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	03/06/1987	032
****6451	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	04/26/1988	031
****2149	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & SPOUSE	10/12/1987	031
****0602	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	05/07/1988	031
****7849	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/01/1951	067
****5250	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	10/17/1964	054
****8734	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	01/27/1994	025
****7615	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	12/11/1997	021
****2241	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	02/02/1965	054
****7351	RETIREE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	10/25/1953	065

*****5108	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	01/09/1988	031
*****	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE & CHILDREN	10/22/2018	000
*****4671	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	11/29/1981	037
*****5413	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	12/10/1963	055
*****1463	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	11/06/1963	055
*****7066	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	09/16/1971	048
*****4729	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	09/04/1969	050
*****6845	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/22/1995	023
*****8985	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	03/16/1962	057
*****1075	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	04/14/1995	024
*****9624	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	12/05/2000	018
*****8044	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	11/30/1955	063
*****3848	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/17/1971	048
*****9493	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/11/1973	046
*****8821	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	09/02/2010	009
*****6053	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	09/17/1968	051
*****3657	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	09/19/1971	048
*****8198	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	03/03/1973	046
*****3367	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	09/18/1986	033
*****9875	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	05/05/1985	034
*****2219	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	04/03/2017	002
*****9651	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	03/29/1958	061
*****8989	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE ONLY	05/03/1971	048
*****2631	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	02/04/1972	047
*****6730	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	05/20/1966	053
*****8161	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	03/21/1966	053
*****1061	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	03/13/1998	021
*****6492	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	FAMILY	05/11/1996	023
*****7829	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	08/08/1966	053
*****2879	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	12/24/1965	053
*****9554	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	12/16/1959	059
*****5338	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	06/23/1974	045
*****0835	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	05/21/1968	051
*****1465	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	EMPLOYEE & SPOUSE	08/30/1966	052
*****4267	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE ONLY	06/15/1977	042
*****2352	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & SPOUSE	08/20/1959	060
*****2193	ACTIVE	5360-LOWER COST PLAN 05360-R8	EMPLOYEE & SPOUSE	09/14/1958	061
*****5332	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	02/08/2010	009
*****5331	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	02/08/2010	009
*****1771	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	10/31/1973	045
*****4710	ACTIVE	3768-NETWORK ADVANTAGE PL 03768-R8	FAMILY	09/27/1972	047
*****4972	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	09/15/1979	040
*****6836	ACTIVE	3559-BLUEOPT COPAY PLAN 03559-R8	EMPLOYEE ONLY	03/26/1953	066

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MONROE COUNTY SCHOOL BOARD
Total Net Paid Prescription Drug and Medical Claim Summary

Month	Enrollment		Claims Paid		Stop Loss Recoveries	Total
	Emp.	Dep.	Rx	BCBSFL Medical		
Jan-16	933	508	110,973	910,637	-	1,021,610
Feb-16	929	508	153,030	943,893	-	1,096,924
Mar-16	930	509	144,425	667,627	-	812,052
Apr-16	929	505	147,619	890,648	-	1,038,267
May-16	927	502	153,732	1,035,973	-	1,189,705
Jun-16	929	504	134,304	1,331,748	237,202	1,228,851
Jul-16	928	501	144,609	1,184,103	378,342	950,370
Aug-16	862	479	140,725	1,061,042	129,536	1,072,231
Sep-16	949	519	118,421	900,984	61,312	958,092
Oct-16	944	520	130,890	636,812	95,576	672,126
Nov-16	940	514	133,071	660,438	77,779	715,730
Dec-16	940	514	142,512	928,678	283,678	787,512
Jan-17	962	520	121,408	527,627	-	649,036
Feb-17	961	520	172,995	855,261	-	1,028,256
Mar-17	960	521	154,097	1,425,676	-	1,579,774
Apr-17	962	522	149,935	1,060,468	-	1,210,403
May-17	966	524	163,453	857,764		1,021,216
Jun-17	972	526	139,350	1,179,947		1,319,297
Jul-17	973	529	148,331	725,843		874,174
Aug-17	914	503	142,012	828,180		970,191
Sep-17	974	528	136,170	357,414		493,584
Oct-17	966	522	167,997	650,199		818,196
Nov-17	969	524	144,200	1,057,433		1,201,633
Dec-17	965	522	173,624	485,288		658,912
Jan-18	967	523	133,208	897,747		1,030,955
Feb-18	973	530	161,916	603,128		765,044
Mar-18	973	531	159,868	1,088,109		1,247,977
Apr-18	971	529	198,368	642,031		840,398
May-18	971	527	216,646	679,364		896,010
Jun-18	977	531	187,139	868,099		1,055,238
Jul-18	978	532	253,138	864,485		1,117,623
Aug-18	921	503	270,487	943,172		1,213,659
Sep-18	964	521	236,450	767,059	6,654	996,855
Oct-18	970	524	231,582	851,501	-	1,083,083
Nov-18	973	522	239,829	710,514	-	950,343
Dec-18	973	520	236,715	714,391	(6,654)	957,760
Jan-19	971	514	215,651	731,202		946,853
Feb-19	973	512	193,312	951,806		1,145,118
Mar-19	973	506	211,784	715,478		927,262
Apr-19	968	506	216,113	747,485		963,598
May-19	964	504	268,968	863,871		1,132,840
Jun-19	967	507	226,243	923,358		1,149,602
Jul-19	966	510	227,605	916,432		1,144,036
Aug-19	907	486	219,634	868,527		1,088,161
Sep-19	984	514	241,910	620,415	306,940	555,385

Note: September 2019 recovery is estimated by Gallagher based on September large medical claim report.

High Cost Claims Summary

Company: MONROE COUNTY SCHOOL DISTRICT
Group: 64966
High Cost Claims Threshold: 50000
Current Paid Period: From 01/2019 to 09/2019
Prior Paid Period: From 01/2018 to 09/2018

CURRENT							Inpatient		Outpatient		Professional			
Rank	Mbr SSN	Contract Number	Div	Relationship	Diagnosis Description	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	Total Paid Amt	Total Billed Amt
1	***-**-0170	*****0170	002	SUBSCRIBER	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; MALIGNANT NEOPLASM OF BREAST (FEMALE), UNSPECIFIED SITE; MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF FEMALE BREAST	0	0	\$0.00	23	\$709,056.30	27	\$2,883.93	\$711,940.23	\$1,068,942.25
2	***-**-0187	*****4824	002	DEPENDENT	OTHER SPECIFIED NON-ARTHROPOD-BORNE VIRAL DISEASES OF CENTRAL NERVOUS SYSTEM; UNSPECIFIED CAUSES OF ENCEPHALITIS, MYELITIS, AND ENCEPHALOMYELITIS; LOCALIZATION-RELATED (FOCAL) (PARTIAL) EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, WITHOUT MENTION OF INTRACTABLE EPILEPSY	9	1	\$198,551.64	1	\$5,737.75	70	\$22,487.88	\$226,777.27	\$373,571.92
3	***-**-7175	*****7175	C03	SUBSCRIBER	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; DRUG INDUCED NEUTROPENIA; MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF FEMALE BREAST	0	0	\$0.00	18	\$209,770.93	47	\$5,629.89	\$215,400.82	\$318,991.18
4	***-**-0121	*****0121	001	SUBSCRIBER	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS; ATRIOVENTRICULAR BLOCK, COMPLETE; SYNCOPE AND COLLAPSE	1	1	\$56,420.34	23	\$75,280.52	312	\$77,557.03	\$209,257.89	\$618,139.17
5	***-**-9671	*****3809	002	SPOUSE	RADIOTHERAPY; OSTEOARTHROSIS, UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED, UNSPECIFIED SITE; MALIGNANT NEOPLASM OF PROSTATE	0	0	\$0.00	1	\$168,444.00	5	\$265.28	\$168,709.28	\$547,060.00
6	***-**-2841	*****2841	R03	SUBSCRIBER	SOLITARY PULMONARY NODULE; RADIOTHERAPY; MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF FEMALE BREAST	2	1	\$71,968.89	12	\$58,306.05	82	\$19,520.32	\$149,795.26	\$280,129.38
7	***-**-4355	*****3996	001	SPOUSE	INTRASPINAL ABSCESS; BACTEREMIA; CALCULUS OF KIDNEY	15	1	\$103,071.13	11	\$12,979.28	97	\$17,463.62	\$133,514.03	\$303,349.23
8	***-**-7455	*****7455	003	SUBSCRIBER	DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED; GANGRENE; ENCOUNTER FOR CHANGE OR REMOVAL OF SURGICAL WOUND DRESSING	4	2	\$90,548.88	2	\$25,251.96	80	\$5,509.83	\$121,310.67	\$300,651.17

9	***-**-8037	*****7950	003	SPOUSE	DIAPHRAGMATIC HERNIA WITHOUT MENTION OF OBSTRUCTION OR GANGRENE; UNSPECIFIED DISORDER OF LIVER; DYSPHAGIA, UNSPECIFIED	3	1	\$80,331.93	2	\$3,426.87	28	\$8,228.47	\$91,987.27	\$166,865.49
10	***-**-6730	*****8161	002	SPOUSE	PRIMARY LOCALIZED OSTEOARTHROSIS, PELVIC REGION AND THIGH; AFTERCARE FOLLOWING JOINT REPLACEMENT; HIP JOINT REPLACEMENT BY OTHER MEANS	2	1	\$80,461.84	4	\$952.78	26	\$4,322.89	\$85,737.51	\$147,986.78
11	***-**-7066	*****4729	001	SPOUSE	LUMBOSACRAL SPONDYLOSIS WITHOUT MYELOPATHY; DEGENERATION OF LUMBAR OR LUMBOSACRAL INTERVERTEBRAL DISC; ABDOMINAL PAIN, UNSPECIFIED SITE	3	1	\$38,458.17	14	\$24,962.31	60	\$18,322.64	\$81,743.12	\$206,231.78
12	***-**-9605	*****9605	001	SUBSCRIBER	OTHER GENERAL SYMPTOMS; UTEROVAGINAL PROLAPSE, COMPLETE; UTEROVAGINAL PROLAPSE, INCOMPLETE	0	0	\$0.00	4	\$67,054.31	30	\$11,981.28	\$79,035.59	\$274,493.94
13	***-**-0916	*****0916	R01	SUBSCRIBER	OTHER AND UNSPECIFIED DISC DISORDER OF LUMBAR REGION; LUMBOSACRAL SPONDYLOSIS WITHOUT MYELOPATHY; LUMBAGO	1	1	\$63,439.38	1	(\$6,469.06)	112	\$21,326.54	\$78,296.86	\$134,798.90
14	***-**-5011	*****5011	002	SUBSCRIBER	ACUTE KIDNEY FAILURE, UNSPECIFIED; ALCOHOLIC CIRRHOSIS OF LIVER; HYPOVOLEMIA	3	1	\$16,448.28	4	\$27,798.45	72	\$30,924.17	\$75,170.90	\$222,542.50
15	***-**-0887	*****0887	001	SUBSCRIBER	EXCESSIVE OR FREQUENT MENSTRUATION; MORBID OBESITY; OTHER SPECIFIED DISORDER OF STOMACH AND DUODENUM	1	1	\$23,297.77	4	\$38,490.49	27	\$8,046.30	\$69,834.56	\$129,258.63
16	***-**-2862	*****1643	R03	SPOUSE	ATRIAL FLUTTER; FIRST DEGREE ATRIOVENTRICULAR BLOCK; SEBACEOUS CYST	2	1	\$60,889.28	0	\$0.00	33	\$7,178.58	\$68,067.86	\$123,181.15
17	***-**-0469	*****8383	002	SPOUSE	ACUTE RESPIRATORY FAILURE; LUMBAGO; LATERAL EPICONDYLITIS OF ELBOW	3	1	\$60,200.11	1	\$562.00	120	\$6,300.08	\$67,062.19	\$147,512.78
18	***-**-7939	*****7939	002	SUBSCRIBER	BENIGN NEOPLASM OF PANCREAS, EXCEPT ISLETS OF LANGERHANS; ABDOMINAL PAIN, EPIGASTRIC; DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED	6	1	\$28,442.14	7	\$14,198.17	86	\$18,034.72	\$60,675.03	\$235,276.18
19	***-**-9924	*****2615	001	SPOUSE	PNEUMONIA, ORGANISM UNSPECIFIED; SOLITARY PULMONARY NODULE; OTHER DISEASES OF LUNG, NOT ELSEWHERE CLASSIFIED	7	3	\$30,438.08	2	\$13,338.00	53	\$16,861.43	\$60,637.51	\$235,145.62
20	***-**-6927	*****0925	002	SPOUSE	ACUTE KIDNEY FAILURE, UNSPECIFIED; BENIGN NEOPLASM OF COLON; OTHER PRIMARY CARDIOMYOPATHIES	2	1	\$24,003.89	1	\$8,697.86	58	\$24,766.05	\$57,467.80	\$140,633.39
21	***-**-4245	*****8213	001	SPOUSE	ATRIAL FIBRILLATION; CALCULUS OF KIDNEY; MALIGNANT NEOPLASM OF PROSTATE	0	0	\$0.00	6	\$43,021.15	94	\$13,376.77	\$56,397.92	\$1,704,926.81
22	***-**-8791	*****8791	001	SUBSCRIBER	COMPLETE RUPTURE OF ROTATOR CUFF; UNSPECIFIED DISORDERS OF BURSAE AND TENDONS IN SHOULDER REGION; LESION OF ULNAR NERVE	0	0	\$0.00	9	\$48,272.60	23	\$6,357.41	\$54,630.01	\$200,401.15

23	***-**-5459	*****3803	001	SPOUSE	SPRAIN AND STRAIN OF CRUCIATE LIGAMENT OF KNEE; SPRAIN AND STRAIN OF UNSPECIFIED SITE OF KNEE AND LEG; ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	0	0	\$0.00	27	\$46,515.88	33	\$6,380.35	\$52,896.23	\$138,860.84
24	***-**-4957	*****4957	003	SUBSCRIBER	INTERMEDIATE CORONARY SYNDROME; CHEST PAIN, UNSPECIFIED; CHEST PAIN, OTHER	3	1	\$43,212.07	2	\$5,360.17	28	\$3,669.24	\$52,241.48	\$92,867.51
25	***-**-6753	*****1624	001	DEPENDENT	PECTUS EXCAVATUM; VESICoureTERAL REFLUX, UNSPECIFIED OR WITHOUT REFLEX NEPHROPATHY; NEVUS, NON-NEOPLASTIC	2	1	\$42,714.78	1	\$699.30	7	\$6,880.73	\$50,294.81	\$76,983.16
Total						69	21	\$1,112,898.60	180	\$1,601,708.07	1,610	\$364,275.43	\$3,078,882.10	\$8,188,800.91

PRIOR							Inpatient		Outpatient		Professional			
Rank	Mbr SSN	Contract Number	Div	Relationship	Diagnosis Description	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	Total Paid Amt	Total Billed Amt
1	***-**-0170	*****0170	002	SUBSCRIBER	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; MALIGNANT NEOPLASM OF BREAST (FEMALE), UNSPECIFIED SITE; ENCOUNTER FOR THERAPEUTIC DRUG MONITORING	0	0	\$0.00	52	\$399,271.21	62	\$12,382.59	\$411,653.80	\$766,952.26
2	***-**-4440	*****4440	001	SUBSCRIBER	PAROXYSMAL VENTRICULAR TACHYCARDIA; SYNCOPE AND COLLAPSE; ACUTE CYSTITIS	21	1	\$185,040.81	1	\$7,732.25	100	\$8,098.23	\$200,871.29	\$331,272.34
3	***-**-1771	*****1771	001	SUBSCRIBER	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF FEMALE BREAST; MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF FEMALE BREAST; MALIGNANT NEOPLASM OF BREAST (FEMALE), UNSPECIFIED SITE	0	0	\$0.00	9	\$106,298.89	46	\$22,917.84	\$129,216.73	\$354,521.04
4	***-**-0354	*****0300	002	SPOUSE	PRIMARY LOCALIZED OSTEOARTHRISIS, PELVIC REGION AND THIGH; MALIGNANT MELANOMA OF SKIN OF TRUNK, EXCEPT SCROTUM; CHRONIC GOUTY ARTHROPATHY WITH TOPHUS (TOPHI)	1	1	\$62,318.39	15	\$35,088.96	154	\$27,779.72	\$125,187.07	\$319,575.61
5	***-**-2946	*****2946	002	SUBSCRIBER	ACUTE VENOUS EMBOLISM AND THROMBOSIS OF DEEP VESSELS OF PROXIMAL LOWER EXTREMITY; UNSPECIFIED HEMORRHAGE; ACUTE VENOUS EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VESSELS OF LOWER EXTREMITY	8	2	\$65,390.51	3	\$43,039.10	70	\$9,380.74	\$117,810.35	\$313,232.72
6	***-**-6503	*****3950	003	DEPENDENT	SEPTICEMIA (SEPSIS) OF NEWBORN; SINGLE LIVEBORN, BORN IN HOSPITAL, DELIVERED BY CESAREAN DELIVERY; ROUTINE INFANT OR CHILD HEALTH CHECK	16	2	\$101,753.77	1	\$542.24	74	\$5,178.70	\$107,474.71	\$195,524.92
7	***-**-7245	*****7245	002	SUBSCRIBER	ACUTE INFECTIVE POLYNEURITIS; OTHER DEMYELINATING DISEASES OF CENTRAL NERVOUS SYSTEM; UNSPECIFIED DISEASE OF PANCREAS	31	3	\$73,182.87	7	\$8,272.66	220	\$22,190.05	\$103,645.58	\$477,018.50

8	***-**-1116	*****3844	002	SPOUSE	PYOGENIC ARTHRITIS, SHOULDER REGION; UNSPECIFIED OSTEOMYELITIS, OTHER SPECIFIED SITES; CLOSED FRACTURE OF LUMBAR VERTEBRA WITHOUT MENTION OF SPINAL CORD INJURY	27	2	\$82,091.59	1	\$10,488.00	112	\$9,493.87	\$102,073.46	\$180,962.31
9	***-**-4799	*****4799	002	SUBSCRIBER	MORBID OBESITY; SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON; NONSPECIFIC ABNORMAL ELECTROCARDIOGRAM (ECG) (EKG)	1	1	\$85,287.01	2	\$8,866.00	23	\$4,349.46	\$98,502.47	\$438,536.14
10	***-**-8589	*****4158	003	DEPENDENT	NASAL BONES, CLOSED FRACTURE; INJURY TO OTHER SPECIFIED BLOOD VESSELS OF HEAD AND NECK; EPISTAXIS	7	2	\$56,772.30	3	\$16,938.00	47	\$21,342.31	\$95,052.61	\$188,677.10
11	***-**-2734	*****2734	003	SUBSCRIBER	SECONDARY MALIGNANT NEOPLASM OF BONE AND BONE MARROW; MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF FEMALE BREAST; OTHER OSTEOPOROSIS	1	1	\$35,540.53	9	\$40,032.10	90	\$16,076.00	\$91,648.63	\$246,708.07
12	***-**-0483	*****9421	002	SPOUSE	PRIMARY LOCALIZED OSTEOARTHRISIS, LOWER LEG; SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON; PAIN IN JOINT, LOWER LEG	4	1	\$67,869.09	8	\$16,897.17	20	\$4,490.36	\$89,256.62	\$164,942.83
13	***-**-3412	*****2119	001	SPOUSE	PARALYSIS AGITANS; NUCLEAR SCLEROSIS; CALCULUS OF KIDNEY	1	1	\$16,958.99	5	\$51,250.59	114	\$18,771.40	\$86,980.98	\$311,859.16
14	***-**-3429	*****3429	001	SUBSCRIBER	CEREBRAL EMBOLISM WITH CEREBRAL INFARCTION; UNSPECIFIED CEREBRAL ARTERY OCCLUSION WITH CEREBRAL INFARCTION; SCABIES	9	1	\$76,117.82	1	\$7,380.75	30	\$2,751.71	\$86,250.28	\$352,092.83
15	***-**-8339	*****0792	002	SPOUSE	UNSPECIFIED CEREBRAL ARTERY OCCLUSION WITH CEREBRAL INFARCTION; ABDOMINAL ANEURYSM WITHOUT MENTION OF RUPTURE; DISSECTING AORTIC ANEURYSM (ANY PART), THORACIC	2	3	\$39,854.89	31	\$9,658.68	67	\$31,654.09	\$81,167.66	\$142,321.33
16	***-**-4252	*****7818	001	SPOUSE	MORBID OBESITY; PAIN IN JOINT, LOWER LEG; STIFFNESS OF JOINT, NOT ELSEWHERE CLASSIFIED, LOWER LEG	2	1	\$49,852.61	15	\$26,114.02	30	\$4,808.83	\$80,775.46	\$346,103.53
17	***-**-2553	*****2553	002	SUBSCRIBER	MULTIPLE SCLEROSIS; OTHER SCREENING MAMMOGRAM; ROUTINE GYNECOLOGICAL EXAMINATION	0	0	\$0.00	10	\$78,436.39	12	\$1,687.82	\$80,124.21	\$157,645.03
18	***-**-4355	*****3996	001	SPOUSE	ACUTE AND SUBACUTE BACTERIAL ENDOCARDITIS; DEGENERATION OF LUMBAR OR LUMBOSACRAL INTERVERTEBRAL DISC; URINARY TRACT INFECTION, SITE NOT SPECIFIED	7	1	\$45,555.02	7	\$22,373.17	84	\$10,736.91	\$78,665.10	\$142,120.71
19	***-**-5348	*****5348	001	SUBSCRIBER	INTERMEDIATE CORONARY SYNDROME; CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; OTHER AND UNSPECIFIED ANGINA PECTORIS	5	1	\$52,870.40	3	\$1,209.37	51	\$13,432.48	\$67,512.25	\$375,993.77
20	***-**-5079	*****5079	R01	SUBSCRIBER	OTHER CLOSED FRACTURES OF DISTAL END OF RADIUS (ALONE); LEIOMYOMA OF UTERUS, UNSPECIFIED; ASYMPTOMATIC POSTMENOPAUSAL STATUS (AGE-RELATED) (NATURAL)	2	1	\$14,368.89	4	\$42,572.25	27	\$8,166.90	\$65,108.04	\$320,629.84

21	***-**-1557	*****1557	001	SUBSCRIBER	OTHER POSTOPERATIVE INFECTION; DERMATITIS DUE TO OTHER RADIATION; MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF FEMALE BREAST	7	1	\$45,705.42	12	\$2,975.89	75	\$15,656.67	\$64,337.98	\$226,951.35
22	***-**-6114	*****6114	002	SUBSCRIBER	OTHER GENERAL SYMPTOMS; ABDOMINAL PAIN, GENERALIZED; UNSPECIFIED HEART FAILURE	10	1	\$11,176.35	7	\$15,981.56	183	\$33,586.36	\$60,744.27	\$229,721.68
23	***-**-4157	*****4157	003	SUBSCRIBER	OTHER GENERAL SYMPTOMS; ABDOMINAL PAIN, LEFT LOWER QUADRANT; UNSPECIFIED NONINFLAMMATORY DISORDER OF OVARY, FALLOPIAN TUBE, AND BROAD LIGAMENT	2	1	\$52,906.46	1	\$1,594.86	19	\$5,543.43	\$60,044.75	\$109,325.50
24	***-**-6866	*****6866	R03	SUBSCRIBER	CLOSED FRACTURE OF CALCANEUS; PAIN IN SOFT TISSUES OF LIMB; OTHER SCREENING MAMMOGRAM	0	0	\$0.00	33	\$58,336.44	21	\$748.35	\$59,084.79	\$117,749.56
25	***-**-1066	*****7322	001	SPOUSE	ATRIAL FIBRILLATION; OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD; PALPITATIONS	0	0	\$0.00	6	\$46,295.34	54	\$9,018.55	\$55,313.89	\$163,273.32
26	***-**-3098	*****7388	R03	SPOUSE	ACUTE KIDNEY FAILURE, UNSPECIFIED; ULCER OF ANKLE; OTHER DISEASES OF SPLEEN	0	0	\$0.00	16	\$34,219.86	123	\$20,682.19	\$54,902.05	\$100,775.22
27	***-**-7786	*****1901	001	SPOUSE	ACUTE APPENDICITIS WITHOUT MENTION OF PERITONITIS; FOREIGN BODY IN ESOPHAGUS; ABDOMINAL PAIN, UNSPECIFIED SITE	0	0	\$0.00	2	\$46,057.00	22	\$4,418.47	\$50,475.47	\$81,553.68
28	***-**-9421	*****9421	002	SUBSCRIBER	DISPROPORTION OF RECONSTRUCTED BREAST; SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON; MALIGNANT NEOPLASM OF BREAST (FEMALE), UNSPECIFIED SITE	0	0	\$0.00	6	\$45,266.26	21	\$4,769.41	\$50,035.67	\$85,570.00
Total						164	28	\$1,220,613.72	270	\$1,183,189.01	1,951	\$350,113.44	\$2,753,916.17	\$7,241,610.35

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services

Coverage for: Individual and/or Family | Plan Type:

PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, [www.\[insert\].com](http://www.[insert].com). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.keysschools.com/cms/lib/FL02202360/Centricity/Domain/37/BuyUpPlan.pdf> or call 1-800-664-5295 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	In-Network: \$1,000 Per Person/ \$2,000 Family. Out-of-Network: <u>Combined with In-Network</u> .	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. <u>Preventive care</u> .	This plan covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this plan covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the out-of-pocket limit for this plan?	Yes. In-Network: \$5,850 Per Person/ \$10,960 Family. Out-Of-Network: <u>Combined with In-Network</u> .	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	<u>Premium</u> , <u>balance-billed</u> 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> .
Will you pay less if you use a network provider?	Yes. See https://providersearch.floridablue.com/providersearch/pub/index.htm or call 1-800-664-5295 for a list of network providers.	This plan uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the plan's <u>network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your plan pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.

Important Questions	Answers	Why This Matters:
Do you need a referral to see a specialist ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$30 <u>Copay</u> per Visit	\$40 <u>Copay</u> per Visit	Physician administered drugs may have higher cost shares.
	<u>Specialist</u> visit	\$30 <u>Copay</u> per Visit	\$40 <u>Copay</u> per Visit	Physician administered drugs may have higher cost shares.
	<u>Preventive care/screening/immunization</u>	No Charge	\$40 <u>Copay</u> per Visit	Physician administered drugs may have higher cost shares. You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	Independent Clinical Lab: No Charge/ Independent Diagnostic Testing Center: \$50 <u>Copay</u> per Visit	<u>Deductible</u> + 40% <u>Coinsurance</u>	Tests performed in hospitals may have higher cost-share.
	Imaging (CT/PET scans, MRIs)	\$200 <u>Copay</u> per Visit	\$200 <u>Copay</u> per Visit	Tests performed in hospitals may have higher cost-share. Prior Authorization may be required. Your benefits/services may be denied.
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at	Generic drugs	Not Covered	Not Covered	Not Covered
	Preferred brand drugs	Not Covered	Not Covered	Not Covered
	Non-preferred brand drugs	Not Covered	Not Covered	Not Covered
	<u>Specialty drugs</u>	Not Covered	Not Covered	Not Covered
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Ambulatory Surgical Center: \$200 <u>Copay</u> per	<u>Deductible</u> + 40% <u>Coinsurance</u>	Option 2 hospitals may have a higher cost-share.

For more information about limitations and exceptions, see the plan or policy document at [www.\[insert\].com](http://www.[insert].com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		<u>Network Provider</u> (You will pay the least)	<u>Out-of-Network Provider</u> (You will pay the most)	
		Visit/ Hospital Option 1: <u>Deductible</u> + 25% <u>Coinsurance</u>		
	Physician/surgeon fees	Ambulatory Surgical Center: \$30 <u>Copay</u> per Visit/ Hospital: \$50 <u>Copay</u> per Visit	Ambulatory Surgical Center: <u>Deductible</u> + 40% <u>Coinsurance</u> / Hospital: \$50 <u>Copay</u> per Visit	_____none_____
If you need immediate medical attention	<u>Emergency room care</u>	\$250 <u>Copay</u> per Visit	\$250 <u>Copay</u> per Visit	_____none_____
	<u>Emergency medical transportation</u>	<u>Deductible</u> + 25% <u>Coinsurance</u>	<u>In-Network Deductible</u> + 25% <u>Coinsurance</u>	_____none_____
	<u>Urgent care</u>	\$50 <u>Copay</u> per Visit	<u>Deductible</u> + \$50 <u>Copay</u> per Visit	_____none_____
If you have a hospital stay	Facility fee (e.g., hospital room)	Hospital Option 1: <u>Deductible</u> + 25% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Inpatient Rehab Services limited to 30 days. Option 2 hospitals may have a higher cost-share.
	Physician/surgeon fees	\$50 <u>Copay</u> per Visit	\$50 <u>Copay</u> per Visit	_____none_____
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Physician Office: \$30 <u>Copay</u> per Visit / Hospital Opt 1: <u>Deductible</u> + 25% <u>Coinsurance</u>	Physician Office: \$40 <u>Copay</u> per Visit / Hospital: <u>Deductible</u> + 40% <u>Coinsurance</u>	Option 2 hospitals may have a higher cost-share.
	Inpatient services	<u>Physician Services</u> : \$30 <u>Copay</u> per Visit / Hospital Opt 1: <u>Deductible</u> + 25% <u>Coinsurance</u>	<u>Physician Services</u> : \$40 <u>Copay</u> per Visit/ Hospital: <u>Deductible</u> + 40% <u>Coinsurance</u>	Prior Authorization may be required. Your benefits/services may be denied. Option 2 hospitals may have a higher cost-share.
If you are pregnant	Office visits	\$30 <u>Copay</u> on initial Visit	\$40 <u>Copay</u> per Visit	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	\$50 <u>Copay</u> per Visit	\$50 <u>Copay</u> per Visit	_____none_____

For more information about limitations and exceptions, see the plan or policy document at [www.\[insert\].com](http://www.[insert].com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Childbirth/delivery facility services	Hospital Option 1: <u>Deductible</u> + 25% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Option 2 hospitals may have a higher cost-share.
If you need help recovering or have other special health needs	<u>Home health care</u>	<u>Deductible</u> + 25% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Coverage limited to 30 visits.
	<u>Rehabilitation services</u>	Physician Office: \$30 <u>Copay</u> per Visit/ Outpatient Rehab Center: \$45 <u>Copay</u> per Visit	Physician Office: \$40 <u>Copay</u> per Visit/ Outpatient Rehab Center: <u>Deductible</u> + 40% <u>Coinsurance</u>	Coverage limited to 122 visits, including 26 manipulations. Services performed in hospital may have higher cost-share. Prior Authorization may be required. Your benefits/services may be denied.
	<u>Habilitation services</u>	Not Covered	Not Covered	Not Covered
	<u>Skilled nursing care</u>	<u>Deductible</u> + 25% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Coverage limited to 60 days.
	<u>Durable medical equipment</u>	<u>Deductible</u> + 25% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Excludes vehicle modifications, home modifications, exercise, bathroom equipment and replacement of <u>DME</u> due to use/age.
	<u>Hospice services</u>	<u>Deductible</u> + 25% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	—————none—————
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	Not Covered
	Children's glasses	Not Covered	Not Covered	Not Covered
	Children's dental check-up	Not Covered	Not Covered	Not Covered

Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services</u> .)		
<ul style="list-style-type: none"> • Cosmetic surgery • Dental care (Adult) • Generic drugs • <u>Habilitation services</u> 	<ul style="list-style-type: none"> • Infertility treatment • Long-term care • Non-preferred brand drugs • Pediatric dental check-up • Pediatric eye exam • Pediatric glasses 	<ul style="list-style-type: none"> • Preferred brand drugs • Private-duty nursing • Routine eye care (Adult) • Routine foot care unless for treatment of diabetes • Specialty drugs • Weight loss programs

For more information about limitations and exceptions, see the plan or policy document at [www.\[insert\].com](http://www.[insert].com).

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Acupuncture
- Bariatric surgery
- Chiropractic care
- Most coverage provided outside the United States. See www.floridablue.com.
- Non-emergency care when traveling outside the U.S.

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: State Department of Insurance at 1-877-693-5236, the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform or the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the insurer at 1-800-664-5295. You may also contact your State Department of Insurance at 1-877-693-5236 or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. For group health coverage subject to ERISA contact your employee services department. For non-federal governmental group health plans and church plans that are group health plans contact your employee services department. You may also contact the state insurance department at 1-877-693-5236. Additionally, a consumer assistance program can help you file your appeal. Contact U.S. Department of Labor Employee Benefits Security Administration at 1-866-4-USA-DOL (866-487-2365) or www.dol.gov/ebsa/consumer_info_health.html.

Does this plan provide Minimum Essential Coverage? Yes

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

—————To see examples of how this plan might cover costs for a sample medical situation, see the next section.—————

For more information about limitations and exceptions, see the plan or policy document at [www.\[insert\].com](http://www.[insert].com).

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The <u>plan's</u> overall <u>deductible</u>	\$1,000
■ <u>Specialist Copayment</u>	\$30
■ Hospital (facility) <u>Coinsurance</u>	25%
■ Other <u>No Charge</u>	\$0

This **EXAMPLE** event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,800
In this example, Peg would pay:	
<u>Cost Sharing</u>	
<u>Deductibles</u>	\$1,000
<u>Copayments</u>	\$50
<u>Coinsurance</u>	\$2,000
<u>What isn't covered</u>	
Limits or exclusions	\$100
The total Peg would pay is	\$3,150

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <u>plan's</u> overall <u>deductible</u>	\$1,000
■ <u>Specialist Copayment</u>	\$30
■ Hospital (facility) <u>Coinsurance</u>	25%
■ Other <u>Coinsurance</u>	25%

This **EXAMPLE** event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,400
In this example, Joe would pay:	
<u>Cost Sharing</u>	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$300
<u>Coinsurance</u>	\$0
<u>What isn't covered</u>	
Limits or exclusions	\$6,000
The total Joe would pay is	\$6,300

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The <u>plan's</u> overall <u>deductible</u>	\$1,000
■ <u>Specialist Copayment</u>	\$30
■ Hospital (facility) <u>Coinsurance</u>	25%
■ Other <u>Copayment</u>	\$250

This **EXAMPLE** event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,900
In this example, Mia would pay:	
<u>Cost Sharing</u>	
<u>Deductibles</u>	\$600
<u>Copayments</u>	\$400
<u>Coinsurance</u>	\$0
<u>What isn't covered</u>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,000

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: www.floridablue.com.

Section 1557 Notification: Discrimination is Against the Law

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO (collectively, "Florida Blue"), Florida Combined Life and the Blue Cross and Blue Shield Federal Employee Program® (FEP) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO, Florida Combined Life and FEP:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact:

- Florida Blue (health and vision coverage): 1-800-352-2583
- Florida Combined Life (dental, life, and disability coverage): 1-888-223-4892
- Federal Employee Program: 1-800-333-2227

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Florida Blue (including FEP members):

Section 1557 Coordinator
4800 Deerwood Campus Parkway, DCC 1-7
Jacksonville, FL 32246
1-800-477-3736 x29070
1-800-955-8770 (TTY)
Fax: 1-904-301-1580
section1557coordinator@floridablue.com

Florida Combined Life:

Civil Rights Coordinator
17500 Chenal Parkway
Little Rock, AR 72223
1-800-260-0331
1-800-955-8770 (TTY)
civilrightscoordinator@fclife.com

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019

1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773). FEP: Llame al 1-800-333-2227

ATANSYON: Si w pale Kreyòl ayisyen, ou ka resevwa yon èd gratis nan lang pa w. Rele 1-800-352-2583 (pou moun ki pa tande byen: 1-800-955-8770). FEP: Rele 1-800-333-2227

CHÚ Ý: Nếu bạn nói Tiếng Việt, có dịch vụ trợ giúp ngôn ngữ miễn phí dành cho bạn. Hãy gọi số 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Gọi số 1-800-333-2227

ATENÇÃO: Se você fala português, utilize os serviços linguísticos gratuitos disponíveis. Ligue para 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Ligue para 1-800-333-2227

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電1-800-352-2583 (TTY: 1-800-955-8770)。FEP: 請致電1-800-333-2227

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-352-2583 (ATS : 1-800-955-8770). FEP : Appelez le 1-800-333-2227

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Tumawag sa 1-800-333-2227

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-352-2583 (телетайп: 1-800-955-8770). FEP: Звоните 1-800-333-2227

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-352-2583 (رقم هاتف الصم والبكم: 1-800-955-8770). FEP: اتصل برقم 1-800-333-2227.

ATTENZIONE: Qualora fosse l'italiano la lingua parlata, sono disponibili dei servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-352-2583 (TTY: 1-800-955-8770). FEP: chiamare il numero 1-800-333-2227

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: +1-800-352-2583 (TTY: +1-800-955-8770). FEP: Rufnummer +1-800-333-2227

주의: 한국어 사용을 원하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-352-2583 (TTY: 1-800-955-8770) 로 전화하십시오. FEP: 1-800-333-2227 로 연락하십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Zadzwoń pod numer 1-800-333-2227.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવા તમારા માટે ઉપલબ્ધ છે.

ફોન કરો [1-800-352-2583](tel:1-800-352-2583) (TTY: [1-800-955-8770](tel:1-800-955-8770)). FEP: ફોન કરો [1-800-333-2227](tel:1-800-333-2227)

ประกาศ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โดยติดต่อหมายเลขโทรศัพท์ **1-800-352-2583 (TTY: 1-800-955-8770)** หรือ FEP โทร **1-800-333-2227**

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-352-2583（TTY: 1-800-955-8770）まで、お電話にてご連絡ください。FEP: 1-800-333-2227

توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی رایگان در دسترس شما خواهد بود.
با شماره 1-800-352-2583 (TTY: 1-800-955-8770) تماس بگیرید. FEP: با شماره 1-800-333-2227 تماس بگیرید.

Baa ákonínzin: Diné bizaad bee yáníłti'go, saad bee áká anáwo', t'áá jíík'eh, ná hóló. Kojí' hodiíłnih 1-800-352-2583 (TTY: 1-800-955-8770). FEP ígíí éi kojí' hodiíłnih 1-800-333-2227.

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services

Coverage for: Individual and/or Family | Plan Type: PPO




The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately.**

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage,

<https://www.keysschools.com/cms/lib/FL02202360/Centricity/Domain/37/COREPlan.pdf>

.com. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	In-Network: \$1,500 Per Person/ \$3,000 Family. Out-of-Network: <u>Combined with In-Network</u> .	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u> ?	Yes. <u>Preventive care</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	Yes. In-Network: \$5,850 Per Person/ \$10,960 Family. Out-Of-Network: <u>Combined with In-Network</u> .	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u> ?	<u>Premium</u> , <u>balance-billed</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?	Yes. See https://providersearch.floridablue.com/providersearch/pub/index.htm or call 1-800-664-5295 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		<u>Network Provider</u> (You will pay the least)	<u>Out-of-Network Provider</u> (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$40 <u>Copay</u> per Visit	\$50 <u>Copay</u> per Visit	Physician administered drugs may have higher cost shares.
	<u>Specialist</u> visit	\$50 <u>Copay</u> per Visit	\$70 <u>Copay</u> per Visit	Physician administered drugs may have higher cost shares.
	<u>Preventive care/screening/immunization</u>	No Charge	\$50 <u>Copay</u> per Visit	Physician administered drugs may have higher cost shares. You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	Independent Clinical Lab: No Charge/ Independent Diagnostic Testing Center: \$50 <u>Copay</u> per Visit	<u>Deductible</u> + 40% <u>Coinsurance</u>	Tests performed in hospitals may have higher cost-share.
	Imaging (CT/PET scans, MRIs)	\$200 <u>Copay</u> per Visit	\$200 <u>Copay</u> per Visit	Tests performed in hospitals may have higher cost-share. Prior Authorization may be required. Your benefits/services may be denied.
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at	Generic drugs	Not Covered	Not Covered	Not Covered
	Preferred brand drugs	Not Covered	Not Covered	Not Covered
	Non-preferred brand drugs	Not Covered	Not Covered	Not Covered
	<u>Specialty drugs</u>	Not Covered	Not Covered	Not Covered
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Ambulatory Surgical Center: \$250 <u>Copay</u> per	<u>Deductible</u> + 40% <u>Coinsurance</u>	Option 2 hospitals may have a higher cost-share.

For more information about limitations and exceptions, see the plan or policy document at [www.\[insert\].com](http://www.[insert].com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		<u>Network Provider</u> (You will pay the least)	<u>Out-of-Network Provider</u> (You will pay the most)	
		Visit/ Hospital Option 1: <u>Deductible</u> + 25% <u>Coinsurance</u>		
	Physician/surgeon fees	\$50 <u>Copay</u> per Visit	Ambulatory Surgical Center: <u>Deductible</u> + 40% <u>Coinsurance</u> / Hospital: \$50 <u>Copay</u> per Visit	_____none_____
If you need immediate medical attention	<u>Emergency room care</u>	\$350 <u>Copay</u> per Visit	\$350 <u>Copay</u> per Visit	_____none_____
	<u>Emergency medical transportation</u>	<u>Deductible</u> + 25% <u>Coinsurance</u>	<u>In-Network Deductible</u> + 25% <u>Coinsurance</u>	_____none_____
	<u>Urgent care</u>	\$50 <u>Copay</u> per Visit	<u>Deductible</u> + \$50 <u>Copay</u> per Visit	_____none_____
If you have a hospital stay	Facility fee (e.g., hospital room)	Hospital Option 1: <u>Deductible</u> + 25% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Inpatient Rehab Services limited to 30 days. Option 2 hospitals may have a higher cost-share.
	Physician/surgeon fees	\$50 <u>Copay</u> per Visit	\$50 <u>Copay</u> per Visit	_____none_____
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Physician Office: \$50 <u>Copay</u> per Visit / Hospital Opt 1: <u>Deductible</u> + 25% <u>Coinsurance</u>	Physician Office: \$70 <u>Copay</u> per Visit / Hospital: <u>Deductible</u> + 40% <u>Coinsurance</u>	Option 2 hospitals may have a higher cost-share.
	Inpatient services	Physician Services: \$50 <u>Copay</u> per Visit / Hospital Opt 1: <u>Deductible</u> + 25% <u>Coinsurance</u>	Physician Services: \$70 <u>Copay</u> per Visit/ Hospital: <u>Deductible</u> + 40% <u>Coinsurance</u>	Prior Authorization may be required. Your benefits/services may be denied. Option 2 hospitals may have a higher cost-share.
If you are pregnant	Office visits	\$50 <u>Copay</u> on initial Visit	\$70 <u>Copay</u> per Visit	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	\$50 <u>Copay</u> per Visit	\$50 <u>Copay</u> per Visit	_____none_____
	Childbirth/delivery facility services	Hospital Option 1: <u>Deductible</u> + 25%	<u>Deductible</u> + 40% <u>Coinsurance</u>	Option 2 hospitals may have a higher cost-share.

For more information about limitations and exceptions, see the plan or policy document at [www.\[insert\].com](http://www.[insert].com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		<u>Network Provider</u> (You will pay the least)	<u>Out-of-Network Provider</u> (You will pay the most)	
		<u>Coinsurance</u>		
If you need help recovering or have other special health needs	<u>Home health care</u>	<u>Deductible</u> + 25% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Coverage limited to 30 visits.
	<u>Rehabilitation services</u>	\$50 <u>Copay</u> per Visit	Physician Office: \$70 <u>Copay</u> per Visit/ Outpatient Rehab Center: <u>Deductible</u> + 40% <u>Coinsurance</u>	Coverage limited to 122 visits, including 26 manipulations. Services performed in hospital may have higher cost-share. Prior Authorization may be required. Your benefits/services may be denied.
	<u>Habilitation services</u>	Not Covered	Not Covered	Not Covered
	<u>Skilled nursing care</u>	<u>Deductible</u> + 25% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Coverage limited to 60 days.
	<u>Durable medical equipment</u>	<u>Deductible</u> + 25% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Excludes vehicle modifications, home modifications, exercise, bathroom equipment and replacement of <u>DME</u> due to use/age.
	<u>Hospice services</u>	<u>Deductible</u> + 25% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	—————none—————
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	Not Covered
	Children's glasses	Not Covered	Not Covered	Not Covered
	Children's dental check-up	Not Covered	Not Covered	Not Covered

Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services</u> .)		
<ul style="list-style-type: none"> • Cosmetic surgery • Dental care (Adult) • Generic drugs • <u>Habilitation service</u> • Infertility treatment 	<ul style="list-style-type: none"> • Long-term care • Non-preferred brand drugs • Pediatric dental check-up • Pediatric eye exam • Pediatric glasses 	<ul style="list-style-type: none"> • Preferred brand drugs • Private-duty nursing • Routine eye care (Adult) • Routine foot care unless for treatment of diabetes • Specialty drugs • Weight loss programs

For more information about limitations and exceptions, see the plan or policy document at [www.\[insert\].com](http://www.[insert].com).

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Acupuncture
- Bariatric surgery
- Chiropractic care - Limited to 122 visits
- Most coverage provided outside the United States. See www.floridablue.com.
- Non-emergency care when traveling outside the U.S.

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: State Department of Insurance at 1-877-693-5236, the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform or the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the insurer at 1-800-664-5295. You may also contact your State Department of Insurance at 1-877-693-5236 or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. For group health coverage subject to ERISA contact your employee services department. For non-federal governmental group health plans and church plans that are group health plans contact your employee services department. You may also contact the state insurance department at 1-877-693-5236. Additionally, a consumer assistance program can help you file your appeal. Contact U.S. Department of Labor Employee Benefits Security Administration at 1-866-4-USA-DOL (866-487-2365) or www.dol.gov/ebsa/consumer_info_health.html.

Does this plan provide Minimum Essential Coverage? Yes

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

—————To see examples of how this plan might cover costs for a sample medical situation, see the next section.—————

For more information about limitations and exceptions, see the plan or policy document at [www.\[insert\].com](http://www.[insert].com).

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall <u>deductible</u>	\$1,500
■ <u>Specialist Copayment</u>	\$50
■ Hospital (facility) <u>Coinsurance</u>	25%
■ Other <u>No Charge</u>	\$0

This **EXAMPLE** event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,800
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In this example, Peg would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$1,500
<u>Copayments</u>	\$50
<u>Coinsurance</u>	\$1,900
<i>What isn't covered</i>	
Limits or exclusions	\$100
The total Peg would pay is	\$3,550

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall <u>deductible</u>	\$1,500
■ <u>Specialist Copayment</u>	\$50
■ Hospital (facility) <u>Coinsurance</u>	25%
■ Other <u>Coinsurance</u>	25%

This **EXAMPLE** event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,400
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In this example, Joe would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$500
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$6,000
The total Joe would pay is	\$6,500

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall <u>deductible</u>	\$1,500
■ <u>Specialist Copayment</u>	\$50
■ Hospital (facility) <u>Coinsurance</u>	25%
■ Other <u>Copayment</u>	\$350

This **EXAMPLE** event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,900
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In this example, Mia would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$1,100
<u>Copayments</u>	\$400
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,500

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: www.floridablue.com.

Section 1557 Notification: Discrimination is Against the Law

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO (collectively, "Florida Blue"), Florida Combined Life and the Blue Cross and Blue Shield Federal Employee Program® (FEP) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO, Florida Combined Life and FEP:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact:

- Florida Blue (health and vision coverage): 1-800-352-2583
- Florida Combined Life (dental, life, and disability coverage): 1-888-223-4892
- Federal Employee Program: 1-800-333-2227

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Florida Blue (including FEP members):

Section 1557 Coordinator
4800 Deerwood Campus Parkway, DCC 1-7
Jacksonville, FL 32246
1-800-477-3736 x29070
1-800-955-8770 (TTY)
Fax: 1-904-301-1580
section1557coordinator@floridablue.com

Florida Combined Life:

Civil Rights Coordinator
17500 Chenal Parkway
Little Rock, AR 72223
1-800-260-0331
1-800-955-8770 (TTY)
civilrightscoordinator@fclife.com

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019

1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773). FEP: Llame al 1-800-333-2227

ATANSYON: Si w pale Kreyòl ayisyen, ou ka resevwa yon èd gratis nan lang pa w. Rele 1-800-352-2583 (pou moun ki pa tande byen: 1-800-955-8770). FEP: Rele 1-800-333-2227

CHÚ Ý: Nếu bạn nói Tiếng Việt, có dịch vụ trợ giúp ngôn ngữ miễn phí dành cho bạn. Hãy gọi số 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Gọi số 1-800-333-2227

ATENÇÃO: Se você fala português, utilize os serviços linguísticos gratuitos disponíveis. Ligue para 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Ligue para 1-800-333-2227

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電1-800-352-2583 (TTY: 1-800-955-8770)。FEP: 請致電1-800-333-2227

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-352-2583 (ATS : 1-800-955-8770). FEP : Appelez le 1-800-333-2227

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Tumawag sa 1-800-333-2227

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-352-2583 (телетайп: 1-800-955-8770). FEP: Звоните 1-800-333-2227

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-352-2583 (رقم هاتف الصم والبكم: 1-800-955-8770). FEP: اتصل برقم 1-800-333-2227.

ATTENZIONE: Qualora fosse l'italiano la lingua parlata, sono disponibili dei servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-352-2583 (TTY: 1-800-955-8770). FEP: chiamare il numero 1-800-333-2227

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: +1-800-352-2583 (TTY: +1-800-955-8770). FEP: Rufnummer +1-800-333-2227

주의: 한국어 사용을 원하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-352-2583 (TTY: 1-800-955-8770) 로 전화하십시오. FEP: 1-800-333-2227 로 연락하십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Zadzwoń pod numer 1-800-333-2227.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવા તમારા માટે ઉપલબ્ધ છે.

ફોન ક્રએ [1-800-352-2583](tel:1-800-352-2583) (TTY: [1-800-955-8770](tel:1-800-955-8770)). FEP: ફોન ક્રએ [1-800-333-2227](tel:1-800-333-2227)

ประกาศ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โดยติดต่อหมายเลขโทรศัพท์ **1-800-352-2583 (TTY: 1-800-955-8770)** หรือ FEP โทร **1-800-333-2227**

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-352-2583（TTY: 1-800-955-8770）まで、お電話にてご連絡ください。FEP: 1-800-333-2227

توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی رایگان در دسترس شما خواهد بود.
با شماره 1-800-352-2583 (TTY: 1-800-955-8770) تماس بگیرید. FEP: با شماره 1-800-333-2227 تماس بگیرید.

Baa ákonínzin: Diné bizaad bee yáníłti'go, saad bee áká anáwo', t'áá jiik'eh, ná hóló. Kojj' hodiílnih 1-800-352-2583 (TTY: 1-800-955-8770). FEP
ígíí éi kojj' hodiílnih 1-800-333-2227.

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services

Coverage for: Individual and/or Family | Plan Type: PPO




The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately.**

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage,

<https://www.keysschools.com/cms/lib/FL02202360/Centricity/Domain/37/COREPlan.PDF> For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.\[insert\].com](http://www.[insert].com) or call 1-

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	In-Network: \$2,000 Per Person/ \$4,000 Family. Out-of-Network: <u>Combined with In-Network</u> .	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u> ?	Yes. <u>Preventive care</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	Yes. In-Network: \$5,850 Per Person/ \$10,960 Family. Out-Of-Network: <u>Combined with In-Network</u> .	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u> ?	<u>Premium</u> , <u>balance-billed</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?	Yes. See https://providersearch.floridablue.com/providersearch/pub/index.htm or call 1-800-664-5295 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		<u>Network Provider</u> (You will pay the least)	<u>Out-of-Network Provider</u> (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$50 <u>Copay</u> per Visit	\$60 <u>Copay</u> per Visit	Physician administered drugs may have higher cost shares.
	<u>Specialist</u> visit	<u>Deductible</u> + 25% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Physician administered drugs may have higher cost shares.
	<u>Preventive care/screening/immunization</u>	No Charge	<u>Deductible</u> + 40% <u>Coinsurance</u>	Physician administered drugs may have higher cost shares. You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	<u>Deductible</u> + 25% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Tests performed in hospitals may have higher cost-share.
	Imaging (CT/PET scans, MRIs)	<u>Deductible</u> + 25% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Tests performed in hospitals may have higher cost-share. Prior Authorization may be required. Your benefits/services may be denied.
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at	Generic drugs	Not Covered	Not Covered	Not Covered
	Preferred brand drugs	Not Covered	Not Covered	Not Covered
	Non-preferred brand drugs	Not Covered	Not Covered	Not Covered
	<u>Specialty drugs</u>	Not Covered	Not Covered	Not Covered
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	<u>Deductible</u> + 25% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Option 2 hospitals may have a higher cost-share.
	Physician/surgeon fees	<u>Deductible</u> + 25% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	—————none—————
If you need immediate medical attention	<u>Emergency room care</u>	<u>Deductible</u> + 25% <u>Coinsurance</u>	<u>In-Network Deductible</u> + 25% <u>Coinsurance</u>	—————none—————
	<u>Emergency medical</u>	<u>Deductible</u> + 25%	<u>In-Network Deductible</u> +	—————none—————

For more information about limitations and exceptions, see the plan or policy document at [www.\[insert\].com](http://www.[insert].com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		<u>Network Provider</u> (You will pay the least)	<u>Out-of-Network Provider</u> (You will pay the most)	
	<u>transportation</u>	<u>Coinsurance</u>	<u>25% Coinsurance</u>	
	<u>Urgent care</u>	<u>Deductible + 25% Coinsurance</u>	<u>Deductible + 25% Coinsurance</u>	—————none—————
If you have a hospital stay	Facility fee (e.g., hospital room)	<u>Deductible + 25% Coinsurance</u>	<u>Deductible + 40% Coinsurance</u>	Inpatient Rehab Services limited to 30 days.
	Physician/surgeon fees	<u>Deductible + 25% Coinsurance</u>	<u>Deductible + 40% Coinsurance</u>	—————none—————
If you need mental health, behavioral health, or substance abuse services	Outpatient services	<u>Deductible + 25% Coinsurance</u>	<u>Deductible + 40% Coinsurance</u>	Option 2 hospitals may have a higher cost-share.
	Inpatient services	<u>Deductible + 25% Coinsurance</u>	<u>Deductible + 40% Coinsurance</u>	Prior Authorization may be required. Your benefits/services may be denied. Option 2 hospitals may have a higher cost-share.
If you are pregnant	Office visits	<u>Deductible + 25% Coinsurance</u>	<u>Deductible + 40% Coinsurance</u>	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	<u>Deductible + 25% Coinsurance</u>	<u>Deductible + 40% Coinsurance</u>	—————none—————
	Childbirth/delivery facility services	Hospital Option 1: <u>Deductible + 25% Coinsurance</u>	<u>Deductible + 40% Coinsurance</u>	Option 2 hospitals may have a higher cost-share.
If you need help recovering or have other special health needs	<u>Home health care</u>	<u>Deductible + 25% Coinsurance</u>	<u>Deductible + 40% Coinsurance</u>	Coverage limited to 30 visits.
	<u>Rehabilitation services</u>	<u>Deductible + 25% Coinsurance</u>	<u>Deductible + 40% Coinsurance</u>	Coverage limited to 122 visits, including 26 manipulations. Services performed in hospital may have higher cost-share. Prior Authorization may be required. Your benefits/services may be denied.
	<u>Habilitation services</u>	Not Covered	Not Covered	Not Covered
	<u>Skilled nursing care</u>	<u>Deductible + 25% Coinsurance</u>	<u>Deductible + 40% Coinsurance</u>	Coverage limited to 60 days.
	<u>Durable medical equipment</u>	<u>Deductible + 25% Coinsurance</u>	<u>Deductible + 40% Coinsurance</u>	Excludes vehicle modifications, home modifications, exercise, bathroom equipment and replacement of <u>DME</u> due to use/age.

For more information about limitations and exceptions, see the plan or policy document at [www.\[insert\].com](http://www.[insert].com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		<u>Network Provider</u> (You will pay the least)	<u>Out-of-Network Provider</u> (You will pay the most)	
	<u>Hospice services</u>	<u>Deductible</u> + 25% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	—————none—————
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	Not Covered
	Children's glasses	Not Covered	Not Covered	Not Covered
	Children's dental check-up	Not Covered	Not Covered	Not Covered

Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services</u> .)			
<ul style="list-style-type: none"> • Cosmetic surgery • Dental care (Adult) • Generic drugs • <u>Habilitation services</u> • Infertility treatment 	<ul style="list-style-type: none"> • Long-term care • Non-preferred brand drugs • Pediatric dental check-up • Pediatric eye exam • Pediatric glasses 	<ul style="list-style-type: none"> • Preferred brand drugs • Private-duty nursing • Routine eye care (Adult) • Routine foot care unless for treatment of diabetes • Specialty drugs • Weight loss programs 	
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)			
<ul style="list-style-type: none"> • Acupuncture • Bariatric surgery • Chiropractic care - Limited to 122 visits 	<ul style="list-style-type: none"> • Most coverage provided outside the United States. See www.floridablue.com. 	<ul style="list-style-type: none"> • Non-emergency care when traveling outside the U.S. 	

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: State Department of Insurance at 1-877-693-5236, the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform or the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the insurer at 1-800-664-5295. You may also contact your State Department of Insurance at 1-877-693-5236 or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. For group health coverage subject to ERISA contact your employee services department. For non-federal governmental group health plans and church plans that are group health plans contact your employee services department. You may also contact the state insurance department at 1-877-693-5236. Additionally, a consumer assistance program can help you file your appeal. Contact U.S. Department of Labor Employee Benefits Security Administration at 1-866-4-USA-DOL (866-487-2365) or www.dol.gov/ebsa/consumer_info_health.html.

For more information about limitations and exceptions, see the plan or policy document at [www.\[insert\].com](http://www.[insert].com).

Does this plan provide Minimum Essential Coverage? Yes

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

For more information about limitations and exceptions, see the plan or policy document at [www.\[insert\].com](http://www.[insert].com).

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$2,000
■ Specialist Coinsurance	25%
■ Hospital (facility) Coinsurance	20%
■ Other Coinsurance	25%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,800
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In this example, Peg would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$2,000
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$2,600
<i>What isn't covered</i>	
Limits or exclusions	\$100
The total Peg would pay is	\$4,700

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$2,000
■ Specialist Coinsurance	25%
■ Hospital (facility) Coinsurance	20%
■ Other Coinsurance	25%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,400
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In this example, Joe would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$800
<u>Copayments</u>	\$200
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$6,000
The total Joe would pay is	\$7,000

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$2,000
■ Specialist Coinsurance	25%
■ Hospital (facility) Coinsurance	20%
■ Other Coinsurance	25%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,900
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In this example, Mia would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$1,900
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,900

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: www.floridablue.com.

Section 1557 Notification: Discrimination is Against the Law

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO (collectively, "Florida Blue"), Florida Combined Life and the Blue Cross and Blue Shield Federal Employee Program® (FEP) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO, Florida Combined Life and FEP:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact:

- Florida Blue (health and vision coverage): 1-800-352-2583
- Florida Combined Life (dental, life, and disability coverage): 1-888-223-4892
- Federal Employee Program: 1-800-333-2227

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Florida Blue (including FEP members):

Section 1557 Coordinator
4800 Deerwood Campus Parkway, DCC 1-7
Jacksonville, FL 32246
1-800-477-3736 x29070
1-800-955-8770 (TTY)
Fax: 1-904-301-1580
section1557coordinator@floridablue.com

Florida Combined Life:

Civil Rights Coordinator
17500 Chenal Parkway
Little Rock, AR 72223
1-800-260-0331
1-800-955-8770 (TTY)
civilrightscoordinator@fclife.com

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019

1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773). FEP: Llame al 1-800-333-2227

ATANSYON: Si w pale Kreyòl ayisyen, ou ka resevwa yon èd gratis nan lang pa w. Rele 1-800-352-2583 (pou moun ki pa tande byen: 1-800-955-8770). FEP: Rele 1-800-333-2227

CHÚ Ý: Nếu bạn nói Tiếng Việt, có dịch vụ trợ giúp ngôn ngữ miễn phí dành cho bạn. Hãy gọi số 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Gọi số 1-800-333-2227

ATENÇÃO: Se você fala português, utilize os serviços linguísticos gratuitos disponíveis. Ligue para 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Ligue para 1-800-333-2227

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電1-800-352-2583 (TTY: 1-800-955-8770)。FEP: 請致電1-800-333-2227

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-352-2583 (ATS : 1-800-955-8770). FEP : Appelez le 1-800-333-2227

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Tumawag sa 1-800-333-2227

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-352-2583 (телетайп: 1-800-955-8770). FEP: Звоните 1-800-333-2227

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-352-2583 (رقم هاتف الصم والبكم: 1-800-955-8770). FEP: اتصل برقم 1-800-333-2227.

ATTENZIONE: Qualora fosse l'italiano la lingua parlata, sono disponibili dei servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-352-2583 (TTY: 1-800-955-8770). FEP: chiamare il numero 1-800-333-2227

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: +1-800-352-2583 (TTY: +1-800-955-8770). FEP: Rufnummer +1-800-333-2227

주의: 한국어 사용을 원하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-352-2583 (TTY: 1-800-955-8770) 로 전화하십시오. FEP: 1-800-333-2227 로 연락하십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Zadzwoń pod numer 1-800-333-2227.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવા તમારા માટે ઉપલબ્ધ છે.

ફોન ક્રમે [1-800-352-2583](tel:1-800-352-2583) (TTY: [1-800-955-8770](tel:1-800-955-8770)). FEP: ફોન ક્રમે [1-800-333-2227](tel:1-800-333-2227)

ประกาศ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โดยติดต่อหมายเลขโทรศัพท์ **1-800-352-2583 (TTY: 1-800-955-8770)** หรือ FEP โทร **1-800-333-2227**

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-352-2583（TTY: 1-800-955-8770）まで、お電話にてご連絡ください。FEP: 1-800-333-2227

توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی رایگان در دسترس شما خواهد بود.
با شماره 1-800-352-2583 (TTY: 1-800-955-8770) تماس بگیرید. FEP: با شماره 1-800-333-2227 تماس بگیرید.

Baa ákonínzin: Diné bizaad bee yánítł'go, saad bee áká anáwo', t'áá jiik'eh, ná hóló. Kojj' hodiílnih 1-800-352-2583 (TTY: 1-800-955-8770). FEP igíí éi kojj' hodiílnih 1-800-333-2227.

Prescription Drug Plan

Plan Rates

Co-payment	Buy-Up Plan 03768	Core Plan 03559	CHDP 05360
Deductibles			
Individual	\$100	\$100	\$100
Family	\$200	\$200	\$200
Out-of-Pocket Maximums			
Individual	\$1,000	\$1,000	\$1,000
Family	\$2,740	\$2,740	\$2,740
Prescription Co-Payments			
Generic			
Retail	\$10	\$15	\$15
Home Delivery	\$20	\$30	\$30
Preferred Brands			
Retail	\$45	\$55	\$60
Home Delivery	\$90	\$110	\$120
Non-Preferred Brand			
Retail	\$60	\$75	\$85
Home Delivery	\$120	\$150	\$170

- Use the pricing tool on the OptumRx app or on optumrx.com to see how much your medication will cost
- Learn about our home delivery service to see if it's right for you.

Plan Provider

OptumRx is a pharmacy care services company helping clients and more than 65 million members achieve better health outcomes and lower overall costs through innovative prescription drug benefit services, including network claims processing, clinical programs, formulary management and specialty pharmacy care. OptumRx is part of Optum®, a leading information and technology-enabled health services business dedicated to making the health system work better for everyone. For more information, visit optum.com/optumrx.

Important Information from the District About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Monroe County School District's Healthcare Plan 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 in 2006 to everyone with Medicare. 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. Monroe County School District has determined that the prescription drug coverage offered by the Monroe County School District's Healthcare Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

BlueOptions

Benefit Booklet for Covered Plan
Participants of Monroe County
School District Group Health Plan

A Self-funded Group Health
Benefit Plan

For Customer Service
Assistance: (800) 664-5295

Table of Contents

Section 1: How to Use Your Benefit Booklet	1-1
Section 2: What Is Covered?.....	2-1
Section 3: What Is Not Covered?	3-1
Section 4: Medical Necessity	4-1
Section 5: Understanding Your Share of Health Care Expenses	5-1
Section 6: Physicians, Hospitals and Other Provider Options	6-1
Section 7: BlueCard® (Out-of-State) Program	7-1
Section 8: Blueprint for Health Programs	8-1
Section 9: Eligibility for Coverage.....	9-1
Section 10: Enrollment and Effective Date of Coverage.....	10-1
Section 11: Termination of Coverage	11-1
Section 12: Continuing Coverage Under COBRA	12-1
Section 13: Conversion Privilege.....	13-1
Section 14: Extension of Benefits.....	14-1
Section 15: The Effect of Medicare Coverage/ Medicare Secondary Payer Provisions	15-1
Section 16: Duplication of Coverage Under Other Health Plans/Programs.....	16-1
Section 17: Subrogation	17-1
Section 18: Right of Reimbursement.....	18-1
Section 19: Claims Processing.....	19-1
Section 20: Relationship Between the Parties.....	20-1
Section 21: General Provisions	21-1
Section 22: Definitions.....	22-1

Section 1: How to Use Your Benefit Booklet

This is your Benefit Booklet ("Booklet"). It describes your coverage, benefits, limitations and exclusions for the self-funded Group Health Benefit Plan ("Group Health Plan" or "Group Plan") established by Monroe County School District and maintained by Monroe County School District.

The sponsor of your Group Health Plan has contracted with Blue Cross Blue Shield of Florida, Inc. (BCBSF), under an Administrative Services Only Agreement ("ASO Agreement"), to provide certain third party administrative services, including claims processing, customer service, and other services, and access to certain of its Provider networks. BCBSF provides certain administrative services only and does not assume any financial risk or obligation with respect to Health Care Services rendered to Covered Persons or claims submitted for processing under this Benefit Booklet for such Services. The payment of claims under the Group Health Plan depends exclusively upon the funding provided by Monroe County School District.

You should read your Benefit Booklet carefully before you need Health Care Services. It contains valuable information about:

- your BlueOptions benefits;
- what is covered;
- what is excluded or not covered;
- coverage and payment rules;
- Blueprint for Health Programs;
- how and when to file a claim;
- how much, and under what circumstances, payment will be made;
- what you will have to pay as your share; and
- other important information including when benefits may change; how and when

coverage stops; how to continue coverage if you are no longer eligible; how benefits will be coordinated with other policies or plans; and the Group Health Plan's subrogation rights and right of reimbursement.

You will need to refer to the Schedule of Benefits to determine how much you have to pay for particular Health Care Services.

When reading your Booklet, please remember that:

- you should read this Booklet in its entirety in order to determine if a particular Health Care Service is covered.
- the headings of sections contained in this Booklet are for reference purposes only and shall not affect in any way the meaning or interpretation of particular provisions.
- references to "you" or "your" throughout refer to you as the Covered Plan Participant and to your Covered Dependents, unless expressly stated otherwise or unless, in the context in which the term is used, it is clearly intended otherwise. Any references which refer solely to you as the Covered Plan Participant or solely to your Covered Dependent(s) will be noted as such.
- references to "we", "us", and "our" throughout refer to Blue Cross and Blue Shield of Florida, Inc. We may also refer to ourselves as "BCBSF".
- if a word or phrase starts with a capital letter, it is either the first word in a sentence, a proper name, a title, or a defined term. If the word or phrase has a special meaning, it will either be defined in the Definitions section or defined within the particular section where it is used.

Where do you find information on.....

- **what particular types of Health Care Services are covered?**

Read the "What Is Covered?" and "What Is Not Covered?" sections.

- **how much will be paid under your Group Health Plan and how much do you have to pay?**

Read the "Understanding Your Share of Health Care Expenses" section along with the Schedule of Benefits.

- **how the amount you pay for Covered Services under the BlueCard (Out-of-State) Program will be determined when you receive care outside the state of Florida?**

Read the "BlueCard (Out-of-State) Program" section.

- **how to add or remove a Dependent?**

Read the "Enrollment and Effective Date of Coverage" section.

- **what happens if you are covered under this Benefit Booklet and another health plan?**

Read the "Duplication of Coverage Under Other Health Plans Programs" section.

- **what happens when your coverage ends?**

Read the "Termination of Coverage" section.

- **what the terms used throughout this Booklet mean?**

Read the "Definitions" section.

Overview of How BlueOptions Works

Whenever you need care, you have a choice. If you visit an:	
In-Network Provider	Out-of-Network Provider
You receive In-Network benefits, the highest level of coverage available.	You receive the Out-of-Network level of benefits – you will share more of the cost of your care.
You do not have to file a claim; the claim will be filed by the In-Network Provider for you.	You may be required to submit a claim form.
The In-Network Provider* is responsible for Admission Notification if you are admitted to the Hospital.	You should notify BCBSF of inpatient admissions.

*For Services rendered by an In-Network Provider located outside of Florida, you should notify us of inpatient admissions.

Section 2: What Is Covered?

Introduction

This section describes the Health Care Services that are covered under this Benefit Booklet. All benefits for Covered Services are subject to your share of the cost and the benefit maximums listed on your Schedule of Benefits, the applicable Allowed Amount, any limitations and/or exclusions, as well as other provisions contained in this Booklet, and any Endorsement(s) in accordance with BCBSF's Medical Necessity coverage criteria and benefit guidelines then in effect.

Remember that exclusions and limitations also apply to your coverage. Exclusions and limitations that are specific to a type of Service are included along with the benefit description in this section. Additional exclusions and limitations that may apply can be found in the "What Is Not Covered?" section. More than one limitation or exclusion may apply to a specific Service or a particular situation.

Expenses for the Health Care Services listed in this section will be covered under this Booklet only if the Services are:

1. within the Health Care Services categories in the "What Is Covered?" section;
2. actually rendered (not just proposed or recommended) by an appropriately licensed health care Provider who is recognized for payment under this Benefit Booklet and for which an itemized statement or description of the procedure or Service which was rendered is received, including any applicable procedure code, diagnosis code and other information required in order to process a claim for the Service;
3. Medically Necessary, as defined in this Booklet and determined by BCBSF in accordance with BCBSF's Medical

Necessity coverage criteria then in effect, except as specified in this section;

4. in accordance with the benefit guidelines listed below;
5. rendered while your coverage is in force; and
6. not specifically or generally limited or excluded under this Booklet.

BCBSF will determine whether Services are Covered Services under this Booklet after you have obtained the Services and a claim has been received for the Services. In some circumstances BCBSF may determine whether Services might be Covered Services under this Booklet before you are provided the Service. For example, BCBSF may determine whether a proposed transplant is a Covered Service under this Booklet before the transplant is provided. BCBSF is not obligated to determine, in advance, whether any Service not yet provided to you would be a Covered Service unless we have specifically designated that a Service is subject to a prior authorization requirement as described in the "Blueprint for Health Programs" section. We are also not obligated to cover or pay for any Service that has not actually been rendered to you.

In determining whether Health Care Services are Covered Services under this Booklet, no written or verbal representation by any employee or agent of BCBSF or Monroe County School District, or by any other person, shall waive or otherwise modify the terms of this Booklet and, therefore, neither you, nor any health care Provider or other person should rely on any such written or verbal representation.

Our Benefit Guidelines

In providing benefits for Covered Services, the benefit guidelines listed below apply as well as any other applicable payment rules specific to particular categories of Services:

1. Payment for certain Health Care Services is included within the Allowed Amount for the primary procedure, and therefore no additional amount is payable for any such Services.
2. Payment is based on the Allowed Amount for the actual Service rendered (i.e., payment is not based on the Allowed Amount for a Service which is more complex than that actually rendered), and is not based on the method utilized to perform the Service or the day of the week or the time of day the procedure is performed.
3. Payment for a Service includes all components of the Health Care Service when the Service can be described by a single procedure code, or when the Service is an essential or integral part of the associated therapeutic/diagnostic Service rendered.

Covered Services Categories

Accident Care

Health Care Services to treat an injury or illness resulting from an Accident not related to your job or employment are covered.

Exclusion:

Health Care Services to treat an injury or illness resulting from an Accident related to your job or employment are excluded.

Acupuncture

Acupuncture, when rendered by an Acupuncturist or other Provider who is licensed to practice Acupuncture, is covered, subject to

the applicable Copayment and the benefit maximum set forth in the Schedule of Benefits.

Allergy Testing and Treatments

Testing and desensitization therapy (e.g., injections) and the cost of hyposensitization serum are covered. The Allowed Amount for allergy testing is based upon the type and number of tests performed by the Physician. The Allowed Amount for allergy immunotherapy treatment is based upon the type and number of doses.

Ambulance Services

Ambulance Services provided by a ground vehicle may be covered provided it is necessary to transport you from:

1. a Hospital which is unable to provide proper care to the nearest Hospital that can provide proper care;
2. a Hospital to your nearest home, or to a Skilled Nursing Facility; or
3. the place a medical emergency occurs to the nearest Hospital that can provide proper care.

Expenses for Ambulance Services by boat, airplane, or helicopter shall be limited to the Allowed Amount for a ground vehicle unless:

1. the pick-up point is inaccessible by ground vehicle;
2. speed in excess of ground vehicle speed is critical; or
3. the travel distance involved in getting you to the nearest Hospital that can provide proper care is too far for medical safety, as determined by BCBSF.

Ambulatory Surgical Centers

Health Care Services rendered at an Ambulatory Surgical Center are covered and include:

1. use of operating and recovery rooms;
2. respiratory, or inhalation therapy (e.g., oxygen);

3. drugs and medicines administered (except for take home drugs) at the Ambulatory Surgical Center;
4. intravenous solutions;
5. dressings, including ordinary casts;
6. anesthetics and their administration;
7. administration of, including the cost of, whole blood or blood products (except as outlined in the Drugs exclusion of the "What Is Not Covered?" section);
8. transfusion supplies and equipment;
9. diagnostic Services, including radiology, ultrasound, laboratory, pathology and approved machine testing (e.g., EKG); and
10. chemotherapy treatment for proven malignant disease.

Anesthesia Administration Services

Administration of anesthesia by a Physician or Certified Registered Nurse Anesthetist ("CRNA") may be covered. In those instances where the CRNA is actively directed by a Physician other than the Physician who performed the surgical procedure, payment for Covered Services, if any, will be made for both the CRNA and the Physician Health Care Services at the lower directed-services Allowed Amount in accordance with BCBSF's payment program then in effect for such Covered Services.

Exclusion:

Coverage does not include anesthesia Services by an operating Physician, his or her partner or associate.

Autism Spectrum Disorder

Autism Spectrum Disorder Services provided to a Covered Dependent who is under the age of 18, or if 18 years of age or older, is attending high school and was diagnosed with Autism Spectrum Disorder prior to his or her 9th birthday consisting of:

1. well-baby and well-child screening for the presence of Autism Spectrum Disorder;
2. Applied Behavior Analysis, when rendered by an individual certified pursuant to Section 393.17 of the *Florida Statutes* or licensed under Chapters 490 or 491 of the *Florida Statutes*; and
3. Physical Therapy by a Physical Therapist, Occupational Therapy by an Occupational Therapist, and Speech Therapy by a Speech Therapist. Covered therapies provided in the treatment of Autism Spectrum Disorder are covered even though they may be habilitative in nature (provided to teach a function) and are not necessarily limited to restoration of a function or skill that has been lost.

Payment Guidelines for Autism Spectrum Disorder

The covered therapies provided in the treatment of Autism Spectrum Disorder outlined in paragraph three above will be applied to the Outpatient Therapies Benefit Period maximum set forth in the Schedule of Benefits. Autism Spectrum Disorder Services must be authorized in accordance with BCBSF's established criteria, **before** such Services are rendered. Services performed without authorization will be denied. Authorization for coverage is not required when Covered Services are provided for the treatment of an Emergency Medical Condition.

Exclusion:

Any Services for the treatment of Autism Spectrum Disorder other than as specifically identified as covered in this section.

Note: In order to determine whether such Autism Spectrum Disorder Services are covered under this Benefit Booklet, we reserve the right to request a formal written treatment plan signed by the treating Physician to include the diagnosis, the proposed treatment type, the frequency and duration of treatment, the anticipated outcomes stated as goals, and the

frequency with which the treatment plan will be updated, but no less than every 6 months.

Behavioral Health Services

Mental Health Services

Diagnostic evaluation, psychiatric treatment, individual therapy, and group therapy rendered to you by a Physician, Psychologist or Mental Health Professional for the treatment of a Mental and Nervous Disorder may be covered.

Covered Services may include:

1. Physician office visits;
2. Intensive Outpatient Treatment (rendered in a facility), as defined in this Booklet;
3. Partial Hospitalization, as defined in this Booklet, when provided under the direction of a Physician; and
4. Residential Treatment Services, as defined in this Booklet.

Exclusion:

1. Services rendered for a Condition that is not a Mental and Nervous Disorder as defined in this Booklet, regardless of the underlying cause, or effect, of the disorder;
2. Services for psychological testing associated with the evaluation and diagnosis of learning disabilities or intellectual disability;
3. Services beyond the period necessary for evaluation and diagnosis of learning disabilities or intellectual disability;
4. Services for educational purposes;
5. Services for marriage counseling unless related to a Mental and Nervous Disorder as defined in this Booklet, regardless of the underlying cause, or effect, of the disorder;
6. Services for pre-marital counseling;

7. Services for court-ordered care or testing, or required as a condition of parole or probation;
8. Services to test aptitude, ability, intelligence or interest; (except as covered under the Autism Spectrum Disorder subsection);
9. Services required to maintain employment;
10. Services for cognitive remediation; and
11. inpatient stays that are primarily intended as a change of environment.

Substance Dependency Treatment Services

When there is a sudden drop in consumption after prolonged heavy use of a substance a person may experience withdrawal, often causing both physiologic and cognitive symptoms. The symptoms of withdrawal vary greatly, ranging from minimal changes to potentially life threatening states. Detoxification Services can be rendered in different types of locations, depending on the severity of the withdrawal symptoms.

Care and treatment for Substance Dependency includes the following:

1. Inpatient and outpatient Health Care Services rendered by a Physician, Psychologist or Mental Health Professional in a program accredited by The Joint Commission or approved by the state of Florida for Detoxification or Substance Dependency.
2. Physician, Psychologist and Mental Health Professional outpatient visits for the care and treatment of Substance Dependency.

We may provide you with information on resources available to you for non-medical ancillary services like vocational rehabilitation or employment counseling, when we are able to. We don't pay for any services that are provided to you by any of these resources; they are to be provided solely at your expense. You

acknowledge that we do not have any Contractual or other formal arrangements with the Provider of such services.

Exclusion:

Long term Services for alcoholism or drug addiction, including specialized inpatient units or inpatient stays that are primarily intended as a change of environment.

Breast Reconstructive Surgery

Surgery to reestablish symmetry between two breasts and implanted prostheses incident to Mastectomy is covered. In order to be covered, such surgery must be provided in a manner chosen by your Physician, consistent with prevailing medical standards, and in consultation with you.

Child Cleft Lip and Cleft Palate Treatment

Treatment and Services for Child Cleft Lip and Cleft Palate, including medical, dental, Speech Therapy, audiology, and nutrition Services for treatment of a child under the age of 18 who has cleft lip or cleft palate are covered. In order for such Services to be covered, your Covered Dependent's Physician must specifically prescribe such Services and such Services must be consequent to treatment of the cleft lip or cleft palate.

Clinical Trials

Clinical trials are research studies in which Physicians and other researchers work to find ways to improve care. Each study tries to answer scientific questions and to find better ways to prevent, diagnose, or treat patients. Each trial has a protocol which explains the purpose of the trial, how the trial will be performed, who may participate in the trial, and the beginning and end points of the trial.

If you are eligible to participate in an Approved Clinical Trial, routine patient care for Services furnished in connection with your participation in

the Approved Clinical Trial may be covered when:

1. an In-Network Provider has indicated such trial is appropriate for you; or
2. you provide us with medical and scientific information establishing that your participation in such trial is appropriate.

Routine patient care includes all Medically Necessary Services that would otherwise be covered under this Booklet, such as doctor visits, lab tests, x-rays and scans and hospital stays related to treatment of your Condition and is subject to the applicable Cost Share(s) on the Schedule of Benefits.

Even though benefits may be available under this Booklet for routine patient care related to an Approved Clinical Trial you may not be eligible for inclusion in these trials or there may not be any trials available to treat your Condition at the time you want to be included in a clinical trial.

Exclusion:

1. Costs that are generally covered by the clinical trial, including, but not limited to:
 - a. Research costs related to conducting the clinical trial such as research Physician and nurse time, analysis of results, and clinical tests performed only for research purposes.
 - b. The investigational item, device or Service itself.
 - c. Services inconsistent with widely accepted and established standards of care for a particular diagnosis.
2. Services related to an Approved Clinical Trial received outside of the United States.

Concurrent Physician Care

Concurrent Physician care Services are covered, provided: (a) the additional Physician actively participates in your treatment; (b) the

Condition involves more than one body system or is so severe or complex that one Physician cannot provide the care unassisted; and (c) the Physicians have different specialties or have the same specialty with different sub-specialties.

Consultations

Consultations provided by a Physician are covered if your attending Physician requests the consultation and the consulting Physician prepares a written report.

Contraceptive Injections

Medication by injection is covered when provided and administered by a Physician, for the purpose of contraception, and is limited to the medication and administration.

Dental Services

Dental Services are limited to the following:

1. Care and stabilization treatment rendered within 90 days of an Accidental Dental Injury to Sound Natural Teeth.
2. Extraction of teeth required prior to radiation therapy when you have a diagnosis of cancer of the head and/or neck.
3. Anesthesia Services for dental care including general anesthesia and hospitalization Services necessary to assure the safe delivery of necessary dental care provided to you or your Covered Dependent in a Hospital or Ambulatory Surgical Center if:
 - a) the Covered Dependent is under 8 years of age and it is determined by a dentist and the Covered Dependent's Physician that:
 - i. dental treatment is necessary due to a dental Condition that is significantly complex; or
 - ii. the Covered Dependent has a developmental disability in which patient management in the dental

office has proven to be ineffective;
or

- b) you or your Covered Dependent have one or more medical Conditions that would create significant or undue medical risk for you in the course of delivery of any necessary dental treatment or surgery if not rendered in a Hospital or Ambulatory Surgical Center.
4. Oral Surgery limited to the following procedures:
 - a) Health Care Services provided for the excision of impacted teeth at any location (i.e., inpatient hospital, surgery, associated x-rays and anesthesia);
 - b) Apicoectomy (excision of tooth root without extraction of the tooth);
 - c) Cutting procedures on the gums and mouth tissues for treatment of disease;
 - d) Osseous surgery to modify and reshape deformities in the supporting bone around the teeth and is used when periodontal disease is advanced in nature.
 5. Dental treatment or Services for the correction of Temporomandibular Joint Dysfunction Syndrome – (including all myofascial pain dysfunction syndromes and other associated disorders).

Exclusion:

1. Dental Services provided more than 90 days after the date of an Accidental Dental Injury regardless of whether or not such services could have been rendered within 90 days; and
2. Dental Implant.

Diabetes Outpatient Self-Management

Diabetes outpatient self-management training and educational Services and nutrition counseling (including all Medically Necessary equipment and supplies) to treat diabetes, if

your treating Physician or a Physician who specializes in the treatment of diabetes certifies that such Services are Medically Necessary, are covered. In order to be covered, diabetes outpatient self-management training and educational Services must be provided under the direct supervision of a certified Diabetes Educator or a board-certified Physician specializing in endocrinology. Additionally, in order to be covered, nutrition counseling must be provided by a licensed Dietitian. Covered Services may also include the trimming of toenails, corns, calluses, and therapeutic shoes (including inserts and/or modifications) for the treatment of severe diabetic foot disease.

Diagnostic Services

Diagnostic Services when ordered by a Physician are limited to the following:

1. radiology, ultrasound and nuclear medicine, Magnetic Resonance Imaging (MRI);
2. laboratory and pathology Services;
3. Services involving bones or joints of the jaw (e.g., Services to treat temporomandibular joint [TMJ] dysfunction) or facial region if, under accepted medical standards, such diagnostic Services are necessary to treat Conditions caused by congenital or developmental deformity, disease, or injury;
4. approved machine testing (e.g., electrocardiogram [EKG], electroencephalograph [EEG], and other electronic diagnostic medical procedures); and
5. genetic testing for the purposes of explaining current signs and symptoms of a possible hereditary disease.

Dialysis Services

Dialysis Services including equipment, training, and medical supplies, when provided at any location by a Provider licensed to perform dialysis including a Dialysis Center are covered.

Durable Medical Equipment

Durable Medical Equipment when provided by a Durable Medical Equipment Provider and when prescribed by a Physician, limited to the most cost-effective equipment as determined by BCBSF is covered.

Payment Guidelines for Durable Medical Equipment

Supplies and service to repair medical equipment may be Covered Services only if you own the equipment or you are purchasing the equipment. Payment for Durable Medical Equipment will be based on the lowest of the following: 1) the purchase price; 2) the lease/purchase price; 3) the rental rate; or 4) the Allowed Amount. The Allowed Amount for such rental equipment will not exceed the total purchase price. Durable Medical Equipment includes, but is not limited to, the following: wheelchairs, crutches, canes, walkers, hospital beds, and oxygen equipment.

Note: Repair or replacement of Durable Medical Equipment due to growth of a child or significant change in functional status is a Covered Service.

Exclusion:

Equipment which is primarily for convenience and/or comfort; modifications to motor vehicles and/or homes, including but not limited to, wheelchair lifts or ramps; water therapy devices such as Jacuzzis, hot tubs, swimming pools or whirlpools; exercise and massage equipment, electric scooters, hearing aids, air conditioners and purifiers, humidifiers, water softeners and/or purifiers, pillows, mattresses or waterbeds, escalators, elevators, stair glides, emergency alert equipment, handrails and grab bars, heat appliances, dehumidifiers, and the replacement of Durable Medical Equipment solely because it is old or used are excluded.

Emergency Services

Emergency Services for an Emergency Medical Condition are covered when rendered In-

Network and Out-of-Network without the need for any prior authorization determination by us.

When Emergency Services and care for an Emergency Medical Condition are rendered by an Out-of-Network Provider, any Copayment and/or Coinsurance amount applicable to In-Network Providers for Emergency Services will also apply to such Out-of-Network Provider.

Special Payment Rules for Non-Grandfathered Plans

The Patient Protection and Affordable Care Act (PPACA) requires that non-grandfathered health plans apply a specific method for determining the allowed amount for Emergency Services rendered for an Emergency Medical Condition by Providers who do not have a contract with us. Payment for Emergency Services rendered by an Out-of-Network Provider that has not entered into an agreement with BCBSF to provide access to a discount from the billed amount of that Provider will be the greater of:

1. the amount equal to the median amount negotiated with all BCBSF In-Network Providers for the same Services;
2. the Allowed Amount as defined in the Booklet; or
3. what Medicare would have paid for the Services rendered.

In no event will Out-of-Network Providers be paid more than their charges for the Services rendered.

Enteral Formulas

Prescription and non-prescription enteral formulas for home use when prescribed by a Physician as necessary to treat inherited diseases of amino acid, organic acid, carbohydrate or fat metabolism as well as malabsorption originating from congenital defects present at birth or acquired during the neonatal period are covered.

Coverage to treat inherited diseases of amino acid and organic acids, for you up to your 25th

birthday, shall include coverage for food products modified to be low protein.

Eye Care

Coverage includes the following Services:

1. Physician Services, soft lenses or sclera shells, for the treatment of aphakic patients;
2. initial glasses or contact lenses following cataract surgery; and
3. Physician Services to treat an injury to or disease of the eyes.

Exclusion:

Health Care Services to diagnose or treat vision problems which are not a direct consequence of trauma or prior ophthalmic surgery; eye examinations; eye exercises or visual training; eye glasses and contact lenses and their fitting are excluded. In addition to the above, any surgical procedure performed primarily to correct or improve myopia or other refractive disorders (e.g., radial keratotomy, PRK and LASIK) are excluded.

Home Health Care

The Home Health Care Services listed below are covered when the following criteria are met:

1. you are unable to leave your home without considerable effort and the assistance of another person because you are: bedridden or chairbound or because you are restricted in ambulation whether or not you use assistive devices; or you are significantly limited in physical activities due to a Condition; and
2. the Home Health Care Services rendered have been prescribed by a Physician by way of a formal written treatment plan that has been reviewed and renewed by the prescribing Physician every 30 days. In order to determine whether such Services are covered under this Booklet, you may be

- required to provide a copy of any written treatment plan;
- 3. the Home Health Care Services are provided directly by (or indirectly through) a Home Health Agency; and
- 4. you are meeting or achieving the desired treatment goals set forth in the treatment plan as documented in the clinical progress notes.

Home Health Care Services are limited to:

- 1. part-time (i.e., less than 8 hours per day and less than a total of 40 hours in a calendar week) or intermittent (i.e., a visit of up to, but not exceeding, 2 hours per day) nursing care by a Registered Nurse, Licensed Practical Nurse and/or home health aide Services;
- 2. home health aide Services must be consistent with the plan of treatment, ordered by a Physician, and rendered under the supervision of a Registered Nurse;
- 3. medical social services;
- 4. nutritional guidance;
- 5. respiratory, or inhalation therapy (e.g., oxygen); and
- 6. Physical Therapy by a Physical Therapist, Occupational Therapy by a Occupational Therapist, and Speech Therapy by a Speech Therapist.

Exclusions:

- 1. homemaker or domestic maid services;
- 2. sitter or companion services;
- 3. Services rendered by an employee or operator of an adult congregate living facility; an adult foster home; an adult day care center, or a nursing home facility;
- 4. Speech Therapy provided for a diagnosis of developmental delay;

- 5. Custodial Care except for any such care covered under this subsection when provided on a part-time or intermittent basis (as defined above) by a home health aide;
- 6. food, housing, and home delivered meals; and
- 7. Services rendered in a Hospital, nursing home, or intermediate care facility.

Hospice Services

Health Care Services provided in connection with a Hospice treatment program may be Covered Services, provided the Hospice treatment program is:

- 1. approved by your Physician; and
- 2. your doctor has certified to us in writing that your life expectancy is 12 months or less.

Recertification is required every six months.

Hospital Services

Covered Hospital Services include:

- 1. room and board in a semi-private room when confined as an inpatient, unless the patient must be isolated from others for documented clinical reasons;
- 2. intensive care units, including cardiac, progressive and neonatal care;
- 3. use of operating and recovery rooms;
- 4. use of emergency rooms;
- 5. respiratory, pulmonary, or inhalation therapy (e.g., oxygen);
- 6. drugs and medicines administered (except for take home drugs) by the Hospital;
- 7. intravenous solutions;
- 8. administration of, including the cost of, whole blood or blood products except as outlined in the Drugs exclusion of the "What Is Not Covered?" section);
- 9. dressings, including ordinary casts;

10. anesthetics and their administration;
11. transfusion supplies and equipment;
12. diagnostic Services, including radiology, ultrasound, laboratory, pathology and approved machine testing (e.g., EKG);
13. Physical, Speech, Occupational, and Cardiac Therapies; and
14. transplants as described in the Transplant Services subsection.

Exclusion:

Expenses for the following Hospital Services are excluded when such Services could have been provided without admitting you to the Hospital:

- 1) room and board provided during the admission;
- 2) Physician visits provided while you were an inpatient;
- 3) Occupational Therapy, Speech Therapy, Physical Therapy, and Cardiac Therapy; and
- 4) other Services provided while you were an inpatient.

In addition, expenses for the following and similar items are also excluded:

1. gowns and slippers;
2. shampoo, toothpaste, body lotions and hygiene packets;
3. take-home drugs;
4. telephone and television;
5. guest meals or gourmet menus; and
6. admission kits.

Inpatient Rehabilitation

Inpatient Rehabilitation Services are covered when the following criteria are met:

1. Services must be provided under the direction of a Physician and must be provided by a Medicare certified facility in accordance with a comprehensive rehabilitation program;

2. a plan of care must be developed and managed by a coordinated multi-disciplinary team;
3. coverage is subject to our Medical Necessity coverage criteria then in effect;
4. the individual must be able to actively participate in at least 2 rehabilitative therapies and be able to tolerate at least 3 hours per day of skilled Rehabilitation Services for at least 5 days a week and their Condition must be likely to result in significant improvement; and
5. the Rehabilitation Services must be required at such intensity, frequency and duration that further progress cannot be achieved in a less intensive setting.

Inpatient Rehabilitation Services are subject to the inpatient facility Copayment, if applicable, and the benefit maximum set forth in the Schedule of Benefits.

Exclusion:

All Substance Dependency, drug and alcohol related diagnoses, Pain Management, and respiratory ventilator management Services are excluded.

Mammograms

Mammograms obtained in a medical office, medical treatment facility or through a health testing service that uses radiological equipment registered with the appropriate Florida regulatory agencies (or those of another state) for diagnostic purposes or breast cancer screening are Covered Services.

Benefits for mammograms may not be subject to the Deductible, Coinsurance, or Copayment (if applicable). Please refer to your Schedule of Benefits for more information.

Mastectomy Services

Breast cancer treatment including treatment for physical complications relating to a Mastectomy

(including lymphedemas), and outpatient post-surgical follow-up in accordance with prevailing medical standards as determined by you and your attending Physician are covered.

Outpatient post-surgical follow-up care for Mastectomy Services shall be covered when provided by a Provider in accordance with the prevailing medical standards and at the most medically appropriate setting. The setting may be the Hospital, Physician's office, outpatient center, or your home. The treating Physician, after consultation with you, may choose the appropriate setting.

Maternity Services

Health Care Services, including prenatal care, delivery and postpartum care and assessment, provided to you, by a Doctor of Medicine (M.D.), Doctor of Osteopathy (D.O.), Hospital, Birth Center, Midwife or Certified Nurse Midwife may be Covered Services. Care for the mother includes the postpartum assessment.

In order for the postpartum assessment to be covered, such assessment must be provided at a Hospital, an attending Physician's office, an outpatient maternity center, or in the home by a qualified licensed health care professional trained in care for a mother. Coverage under this Booklet for the postpartum assessment includes coverage for the physical assessment of the mother and any necessary clinical tests in keeping with prevailing medical standards.

Under Federal law, your Group Plan 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 cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending Provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 as applicable). In any case, under Federal law, your Group Plan can only require that a provider obtain authorization for prescribing an

inpatient hospital stay that exceeds 48 hours (or 96 hours).

Exclusion:

Maternity Services rendered to a Covered Person who becomes pregnant as a Gestational Surrogate under the terms of, and in accordance with, a Gestational Surrogacy Contract or Arrangement are excluded. This exclusion applies to all expenses for prenatal, intra-partal, and post-partal Maternity/Obstetrical Care, and Health Care Services rendered to the Covered Person acting as a Gestational Surrogate.

For the definition of Gestational Surrogate and Gestational Surrogacy Contract, see the "Definitions" section of this Benefit Booklet.

Newborn Care

A newborn child will be covered from the moment of birth provided that the newborn child is eligible for coverage and properly enrolled. Covered Services shall consist of coverage for injury or sickness, including the necessary care or treatment of medically diagnosed congenital defects, birth abnormalities, and premature birth.

Newborn Assessment:

An assessment of the newborn child is covered provided the Services were rendered at a Hospital, the attending Physician's office, a Birth Center, or in the home by a Physician, Midwife or Certified Nurse Midwife, and the performance of any necessary clinical tests and immunizations are within prevailing medical standards. These Services are not subject to the Deductible.

Ambulance Services, when necessary to transport the newborn child to and from the nearest appropriate facility which is staffed and equipped to treat the newborn child's Condition, as determined by BCBSF and certified by the attending Physician as Medically Necessary to protect the health and safety of the newborn child, are covered.

Under Federal law, your Group Plan 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 cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending Provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 as applicable). In any case, under Federal law, your Group Plan can only require that a provider obtain authorization for prescribing an inpatient hospital stay that exceeds 48 hours (or 96 hours).

Orthotic Devices

Orthotic Devices including braces and trusses for the leg, arm, neck and back, and special surgical corsets are covered when prescribed by a Physician and designed and fitted by an Orthotist.

Benefits may be provided for necessary replacement of an Orthotic Device which is owned by you when due to irreparable damage, wear, a change in your Condition, or when necessitated due to growth of a child.

Payment for splints for the treatment of temporomandibular joint ("TMJ") dysfunction is limited to payment for one splint in a six-month period unless a more frequent replacement is determined by BCBSF to be Medically Necessary.

Exclusion:

1. Expenses for arch supports, shoe inserts designed to effect conformational changes in the foot or foot alignment, orthopedic shoes, over-the-counter, custom-made or built-up shoes, cast shoes, sneakers, ready-made compression hose or support hose, or similar type devices/appliances regardless of intended use, except for therapeutic shoes (including inserts and/or modifications) for the treatment of severe diabetic foot disease;

2. Expenses for orthotic appliances or devices which straighten or re-shape the conformation of the head or bones of the skull or cranium through cranial banding or molding (e.g. dynamic orthotic cranioplasty or molding helmets), except when the orthotic appliance or device is used as an alternative to an internal fixation device as a result of surgery for craniosynostosis; and
3. Expenses for devices necessary to exercise, train, or participate in sports, e.g. custom-made knee braces.

Osteoporosis Screening, Diagnosis, and Treatment

Screening, diagnosis, and treatment of osteoporosis for high-risk individuals is covered, including, but not limited to:

1. estrogen-deficient individuals who are at clinical risk for osteoporosis;
2. individuals who have vertebral abnormalities;
3. individuals who are receiving long-term glucocorticoid (steroid) therapy; or
4. individuals who have primary hyperparathyroidism, and individuals who have a family history of osteoporosis.

Outpatient Cardiac, Occupational, Physical, Speech, Massage Therapies and Spinal Manipulation Services

Outpatient therapies listed below may be Covered Services when ordered by a Physician or other health care professional licensed to perform such Services. The outpatient therapies listed in this category are in addition to the Cardiac, Occupational, Physical and Speech Therapy benefits listed in the Home Health Care, Hospital, and Skilled Nursing Facility categories herein.

Cardiac Therapy Services provided under the supervision of a Physician, or an appropriate Provider trained for Cardiac Therapy, for the

purpose of aiding in the restoration of normal heart function in connection with a myocardial infarction, coronary occlusion or coronary bypass surgery are covered.

Occupational Therapy Services provided by a Physician or Occupational Therapist for the purpose of aiding in the restoration of a previously impaired function lost due to a Condition are covered.

Speech Therapy Services of a Physician, Speech Therapist, or licensed audiologist to aid in the restoration of speech loss or an impairment of speech resulting from a Condition are covered.

Physical Therapy Services provided by a Physician or Physical Therapist for the purpose of aiding in the restoration of normal physical function lost due to a Condition are covered.

Massage Therapy Massage provided by a Physician, Massage Therapist, or Physical Therapist when the Massage is prescribed as being Medically Necessary by a Physician licensed pursuant to *Florida Statutes* Chapter 458 (Medical Practice), Chapter 459 (Osteopathy), Chapter 460 (Chiropractic) or Chapter 461 (Podiatry) is covered. The Physician's prescription must specify the number of treatments.

Payment Guidelines for Massage and Physical Therapy

1. Payment for covered Massage Services is limited to no more than four (4) 15-minute Massage treatments per day, not to exceed the Outpatient Cardiac, Occupational, Physical, Speech, and Massage Therapies and Spinal Manipulations benefit maximum listed on the Schedule of Benefits.
2. Payment for a combination of covered Massage and Physical Therapy Services rendered on the same day is limited to no more than four (4) 15-minute treatments per day for combined Massage and Physical Therapy treatment, not to exceed the

Outpatient Cardiac, Occupational, Physical, Speech, and Massage Therapies and Spinal Manipulations benefit maximum listed on the Schedule of Benefits.

3. Payment for covered Physical Therapy Services rendered on the same day as spinal manipulation is limited to one (1) Physical Therapy treatment per day not to exceed fifteen (15) minutes in length.

Spinal Manipulations: Services by Physicians for manipulations of the spine to correct a slight dislocation of a bone or joint that is demonstrated by x-ray are covered.

Payment Guidelines for Spinal Manipulation

1. Payment for covered spinal manipulation is limited to no more than 26 spinal manipulations per Benefit Period, or the maximum benefit listed in the Schedule of Benefits, whichever occurs first.
2. Payment for covered Physical Therapy Services rendered on the same day as a spinal manipulation is limited to one (1) Physical Therapy treatment per day, not to exceed fifteen (15) minutes in length.

Your Schedule of Benefits sets forth the maximum number of visits covered under this plan for any combination of the outpatient therapies and spinal manipulation Services listed above. For example, even if you may have only been administered two (2) of the spinal manipulations for the Benefit Period, any additional spinal manipulations for that Benefit Period will not be covered if you have already met the combined therapy visit maximum with other Services.

Oxygen

Expenses for oxygen, the equipment necessary to administer it, and the administration of oxygen are covered.

Physician Services

Medical or surgical Health Care Services provided by a Physician, including Services

rendered in the Physician's office, in an outpatient facility, or electronically through a computer via the Internet.

Payment Guidelines for Physician Services Provided by Electronic Means through a Computer:

Expenses for online medical Services provided electronically through a computer by a Physician via the Internet will be covered only if such Services:

1. were provided to a covered individual who was, at the time the Services were provided, an established patient of the Physician rendering the Services;
2. were in response to an online inquiry received through the Internet from the covered individual with respect to which the Services were provided; and
3. were provided by a Physician through a secure online healthcare communication services vendor that, at the time the Services were rendered, was under contract with BCBSF.

The term "established patient," as used herein, shall mean that the covered individual has received professional services from the Physician who provided the online medical Services, or another physician of the same specialty who belongs to the same group practice as that Physician, within the past three years.

Exclusion:

Expenses for online medical Services provided electronically through a computer by a Physician via the Internet other than through a healthcare communication services vendor that has entered into contract with BCBSF are excluded.

Expenses for online medical Services provided by a health care provider that is not a Physician

and expenses for Health Care Services rendered by telephone are also excluded.

Preventive Health Services

Preventive Services are covered for both adults and children based on prevailing medical standards and recommendations which are explained further below. Some examples of preventive health Services include, but are not limited to, periodic routine health exams, routine gynecological exams, immunizations and related preventive Services such as Prostate Specific Antigen (PSA), routine mammograms and pap smears. In order to be covered, Services shall be provided in accordance with prevailing medical standards consistent with:

1. evidence-based items or Services that have in effect a rating of 'A' or 'B' in the current recommendations of the U.S. Preventive Services Task Force established under the Public Health Service Act;
2. immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention established under the Public Health Service Act with respect to the individual involved;
3. with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and
4. with respect to women, such additional preventive care and screenings not described in paragraph number one as provided for in comprehensive guidelines supported by the Health Resources and Services Administration. Women's preventive coverage under this category includes:
 - a. well-woman visits;

- b. screening for gestational diabetes;
- c. human papillomavirus testing;
- d. counseling for sexually transmitted infections;
- e. counseling and screening for human immune-deficiency virus;
- f. contraceptive methods and counseling unless indicated as covered under a BlueScript Pharmacy Program Endorsement;
- g. screening and counseling for interpersonal and domestic violence; and
- h. breastfeeding support, supplies and counseling. Breastfeeding supplies are limited to breast pumps. **You must obtain prior coverage authorization from us before you get the breast pump.** Breast pumps must be obtained through a Durable Medical Equipment Provider who must be able to verify that you are either scheduled for delivery or have delivered within 9 months. In-Network benefits are only available through our preferred Durable Medical Equipment Provider. If you do not obtain prior coverage authorization we will not make any payment for such Service.

Note: From time to time medical standards that are based on the recommendations of the entities listed in numbers 1 through 4 above change. Services may be added to the recommendations and sometimes may be removed. It is important to understand that your coverage for these preventive Services is based on what is in effect on your Effective Date. If any of the recommendations or guidelines change after your Effective Date, your coverage will not change until your Group's first Anniversary Date one year after the recommendations or guidelines go into effect.

For example, if the USPSTF adds a new recommendation for a preventive Service that we do not cover and you are already covered under this Benefit Booklet, that new Service will not be a Covered Service under this category right away. The coverage for a new Service will start on your Group's Anniversary Date one year after the new recommendation goes into effect.

Exclusion:

Routine vision and hearing examinations and screenings are not covered as Preventive Services, except as required under paragraph number one and/or number three above. Sterilization procedures covered under this category are limited to those procedures indicated as covered in the Medication Guide only. Contraceptive implants are limited to Intra-uterine devices (IUD) indicated as covered in the Medication Guide only, including insertion and removal.

Limitations:

Breast pumps are limited to:

- a. one manual or electric breast pump per pregnancy, in connection with childbirth; and
- b. the most cost-effective pump, as determined by us (please see the Durable Medical Equipment category in this section for additional information).

Note: Hospital-grade breast pumps are not covered except when Medically Necessary during an inpatient stay, in accordance with our Medical Necessity coverage criteria in effect at the time Services are provided.

Prosthetic Devices

The following Prosthetic Devices are covered when prescribed by a Physician and designed and fitted by a Prosthetist:

- 1. artificial hands, arms, feet, legs and eyes, including permanent implanted lenses

following cataract surgery, cardiac pacemakers, and prosthetic devices incident to a Mastectomy;

2. appliances needed to effectively use artificial limbs or corrective braces; or
3. penile prosthesis.

Covered Prosthetic Devices (except cardiac pacemakers, and Prosthetic Devices incident to Mastectomy) are limited to the first such permanent prosthesis (including the first temporary prosthesis if it is determined to be necessary) prescribed for each specific Condition.

Benefits may be provided for necessary replacement of a Prosthetic Device which is owned by you when due to irreparable damage, wear, or a change in your Condition, or when necessitated due to growth of a child.

Exclusion:

1. Expenses for microprocessor controlled or myoelectric artificial limbs (e.g. C-legs); and
2. Expenses for cosmetic enhancements to artificial limbs.

Self-Administered Prescription Drugs

The following Self-Administered Drugs are covered:

1. Self-Administered Prescription Drugs used in the treatment of diabetes, cancer, Conditions requiring immediate stabilization (e.g. anaphylaxis), or in the administration of dialysis;
2. Self-Administered Prescription Drugs identified as Specialty Drugs with a special symbol in the Medication Guide when delivered to you at home and purchased at a Specialty Pharmacy or an Out-of-Network Provider that provides Specialty Drugs; and
3. Specialty Drugs used to increase height or bone growth (e.g., growth hormone), must

meet the following criteria in order to be covered:

- a. Must be prescribed for Conditions of growth hormone deficiency documented with two abnormally low stimulation tests of less than 10 ng/ml and one abnormally low growth hormone dependent peptide or for Conditions of growth hormone deficiency associated with loss of pituitary function due to trauma, surgery, tumors, radiation or disease, or for state mandated use as in patients with AIDS.
- b. Continuation of growth hormone therapy is only covered for Conditions associated with significant growth hormone deficiency when there is evidence of continued responsiveness to treatment. Treatment is considered responsive in children less than 21 years of age, when the growth hormone dependent peptide (IGF-1) is in the normal range for age and Tanner development stage; the growth velocity is at least 2 cm per year, and studies demonstrate open epiphyses. Treatment is considered responsive in both adolescents with closed epiphyses and for adults, who continue to evidence growth hormone deficiency and the IGF-1 remains in the normal range for age and gender.

Skilled Nursing Facilities

The following Health Care Services may be Covered Services when you are an inpatient in a Skilled Nursing Facility:

1. room and board;
2. respiratory, pulmonary, or inhalation therapy (e.g., oxygen);
3. drugs and medicines administered while an inpatient (except take home drugs);

4. intravenous solutions;
5. administration of, including the cost of, whole blood or blood products(except as outlined in the Drugs exclusion of the "What Is Not Covered?" section);
6. dressings, including ordinary casts;
7. transfusion supplies and equipment;
8. diagnostic Services, including radiology, ultrasound, laboratory, pathology and approved machine testing (e.g., EKG);
9. chemotherapy treatment for proven malignant disease; and
10. Physical, Speech, and Occupational Therapies.

A treatment plan from your Physician may be required in order to determine coverage and payment.

Exclusion:

Expenses for an inpatient admission to a Skilled Nursing Facility for purposes of Custodial Care, convalescent care, or any other Service primarily for the convenience of you and/or your family members or the Provider are excluded. Expenses for any inpatient days beyond the per person maximum number of days per Benefit Period listed on the Schedule of Benefits are also excluded.

Surgical Assistant Services

Services rendered by a Physician, Registered Nurse First Assistant or Physician Assistant when acting as a surgical assistant (provided no intern, resident, or other staff physician is available) when the assistant is necessary are covered.

Surgical Procedures

Surgical procedures performed by a Physician may be covered including the following:

1. sterilization (tubal ligations and vasectomies), regardless of Medical Necessity;
2. surgery to correct deformity which was caused by disease, trauma, birth defects, growth defects or prior therapeutic processes;
3. oral surgical procedures for excisions of tumors, cysts, abscesses, and lesions of the mouth;
4. surgical procedures involving bones or joints of the jaw (e.g., temporomandibular joint [TMJ]) and facial region if, under accepted medical standards, such surgery is necessary to treat Conditions caused by congenital or developmental deformity, disease, or injury;
5. Services of a Physician for the purpose of rendering a second surgical opinion and related diagnostic services to help determine the need for surgery; and
6. surgical procedures performed for the treatment of Morbid Obesity (e.g., intestinal bypass, stomach stapling, balloon dilation) and any associated care provided you have not previously undergone the same or a similar procedure while covered under this Benefit Booklet.

Exclusion:

Surgical procedures for the treatment of Morbid Obesity including: intestinal bypass; stomach stapling; balloon dilation and associated care for the surgical treatment of Morbid Obesity, if the Covered Plan Participant has previously undergone the same or similar procedures in the lifetime of this Group Health Plan. Surgical procedures performed to revise, or correct defects related to, a prior intestinal bypass, stomach stapling or balloon dilation are also excluded.

Payment Guidelines for Surgical Procedures

1. Payment for multiple surgical procedures performed in addition to the primary surgical procedure, on the same or different areas of the body, during the same operative session will be based on 50 percent of the Allowed Amount for any secondary surgical procedure(s) performed. In addition, Coinsurance or Copayment (if any) indicated in your Schedule of Benefits will apply. This guideline is applicable to all bilateral procedures and all surgical procedures performed on the same date of service.
2. Payment for incidental surgical procedures is limited to the Allowed Amount for the primary procedure, and there is no additional payment for any incidental procedure. An "incidental surgical procedure" includes surgery where one, or more than one, surgical procedure is performed through the same incision or operative approach as the primary surgical procedure which, in BCBSF's opinion, is not clearly identified and/or does not add significant time or complexity to the surgical session. For example, the removal of a normal appendix performed in conjunction with a Medically Necessary hysterectomy is an incidental surgical procedure (i.e., there is no payment for the removal of the normal appendix in the example).
3. Payment for surgical procedures for fracture care, dislocation treatment, debridement, wound repair, unna boot, and other related Health Care Services, is included in the Allowed Amount of the surgical procedure.

Transplant Services

Transplant Services, limited to the procedures listed below, may be covered when performed at a facility acceptable to BCBSF subject to the conditions and limitations described below.

Transplant includes pre-transplant, transplant and post-discharge Services, and treatment of

complications after transplantation. Benefits will only be paid for Services, care and treatment received or provided in connection with a:

1. Bone Marrow Transplant, as defined herein, which is specifically listed in the rule 59B-12.001 of the *Florida Administrative Code* or any successor or similar rule or covered by Medicare as described in the most recently published *Medicare Coverage Issues Manual* issued by the Centers for Medicare and Medicaid Services. Coverage will be provided for the expenses incurred for the donation of bone marrow by a donor to the same extent such expenses would be covered for you and will be subject to the same limitations and exclusions as would be applicable to you. Coverage for the reasonable expenses of searching for the donor will be limited to a search among immediate family members and donors identified through the National Bone Marrow Donor Program;
2. corneal transplant;
3. heart transplant (including a ventricular assist device, if indicated, when used as a bridge to heart transplantation);
4. heart-lung combination transplant;
5. liver transplant;
6. kidney transplant;
7. pancreas;
8. pancreas transplant performed simultaneously with a kidney transplant; or
9. lung-whole single or whole bilateral transplant.

Coverage will be provided for donor costs and organ acquisition for transplants, other than Bone Marrow Transplants, provided such costs are not covered in whole or in part by any other insurance carrier, organization or person other than the donor's family or estate.

You may call the customer service phone number indicated in this Booklet or on your Identification Card in order to determine which Bone Marrow Transplants are covered under this Booklet.

Exclusions:

Expenses for the following are excluded:

1. transplant procedures not included in the list above, or otherwise excluded under this Booklet (e.g., Experimental or Investigational transplant procedures);
2. transplant procedures involving the transplantation or implantation of any non-human organ or tissue;
3. transplant procedures related to the donation or acquisition of an organ or tissue for a recipient who is not covered under this Benefit Booklet;
4. transplant procedures involving the implant of an artificial organ, including the implant of the artificial organ;
5. any organ, tissue, marrow, or stem cells which is/are sold rather than donated;
6. any Bone Marrow Transplant, as defined herein, which is not specifically listed in rule 59B-12.001 of the Florida Administrative Code or any successor or similar rule or covered by Medicare pursuant to a national coverage decision made by the Centers for Medicare and Medicaid Services as evidenced in the most recently published Medicare Coverage Issues Manual;
7. any Service in connection with the identification of a donor from a local, state or national listing, except in the case of a Bone Marrow Transplant;
8. any non-medical costs, including but not limited to, temporary lodging or transportation costs for you and/or your family to and from the approved facility; and
9. any artificial heart or mechanical device that replaces either the atrium and/or the ventricle.

Section 3: What Is Not Covered?

Introduction

Your Booklet expressly excludes expenses for the following Health Care Services, supplies, drugs or charges. The following exclusions are in addition to any exclusions specified in the "What Is Covered?" section or any other section of the Booklet.

Abortions which are elective.

Arch Supports, shoe inserts designed to effect conformational changes in the foot or foot alignment, orthopedic shoes, over-the-counter, custom-made or built-up shoes, cast shoes, sneakers, ready-made compression hose or support hose, or similar type devices/appliances regardless of intended use, except for therapeutic shoes (including inserts and/or modifications) for the treatment of severe diabetic foot disease.

Assisted Reproductive Therapy (Infertility) including, but not limited to, associated Services, supplies, and medications for In Vitro Fertilization (IVF); Gamete Intrafallopian Transfer (GIFT) procedures; Zygote Intrafallopian Transfer (ZIFT) procedures; Artificial Insemination (AI); embryo transport; surrogate parenting; donor semen and related costs including collection and preparation; and infertility treatment medication.

Autopsy or postmortem examination services, unless specifically requested by BCBSF or Monroe County School District.

Complementary or Alternative Medicine including, but not limited to, self-care or self-help training; homeopathic medicine and counseling; Ayurvedic medicine such as lifestyle modifications and purification therapies; traditional Oriental medicine including naturopathic medicine; environmental medicine including the field of clinical ecology; chelation

therapy; thermography; mind-body interactions such as meditation, imagery, yoga, dance, and art therapy; biofeedback; prayer and mental healing; manual healing methods such as the Alexander technique, aromatherapy, Ayurvedic massage, craniosacral balancing, Feldenkrais method, Hellerwork, polarity therapy, Reichian therapy, reflexology, rolfing, shiatsu, traditional Chinese massage, Trager therapy, trigger-point myotherapy, and biofield therapeutics; Reiki, SHEN therapy, and therapeutic touch; bioelectromagnetic applications in medicine; and herbal therapies.

Complications of Non-Covered Services, including the diagnosis or treatment of any Condition which is a complication of a non-covered Health Care Service (e.g., Health Care Services to treat a complication of cosmetic surgery are not covered).

Contraceptive medications, devices, appliances, or other Health Care Services when provided for contraception, except when indicated as covered, under the Preventive Health Services category of the "What Is Covered?" section.

Cosmetic Services, including any Service to improve the appearance or self-perception of an individual (except as covered under the Breast Reconstructive Surgery category), including and without limitation: cosmetic surgery and procedures or supplies to correct hair loss or skin wrinkling (e.g., Minoxidil, Rogaine, Retin-A), and hair implants/transplants.

Costs related to telephone consultations, failure to keep a scheduled appointment, or completion of any form and/or medical information.

Custodial Care and any service of a custodial nature, including and without limitation: Health Care Services primarily to assist in the activities of daily living; rest homes; home companions or

sitters; home parents; domestic maid services; respite care; and provision of services which are for the sole purposes of allowing a family member or caregiver of a Covered Person to return to work.

Dental Care or treatment of the teeth or their supporting structures or gums, or dental procedures, including but not limited to: extraction of teeth except as covered under the "Dental" Covered Services Category subsection,, restoration of teeth with or without fillings, crowns or other materials, bridges, cleaning of teeth, dental implants, dentures, periodontal or endodontic procedures, orthodontic treatment (e.g., braces), intraoral prosthetic devices, palatal expansion devices, bruxism appliances, and dental x-rays. This exclusion also applies to Phase II treatments (as defined by the American Dental Association) for TMJ dysfunction. This exclusion does not apply to an Accidental Dental Injury and the Child Cleft Lip and Cleft Palate Treatment Services category as described in the "What Is Covered?" section.

Drugs

1. Prescribed for uses other than the Food and Drug Administration (FDA) approved label indications. This exclusion does not apply to any drug that has been proven safe, effective and accepted for the treatment of the specific medical Condition for which the drug has been prescribed, as evidenced by the results of good quality controlled clinical studies published in at least two or more peer-reviewed full length articles in respected national professional medical journals. This exclusion also does not apply to any drug prescribed for the treatment of cancer that has been approved by the FDA for at least one indication, provided the drug is recognized for treatment of your particular cancer in a Standard Reference Compendium or recommended for treatment of your particular cancer in Medical

Literature. Drugs prescribed for the treatment of cancer that have not been approved for any indication are excluded.

2. All drugs dispensed to, or purchased by, you from a pharmacy. This exclusion does not apply to drugs dispensed to you when:
 - a. you are an inpatient in a Hospital, Ambulatory Surgical Center, Skilled Nursing Facility, Psychiatric Facility or a Hospice facility;
 - b. you are in the outpatient department of a Hospital;
 - c. dispensed to your Physician for administration to you in the Physician's office and prior coverage authorization has been obtained (if required); and
 - d. you are receiving Home Health Care according to a plan of treatment and the Home Health Care Agency bills us for such drugs, including Self-Administered Prescription Drugs that are rendered in connection with a nursing visit.
3. Any non-Prescription medicines, remedies, vaccines, biological products (except insulin), pharmaceuticals or chemical compounds, vitamins, mineral supplements, fluoride products, over-the-counter drugs, products, or health foods, except as described in the Preventive Health Services category of the "What Is Covered?" section.
4. Any drug which is indicated or used for sexual dysfunction (e.g., Cialis, Levitra, Viagra, Caverject). The exception described in exclusion number one above does not apply to sexual dysfunction drugs excluded under this paragraph.
5. Any Self-Administered Prescription Drug which is otherwise covered under a BCBSF Pharmacy Program Endorsement to this Contract except for a Self-Administered Prescription Drug indicated as covered in

the "What Is Covered?" section of this Benefit Booklet.

6. Blood or blood products used to treat hemophilia, except when provided to you for:
 - a. emergency stabilization;
 - b. during a covered inpatient stay; or
 - c. when proximately related to a surgical procedure.

The exceptions to the exclusion for drugs purchased or dispensed by a pharmacy described in subparagraph number two do not apply to hemophilia drugs excluded under this subparagraph.

7. Drugs, which require prior coverage authorization when prior coverage authorization is not obtained.
8. Specialty Drugs used to increase height or bone growth (e.g., growth hormone) except for Conditions of growth hormone deficiency documented with two abnormally low stimulation tests of less than 10 ng/ml and one abnormally low growth hormone dependent peptide or for Conditions of growth hormone deficiency associated with loss of pituitary function due to trauma, surgery, tumors, radiation or disease, or for state mandated use as in patients with AIDS.

Continuation of growth hormone therapy will not be covered except for Conditions associated with significant growth hormone deficiency when there is evidence of continued responsiveness to treatment. (See "What is Covered?" section for additional information.)

Experimental or Investigational Services, except as otherwise covered under the Bone Marrow Transplant provision of the Transplant Services category.

Food and Food Products prescribed or not, except as covered in the Enteral Formulas subsection of the "What Is Covered?" section.

Foot Care which is routine, including any Health Care Service, in the absence of disease. This exclusion includes, but is not limited to: non-surgical treatment of bunions; flat feet; fallen arches; chronic foot strain; trimming of toenails, corns, or calluses.

General Exclusions include, but are not limited to:

1. any Health Care Service received prior to your Effective Date or after the date your coverage terminates;
2. any Service to diagnose or treat any Condition resulting from or in connection with your job or employment;
3. any Health Care Services not within the service categories described in the "What is Covered?" section, any rider, or Endorsement attached hereto, unless such services are specifically required to be covered by applicable law;
4. any Health Care Services provided by a Physician or other health care Provider related to you by blood or marriage;
5. any Health Care Service which is not Medically Necessary as determined by BCBSF and defined in this Booklet. The ordering of a Service by a health care Provider does not in itself make such Service Medically Necessary or a Covered Service;
6. any Health Care Services rendered at no charge;
7. expenses for claims denied because we did not receive information requested from you regarding whether or not you have other coverage and the details of such coverage;

8. any Health Care Services to diagnose or treat a Condition which, directly or indirectly, resulted from or is in connection with:
 - a) war or an act of war, whether declared or not;
 - b) your participation in, or commission of, any act punishable by law as a misdemeanor or felony, or which constitutes riot, or rebellion;
 - c) your engaging in an illegal occupation;
 - d) Services received at military or government facilities; or
 - e) Services received to treat a Condition arising out of your service in the armed forces, reserves and/or National Guard;
 - f) Services that are not patient-specific, as determined solely by us.
9. Health Care Services rendered because they were ordered by a court, unless such Services are Covered Services under this Benefit Booklet; and
10. any Health Care Services rendered by or through a medical or dental department maintained by or on behalf of an employer, mutual association, labor union, trust, or similar person or group; or
11. Health Care Services that are not direct, hands-on, and patient specific, including, but not limited to the oversight of a medical laboratory to assure timeliness, reliability, and/or usefulness of test results, or the oversight of the calibration of laboratory machines, equipment, or laboratory technicians.

Genetic screening, including the evaluation of genes to determine if you are a carrier of an abnormal gene that puts you at risk for a Condition, except as provided under the Preventive Health Services category of the "What Is Covered?" section.

Hearing Aids (external or implantable) and Services related to the fitting or provision of hearing aids, including tinnitus maskers, batteries, and cost of repair.

Immunizations except those covered under the Preventive Health Services category of the "What Is Covered?" section.

Maternity Services rendered to a Covered Person who becomes pregnant as a Gestational Surrogate under the terms of, and in accordance with, a Gestational Surrogacy Contract or Arrangement. This exclusion applies to all expenses for prenatal, intra-partial, and post-partial Maternity/Obstetrical Care, and Health Care Services rendered to the Covered Person acting as a Gestational Surrogate.

For the definition of Gestational Surrogate and Gestational Surrogacy Contract see the Definitions section of this Benefit Booklet.

Oral Surgery except as provided under the "What Is Covered?" section.

Orthomolecular Therapy including nutrients, vitamins, and food supplements.

Oversight of a medical laboratory by a Physician or other health care Provider.

"Oversight" as used in this exclusion shall, include, but is not limited to, the oversight of:

1. the laboratory to assure timeliness, reliability, and/or usefulness of test results;
2. the calibration of laboratory machines or testing of laboratory equipment;
3. the preparation, review or updating of any protocol or procedure created or reviewed by a Physician or other health care Provider in connection with the operation of the laboratory; and
4. laboratory equipment or laboratory personnel for any reason.

Personal Comfort, Hygiene or Convenience Items and Services deemed to be not Medically

Necessary and not directly related to your treatment including, but not limited to:

1. beauty and barber services;
2. clothing including support hose;
3. radio and television;
4. guest meals and accommodations;
5. telephone charges;
6. take-home supplies;
7. travel expenses (other than Medically Necessary Ambulance Services);
8. motel/hotel accommodations;
9. air conditioners, furnaces, air filters, air or water purification systems, water softening systems, humidifiers, dehumidifiers, vacuum cleaners or any other similar equipment and devices used for environmental control or to enhance an environmental setting;
10. hot tubs, Jacuzzis, heated spas, pools, or memberships to health clubs;
11. heating pads, hot water bottles, or ice packs;
12. physical fitness equipment;
13. hand rails and grab bars; and
14. Massages except as covered in the "What Is Covered?" section of this Booklet.

Private Duty Nursing Care rendered at any location.

Rehabilitative Therapies provided on an inpatient or outpatient basis, except as provided in the Hospital, Skilled Nursing Facility, Home Health Care, and Outpatient Cardiac, Occupational, Physical, Speech, Massage Therapies and Spinal Manipulations categories of the "What Is Covered?" section. Rehabilitative Therapies provided for the purpose of maintaining rather than improving your Condition are also excluded.

Reversal of Voluntary, Surgically-Induced Sterility including the reversal of tubal ligations and vasectomies.

Sexual Reassignment, or Modification Services including, but not limited to, any Health

Care Services related to such treatment, such as psychiatric Services.

Smoking Cessation Programs including any service to eliminate or reduce the dependency on, or addiction to, tobacco, including but not limited to nicotine withdrawal programs and nicotine products (e.g., gum, transdermal patches, etc.).

Sports-Related devices and services used to affect performance primarily in sports-related activities; all expenses related to physical conditioning programs such as athletic training, bodybuilding, exercise, fitness, flexibility, and diversion or general motivation.

Training and Educational Programs, or materials, including, but not limited to programs or materials for pain management and vocational rehabilitation, except as provided under the Diabetes Outpatient Self Management category of the "What Is Covered?" section.

Travel or vacation expenses even if prescribed or ordered by a Provider.

Volunteer Services or Services which would normally be provided free of charge and any charges associated with Deductible, Coinsurance, or Copayment (if applicable) requirements which are waived by a health care Provider.

Weight Control Services including any Service to lose, gain, or maintain weight regardless of the reason for the Service or whether the Service is part of a treatment plan for a Condition. This exclusion includes, but is not limited to, weight control/loss programs; appetite suppressants and other medications; dietary regimens; food or food supplements; exercise programs; exercise or other equipment.

Wigs and/or cranial prosthesis.

Section 4: Medical Necessity

In order for Health Care Services to be covered under this Booklet, such Services must meet all of the requirements to be a Covered Service, including being Medically Necessary, as defined by this Benefit Booklet.

It is important to remember that any review of Medical Necessity we undertake is solely for the purposes of determining coverage, benefits, or payment under the terms of this Booklet and not for the purpose of recommending or providing medical care. In conducting a review of Medical Necessity, BCBSF may review specific medical facts or information pertaining to you. Any such review, however, is strictly for the purpose of determining whether a Health Care Service provided or proposed meets the definition of Medical Necessity in this Booklet. In applying the definition of Medical Necessity in this Booklet to a specific Health Care Service, coverage and payment guidelines then in effect may be applied by BCBSF.

All decisions that require or pertain to independent professional medical/clinical judgement or training, or the need for medical services, are solely your responsibility and that of your treating Physicians and health care Providers. You and your Physicians are responsible for deciding what medical care should be rendered or received and when that care should be provided. In making coverage decisions, BCBSF will not be deemed to participate in or override your decisions concerning your health or the medical decisions of your health care Providers.

Examples of hospitalization and other Health Care Services that are not Medically Necessary include, but are not limited to:

1. staying in the Hospital because arrangements for discharge have not been completed;
2. use of laboratory, x-ray, or other diagnostic testing that has no clear indication, or is not expected to alter your treatment;
3. staying in the Hospital because supervision in the home, or care in the home, is not available or is inconvenient; or being hospitalized for any Service which could have been provided adequately in an alternate setting (e.g., Hospital outpatient department or at home with Home Health Care Services); or
4. inpatient admissions to a Hospital, Skilled Nursing Facility, or any other facility for the purpose of Custodial Care, convalescent care, or any other Service primarily for the convenience of the patient or his or her family members or a Provider.

Note: Whether or not a Health Care Service is specifically listed as an exclusion, the fact that a Provider may prescribe, recommend, approve, or furnish a Health Care Service does not mean that the Service is Medically Necessary (as defined by this Benefit Booklet) or a Covered Service. Please refer to the “Definitions” section for the definitions of “Medically Necessary” or “Medical Necessity”.

Section 5: Understanding Your Share of Health Care Expenses

This section explains what your share of the health care expenses will be for Covered Services you receive. In addition to the information explained in this section, it is important that you refer to your Schedule of Benefits to determine your share of the cost with regard to Covered Services.

Deductible Requirement

Individual Deductible

This amount, when applicable, must be satisfied by you and each of your Covered Dependents each Benefit Period, before any payment will be made by the Group Health Plan. Only those charges indicated on claims received for Covered Services will be credited toward the individual Deductible and only up to the applicable Allowed Amount. Please see your Schedule of Benefits for more information.

Family Deductible

If your plan includes a family Deductible, after the family Deductible has been met by your family, neither you nor your Covered Dependents will have any additional Deductible responsibility for the remainder of that Benefit Period. The maximum amount that any one Covered Person in your family can contribute toward the family Deductible, if applicable, is the amount applied toward the individual Deductible. Please see your Schedule of Benefits for more information.

Copayment Requirements

Covered Services rendered by certain Providers or at certain locations or settings will be subject to a Copayment requirement. This is the dollar amount you have to pay when you receive these Services. Please refer to your Schedule of

Benefits for the specific Covered Services which are subject to a Copayment. Listed below is a brief description of some of the Copayment requirements that may apply to your plan. If the Allowed Amount or the Provider's actual charge for a Covered Service rendered is less than the Copayment amount, you must pay the lesser of the Allowed Amount or the Provider's actual charge for the Covered Service.

1. Office Services Copayment:

If your plan is a Copayment plan, the Copayment for Covered Services rendered in the office (when applicable) must be satisfied by you, for each office Service before any payment will be made. The office Services Copayment applies regardless of the reason for the office visit and applies to all Covered Services rendered in the office, with the exception of Durable Medical Equipment, Prosthetics, and Orthotics.

Generally, if more than one Covered Service that is subject to a Copayment is rendered during the same office visit, you will be responsible for a single Copayment which will not exceed the highest Copayment specified in the Schedule of Benefits for the particular Health Care Services rendered.

2. Inpatient Facility Copayment:

The inpatient facility Copayment must be satisfied by you, for each inpatient admission to a Hospital, Psychiatric Facility, or Substance Abuse Facility, before any payment will be made for any claim for inpatient Covered Services. The inpatient facility Copayment applies regardless of the reason for the admission, and applies to all inpatient admissions to a Hospital, Psychiatric Facility or Substance Abuse

Facility in or outside the state of Florida. Additionally, you will be responsible for out-of-pocket expenses for Covered Services provided by Physicians and other health care professionals for inpatient admissions.

Note: Inpatient facility Copayments vary depending on the facility chosen. (Please see the Schedule of Benefits for more information).

3. Outpatient Facility Copayment:

The outpatient facility Copayment must be satisfied by you, for each outpatient visit to a Hospital, Ambulatory Surgical Center, Independent Diagnostic Testing Facility, Psychiatric Facility or Substance Abuse Facility, before any payment will be made for any claim for outpatient Covered Services. The Outpatient Facility Copayment applies regardless of the reason for the visit, and applies to all outpatient visits to a Hospital, Psychiatric Facility or Substance Abuse Facility in or outside the state of Florida. Additionally, you will be responsible for out-of-pocket expenses for Covered Services provided by Physician and other healthcare professionals.

Note: Outpatient facility Copayments vary depending on the facility chosen. (Please see the Schedule of Benefits for more information).

4. Emergency Room Facility Copayment:

The emergency room facility Copayment applies regardless of the reason for the visit, is in addition to the applicable Coinsurance amount, and applies to emergency room facility Services in or outside the state of Florida. The emergency room facility Copayment must be satisfied by you for each visit. If you are admitted to the Hospital as an inpatient at the time of the emergency room visit, the emergency room facility Copayment will be waived, but you

will still be responsible for the inpatient facility Copayment.

Coinsurance Requirements

All applicable Deductible or Copayment amounts must be satisfied before any portion of the Allowed Amount will be paid for Covered Services. For Services that are subject to Coinsurance, the Coinsurance percentage of the applicable Allowed Amount you are responsible for is listed in the Schedule of Benefits.

Out-of-Pocket Maximums

Individual out-of-pocket maximum

Once you have reached the individual out-of-pocket maximum amount listed in the Schedule of Benefits, you will have no additional out-of-pocket responsibility for the remainder of that Benefit Period and we will pay 100 percent of the Allowed Amount for Covered Services rendered during the remainder of that Benefit Period.

Family out-of-pocket maximum

If your plan includes a family out-of-pocket maximum, once your family has reached the family out-of-pocket maximum amount listed in the Schedule of Benefits, neither you nor your covered family members will have any additional out-of-pocket responsibility for the remainder of that Benefit Period and we will pay 100 percent of the Allowed Amount for Covered Services rendered during the remainder of that Benefit Period. The maximum amount any one Covered Person in your family can contribute toward the family out-of-pocket maximum, if applicable, is the amount applied toward the individual out-of-pocket maximum. Please see your Schedule of Benefits for more information.

Note: The Deductible, any applicable Copayments and Coinsurance amounts will accumulate toward the out-of-pocket maximums. Any benefit penalty reductions, non-covered charges or any charges in excess of the Allowed

Amount will not accumulate toward the out-of-pocket maximums. If the Group has purchased Prescription Drug coverage, any applicable Cost Share under the Prescription Drug coverage, will not apply to the Deductible under this Booklet.

Prior Coverage Credit

You will be given credit for the satisfaction or partial satisfaction of any Deductible and Coinsurance maximums met by you under a prior group insurance, blanket insurance, or franchise insurance or group Health Maintenance Organization (HMO) policy or plan maintained by Monroe County School District if the coverage provided hereunder replaces such a policy or plan. This provision only applies if the prior group insurance, blanket insurance, franchise insurance, HMO or plan coverage was in effect immediately preceding the Effective Date of the coverage provided under this Benefit Booklet. This provision is only applicable for you during the initial Benefit Period of coverage under this Benefit Booklet and the following rules apply:

1. **Prior Coverage Credit for Deductible:**

For the initial Benefit Period of coverage under this Benefit Booklet only, charges credited towards your Deductible requirement under the prior policy or plan, for Services rendered during the 90-day period immediately preceding the Effective Date of the coverage under this Benefit Booklet, will be credited to the Deductible requirement under this Booklet.

2. **Prior Coverage Credit for Coinsurance:**

Charges credited by Monroe County School District's prior policy or plan, towards your Coinsurance Maximum, for Services rendered during the 90-day period immediately preceding the Effective Date of coverage under this Benefit Booklet, will be credited to your out-of-pocket maximum under this Booklet.

3. Prior coverage credit towards the Deductible or out-of-pocket maximums will only be given for Health Care Services which would have been Covered Services under this Booklet.
4. Prior coverage credit under this Booklet only applies at the initial enrollment of the entire Group. You and/or Monroe County School District are responsible for providing BCBSF with any information necessary for BCBSF to apply this prior coverage credit.

Benefit Maximum Carryover

If immediately before the Effective Date of the coverage under this Benefit Booklet, you were covered under a prior Monroe County School District group plan insured or administered by BCBSF, amounts applied to your benefit maximums under the prior group plan, will be applied toward your benefit under this Booklet.

Additional Expenses You Must Pay

In addition to your share of the expenses described above, you are also responsible for:

1. any applicable Copayments;
2. expenses incurred for non-covered Services;
3. charges in excess of any maximum benefit limitation listed in the Schedule of Benefits (e.g., the Benefit Period maximums);
4. charges in excess of the Allowed Amount for Covered Services rendered by Providers who have not agreed to accept the Allowed Amount as payment in full;
5. any benefit reductions;
6. payment of expenses for claims denied because we did not receive information requested from you regarding whether or not you have other coverage and the details of such coverage; and

7. charges for Health Care Services which are excluded.

Additionally, you are responsible for any contribution amount required by Monroe County School District.

How Benefit Maximums Will Be Credited

Only amounts actually paid for Covered Services will be credited towards any applicable benefit maximums. The amounts paid which are credited towards your benefit maximums will be based on the Allowed Amount for the Covered Services provided.

Section 6: Physicians, Hospitals and Other Provider Options

Introduction

It is important for you to understand how the Provider you select and the setting in which you receive Health Care Services affects how much you are responsible for paying under this Booklet. This section, along with the Schedule of Benefits, describes the health care Provider options available to you and the payment rules for Services you receive.

As used throughout this section “out-of-pocket expenses” or “out-of-pocket” refers to the amounts you are required to pay including any applicable Copayments, the Deductible and/or Coinsurance amounts for Covered Services.

You are entitled to preferred provider type benefits when you receive Covered Services from In-Network Providers. You are entitled to traditional program type benefits at the point of service when you receive Covered Services from Traditional Program Providers or BlueCard (Out-of-State) Traditional Program Providers, in conformity with Section 7: BlueCard (Out-of-State) Program.

Provider Participation Status

With BlueOptions, you may choose to receive Services from any Provider. However, you may be able to lower the amount you have to pay for Covered Services by receiving care from an In-Network Provider. Although you have the option to select any Provider you choose, you are encouraged to select and develop a relationship with an In-Network Family Physician. There are several advantages to selecting a Family Physician. Family Physicians are trained to provide a broad range of medical care and can be a valuable resource to coordinate your overall healthcare needs. Developing and

continuing a relationship with a Family Physician allows the physician to become knowledgeable about you and your family’s health history. A Family Physician can help you determine when you need to visit a specialist and also help you find one based on their knowledge of you and your specific healthcare needs. Types of Family Physicians are Family Practitioners, General Practitioners, Internal Medicine doctors and Pediatricians. Additionally, care rendered by Family Physicians usually results in lower out-of-pocket expenses for you. Whether you select a Family Physician or another type of Physician to render Health Care Services, please remember that using In-Network Providers may result in lower out-of-pocket expenses for you. You should always determine whether a Provider is In-Network or Out-of-Network prior to receiving Services to determine the amount you are responsible for paying out-of-pocket.

Location of Service

In addition to the participation status of the Provider, the location or setting where you receive Services can affect the amount you pay. For example, the amount you are responsible for paying out-of-pocket will vary whether you receive Services in a Hospital, a Provider’s office, or an Ambulatory Surgical Center. Please refer to your Schedule of Benefits for specific information regarding your out-of-pocket expenses for such situations. After you and your Physician have determined the plan of treatment most appropriate for your care, you should refer to the “What Is Covered?” section and your Schedule of Benefits to find out if the specific Health Care Services are covered and how much you will have to pay. You should also consult with your Physician to determine the most appropriate setting based on your health care and financial needs.

To verify if a Provider is In-Network for your plan you can:

1. If in Florida, review your current BlueOptions Provider Directory;
2. If in Florida, access the BlueOptions Provider directory at BCBSF's web-site at www.FloridaBlue.com; and/or
3. If outside of Florida, access the on-line BlueCard Doctor and Hospital Finder at www.FloridaBlue.com; and/or
4. Call the customer service phone number in this Booklet or on your Identification Card.

Please remember that changes to Provider network participation can occur at any time. Consequently, it is your responsibility to determine whether a specific Provider is In-Network at the time you receive Covered Services.

In-Network Providers

When you use In-Network Providers, your out-of-pocket expenses for Covered Services may be lower. Payment will be based on the Allowed Amount and your share of the cost will be at the In-Network benefit level listed in the Schedule of Benefits.

Out-of-Network Providers

When you use Out-of-Network Providers your out-of-pocket expenses for Covered Services will be higher. We will base our payment on the Allowed Amount at the Coinsurance percentage listed in the Schedule of Benefits. Further, if the Out-of-Network Provider is a Traditional Program Provider or a BlueCard (Out-of-State) Traditional Program Provider, our payment to such Provider may be under the terms of that Provider's contract. If your Schedule of Benefits and BlueOptions Provider directory do not include a Provider as In-Network under your

benefit plan, the Provider is considered Out-of-Network.

	In-Network	Out-of-Network
What expenses are you responsible for paying?	<ul style="list-style-type: none"> Any applicable Copayments, Deductible(s) and/or Coinsurance requirements; Expenses for Services which are not covered; Expenses for Services in excess of any benefit maximum limitations; Expenses for claims denied because we did not receive information requested from you regarding whether or not you have other coverage and the details of such coverage; and Expenses for Services which are excluded. 	
Who is responsible for filing your claims?	<ul style="list-style-type: none"> The Provider will file the claim for you and payment will be made directly to the Provider. 	<ul style="list-style-type: none"> You are responsible for filing the claim and payment will be made directly to the Covered Plan Participant. If you receive Services from a Provider who participates in our Traditional Program or is a BlueCard (Out-of-State) Traditional Program Provider, the Provider will file the claim for you. In those instances payment will be made directly to the Provider.
Can you be billed the difference between what the Provider is paid and the Provider's charge?	<ul style="list-style-type: none"> NO. You are protected from being billed for the difference in the Allowed Amount and the Provider's charge when you use In-Network Providers. The Provider will accept the Allowed Amount as payment in full for Covered Services except as otherwise permitted under the terms of the Provider's contract and this Booklet. 	<ul style="list-style-type: none"> YES. You are responsible for paying the difference between what we pay and the Provider's charge. However, if you receive Services from a Provider who participates in our Traditional Program, the Provider will accept our Allowed Amount as payment in full for Covered Services since such Traditional Program Providers have agreed not to bill you for the difference. Further, under the BlueCard (Out-of-State) Program, when you receive Covered Services from a BlueCard (Out-of-State) Traditional Program Provider, you may be responsible for paying the difference between what the Host Blue pays and the Provider's billed charge.

Note: You are solely responsible for selecting a Provider when obtaining Health Care Services and for verifying whether that Provider is In-Network or Out-of-Network. You are also responsible for determining the corresponding payment options, if any, at the time the Health Care Services are rendered.

Physicians

When you receive Covered Services from a Physician you will be responsible for a Copayment and/or the Deductible and the applicable Coinsurance. Several factors will determine your out-of-pocket expenses including your Schedule of Benefits, whether the Physician is In-Network or Out-of-Network, the location of service, the type of Service rendered, and the Physician's specialty.

Remember that the location or setting where a Service is rendered can affect the amount you are responsible for paying out-of-pocket. After you and your Physician have determined the plan of treatment most appropriate for your care, you should refer to the Schedule of Benefits and consult with your Physician to determine the most appropriate setting based on your health care and financial needs.

Refer to your Schedule of Benefits to determine the applicable Copayments, Coinsurance percentage and/or Deductible amount you are responsible for paying for Physician Services.

Hospitals

Each time you receive inpatient or outpatient Covered Services at a Hospital, in addition to any out-of-pocket expenses related to Physician Services, you will be responsible for out-of-pocket expenses related to Hospital Services.

In-Network Hospitals have been divided into two groups that are referred to as "options" on the Schedule of Benefits. The amount you are responsible for paying out-of-pocket is different for each of these options. Remember that there are also different out-of-pocket expenses for Out-of-Network Hospitals.

Since not all Physicians admit patients to every Hospital, it is important when choosing a Physician that you determine the Hospitals where your Physician has admitting privileges. You can find out what Hospitals your Physician

admits to by contacting the Physician's office. This will provide you with information that will help you determine a portion of what your out-of-pocket costs may be in the event you are hospitalized.

Refer to your Schedule of Benefits to determine the applicable out-of-pocket expenses you are responsible for paying for Hospital Services.

Specialty Pharmacy

Certain medications, such as injectable, oral, inhaled and infused therapies used to treat complex medical Conditions are typically more difficult to maintain, administer and monitor when compared to traditional Drugs. Specialty Drugs may require frequent dosage adjustments, special storage and handling and may not be readily available at local pharmacies or routinely stocked by Physicians' offices, mostly due to the high cost and complex handling they require.

Using the Specialty Pharmacy to provide these Specialty Drugs should lower the amount you have to pay for these medications, while helping to preserve your benefits.

Other Providers

With BlueOptions you have access to other Providers in addition to the ones previously described in this section. Other Providers include facilities that provide alternative outpatient settings or other persons and entities that specialize in a specific Service(s). While these Providers may be recognized for payment, they may not be included as In-Network Providers for your plan. Additionally, all of the Services that are within the scope of certain Providers' licenses may not be Covered Services under this Booklet. Please refer to the "What Is Covered?" and "What Is Not Covered?" sections of this Booklet and your Schedule of Benefits to determine your out-of-pocket

expenses for Covered Services rendered by these Providers.

You may be able to receive certain outpatient Services at a location other than a Hospital. The amount you are responsible for paying for Services rendered at some alternative facilities is generally less than if you had received those same Services at a Hospital.

Remember that the location of service can impact the amount you are responsible for paying out-of-pocket. After you and your Physician have determined the plan of treatment most appropriate for your care, you should refer to the Schedule of Benefits and consult with your Physician to determine the most appropriate setting based on your health care and financial needs. When Services are rendered at an outpatient facility other than a Hospital there may be an out-of-pocket expense for the facility Provider as well as an out-of-pocket expense for other types of Providers.

Assignment of Benefits to Providers

Except as set forth in the last paragraph of this section, any of the following assignments, or attempted assignments, by you to any Provider will not be honored:

- an assignment of the benefits due to you for Covered Services under this Benefit Booklet;
- an assignment of your right to receive payments for Covered Services under this Benefit Booklet; or
- an assignment of a claim for damage resulting from a breach, or an alleged breach of the terms of this Benefit Booklet.

We specifically reserve the right to honor an assignment of benefits or payment by you to a Provider who: 1) is In-Network under your plan of coverage; 2) is a NetworkBlue Provider even if that Provider is not in the panel for your plan of coverage; 3) is a Traditional Program Provider;

4) is a BlueCard (Out-of-State) PPO Program Provider; 5) is a BlueCard (Out-of-State) Traditional Program Provider; 6) is a licensed Hospital, Physician, or dentist and the benefits which have been assigned are for care provided pursuant to section 395.1041, *Florida Statutes*; or 7) is an Ambulance Provider that provides transportation for Services from the location where an "emergency medical condition", defined in section 395.002(8) *Florida Statutes*, first occurred to a Hospital, and the benefits which have been assigned are for transportation to care provided pursuant to section 395.1041, *Florida Statutes*. A written attestation of the assignment of benefits may be required.

Section 7: BlueCard® (Out-of-State) Program

Out-of-Area Services

We have a variety of relationships with other Blue Cross and/or Blue Shield Licensees referred to generally as “Inter-Plan Programs”. Whenever you obtain Health Care Services outside of our service area, the claims for these Services may be processed through one of these Inter-Plan Programs, which include the BlueCard Program and may include negotiated National Account arrangements available between us and other Blue Cross and Blue Shield Licensees.

Typically, when accessing care outside our service area, you will obtain care from health care Providers that have a contractual agreement (i.e., are “participating providers”) with the local Blue Cross and/or Blue Shield Licensee in that other geographic area (“Host Blue”). In some instances, you may obtain care from non-participating health care Providers. Our payment practices in both instances are described below.

BlueCard Program

Under the BlueCard Program, when you access Covered Services within the geographic area served by a Host Blue, we will remain responsible for fulfilling our contractual obligations. However, the Host Blue is responsible for contracting with and generally handling all interactions with its participating health care Providers.

Whenever you access Covered Services outside our service area and the claim is processed through the BlueCard Program, the amount you pay for Covered Services is calculated based on the lower of:

- The billed covered charges for your Covered Services; or

- The negotiated price that the Host Blue makes available to us.

Often, this “negotiated price” will be a simple discount that reflects an actual price that the Host Blue pays to your health care Provider.

Sometimes, it is an estimated price that takes into account special arrangements with your health care Provider or Provider group that may include types of settlements, incentive payments, and/or other credits or charges. Occasionally, it may be an average price, based on a discount that results in expected average savings for similar types of health care Providers after taking into account the same types of transactions as with an estimated price.

Estimated pricing and average pricing, going forward, also take into account adjustments to correct for over- or underestimation of modifications of past pricing for the types of transaction modifications noted above. However, such adjustments will not affect the price we use for your claim because they will not be applied retroactively to claims already paid.

Laws in a small number of states may require the Host Blue to add a surcharge to your calculation. If any state laws mandate other liability calculation methods, including a surcharge, we would then calculate your liability for any Covered Services according to applicable law.

Out-of-Network Providers Outside Our Service Area

Your Liability Calculation

When Covered Services are provided outside of our service area by non-participating health care Providers, the payment will be based on the Allowed Amount as defined in the Benefit Booklet.

Section 8: Blueprint for Health Programs

Introduction

BCBSF has established (and from time to time establishes) various customer-focused health education and information programs as well as benefit utilization management and utilization review programs. Under the terms of the ASO Agreement between BCBSF and Monroe County School District, BCBSF has agreed to make these programs available to you. These programs, collectively called the Blueprint for Health Programs, are designed to 1) provide you with information that will help you make more informed decisions about your health, 2) help facilitate the management and review of coverage and benefits provided under this Booklet and 3) present opportunities, as explained below, to mutually agree upon alternative benefits or payment alternatives for cost-effective medically appropriate Health Care Services. **Some BluePrint For Health Programs may not be available outside the state of Florida.**

Admission Notification

The admission notification requirements vary depending on whether you are admitted to a Hospital, Psychiatric Facility, Substance Abuse Facility or Skilled Nursing Facility which is In-Network or Out-of-Network.

In-Network

Under the admission notification requirement, we must be notified of all inpatient admissions (i.e., elective, planned, urgent or emergency) to In-Network Hospitals, Psychiatric Facilities, Substance Abuse Facilities or Skilled Nursing Facilities. While it is the sole responsibility of the In-Network Provider located in Florida to comply with our admission notification requirements, you should ask the Hospital,

Psychiatric Facility, Substance Abuse Facility or Skilled Nursing Facility (as applicable) if we have been notified of your admission. For an admission outside of Florida, you or the Hospital, Psychiatric Facility, Substance Abuse Facility or Skilled Nursing Facility (as applicable) should notify us of the admission. Making sure that we are notified of your admission will enable us to provide you information about the Blueprint for Health Programs available to you. You or the Hospital, Psychiatric Facility, Substance Abuse Facility or Skilled Nursing Facility (as applicable) may notify us of your admission by calling the toll free customer service number on your ID card.

Out-of-Network

For admissions to an Out-of-Network Hospital, Psychiatric Facility, Substance Abuse Facility or Skilled Nursing Facility, you or the Hospital, Psychiatric Facility, Substance Abuse Facility or Skilled Nursing Facility must notify BCBSF of the admission. Notifying BCBSF of your admission will enable BCBSF to provide you information about the Blueprint for Health Programs available to you. You or the Hospital may notify BCBSF of your admission by calling the toll-free customer service number on your ID card.

Inpatient Facility Program

Under the inpatient facility program, we may review Hospital stays, Hospice, Inpatient Rehabilitation, LTAC and Skilled Nursing Facility (SNF) Services, and other Health Care Services rendered during the course of an inpatient stay or treatment program. We may conduct this review while you are inpatient, after your discharge, or as part of a review of an episode of care when you are transferred from one level of inpatient care to another for ongoing

treatment. The review is conducted solely to determine whether we should provide coverage and/or payment for a particular admission or Health Care Services rendered during that admission. Using our established criteria then in effect, a concurrent review of the inpatient stay may occur at regular intervals, including in advance of a transfer from one inpatient facility to another. We will provide notification to your Physician when inpatient coverage criteria are no longer met. In administering the inpatient facility program, we may review specific medical facts or information and assess, among other things, the appropriateness of the Services being rendered, health care setting and/or the level of care of an inpatient admission or other health care treatment program. Any such reviews by us, and any reviews or assessments of specific medical facts or information which we conduct, are solely for purposes of making coverage or payment decisions under this Benefit Booklet and not for the purpose of recommending or providing medical care.

Provider Focused Utilization Management Program

Certain NetworkBlue Providers have agreed to participate in our focused utilization management program. This pre-service review program is intended to promote the efficient delivery of medically appropriate Health Care Services by NetworkBlue Providers. Under this program we may perform focused prospective reviews of all or specific Health Care Services proposed for you. In order to perform the review, we may require the Provider to submit to us specific medical information relating to Health Care Services proposed for you. These NetworkBlue Providers have agreed not to bill, or collect, any payment whatsoever from you or us, or any other person or entity, with respect to a specific Health Care Service if:

1. they fail to submit the Health Care Service for a focused prospective review when

required under the terms of their agreement with us; or

2. we perform a focused review under the focused utilization management program and we determine that a Health Care Service is not Medically Necessary in accordance with our Medical Necessity criteria or inconsistent with our benefit guidelines then in effect unless the following exception applies.

Exception for Certain NetworkBlue Physicians

Certain NetworkBlue Physicians licensed as Doctors of Medicine (M.D.) or Doctors of Osteopathy (D.O.) only may bill you for Services determined to be not Medically Necessary by BCBSF under this focused utilization management program if, **before** you receive the Service:

- a. they give you a written estimate of your financial obligation for the Service;
- b. they specifically identify the proposed Service that BCBSF has determined not to be Medically Necessary; and
- c. you agree to assume financial responsibility for such Service.

Prior Coverage Authorization/Pre-Service Notification Programs

It is important for you to understand our prior coverage authorization programs and how the Provider you select and the type of Service you receive affects these requirements and ultimately how much you are responsible for paying under this Benefit Booklet.

You or your Provider will be required to obtain prior coverage authorization from us for:

1. certain **Prescription Drugs** denoted with a special symbol in the Medication Guide as requiring prior authorization;

2. **advanced diagnostic imaging Services**, such as CT scans, MRIs, MRA and nuclear imaging;
3. **Autism Spectrum Disorder; Mental Health; and Substance Dependency Services**; and
4. **other Health Care Services** that are or may become subject to a prior coverage authorization program or a pre-service notification program as defined and administered by us.

Prior coverage authorization requirements vary, depending on whether Services are rendered by an In-Network Provider or an Out-of-Network Provider, as described below:

In-Network Providers

It is the In-Network Provider's sole responsibility to comply with our prior coverage authorization requirements, and therefore you will not be responsible for any benefit reductions if prior coverage authorization is not obtained before Medically Necessary Services are rendered.

Once we have received the necessary medical documentation from the Provider, we will review the information and make a prior coverage authorization decision, based on our established criteria then in effect. The Provider will be notified of the prior coverage authorization decision.

Out-of-Network Providers

1. In the case of **Prescription Drugs** denoted with a special symbol in the Medication Guide as requiring prior authorization, it is your sole responsibility to comply with our prior coverage authorization requirements when you use an Out-of-Network Provider **before** the Prescription Drug is purchased or administered. **Your failure to obtain prior coverage authorization will result in denial of coverage for such Prescription Drug, including any Service related to the Prescription Drug or its administration.**

For additional details on how to obtain prior coverage authorization, and for a list of Prescription Drugs that require prior coverage authorization, please refer to the Medication Guide.

2. In the case of **advanced diagnostic imaging Services** such as CT scans, MRIs, MRA and nuclear imaging, it is your sole responsibility to comply with our prior coverage authorization requirements when rendered or referred by an Out-of-Network Provider **before** the advanced diagnostic imaging Services are provided. **Your failure to obtain prior coverage authorization will result in denial of coverage for such Services.**

For additional details on how to obtain prior coverage authorization for advanced diagnostic imaging Services, please call the customer service phone number on the back of your ID Card.

3. In the case of **Autism Spectrum Disorder, Mental Health, and Substance Dependency Services** under a prior coverage authorization or pre-service notification program, it is your sole responsibility to comply with our prior coverage authorization or pre-service notification requirements when rendered or referred by an Out-of-Network Provider, **before** the Services are provided. **Failure to obtain prior coverage authorization will result in denial of coverage for such Services.**
4. In the case of **other Health Care Services** under a prior coverage authorization or pre-service notification program, it is your sole responsibility to comply with our prior coverage authorization or pre-service notification requirements when rendered or referred by an Out-of-Network Provider, **before** the Services are provided. **Failure to obtain prior coverage authorization or**

provide pre-service notification may result in denial of the claim or application of a financial penalty assessed at the time the claim is presented for payment to us. The penalty applied will be the lesser of \$500 or 20% of the total Allowed Amount of the claim. The decision to apply a penalty or deny the claim will be made uniformly and will be identified in the notice describing the prior coverage authorization and pre-service notification programs.

Once the necessary medical documentation has been received from you and/or the Out-of-Network Provider, BCBSF or a designated vendor, will review the information and make a prior coverage authorization decision, based on our established criteria then in effect. You will be notified of the prior coverage authorization decision.

BCBSF will provide you information for any Out-of-Network Health Care Service subject to a prior coverage authorization or pre-service notification program, including how you can obtain prior coverage authorization and/or provide the pre-service notification for such Service not already listed here. This information will be provided to you upon enrollment, or at least 30 days prior to such Out-of-Network Services becoming subject to a prior coverage authorization or pre-service notification program.

See the "Claims Processing" section for information on what you can do if prior coverage authorization is denied.

Note: Prior coverage authorization is not required when Covered Services are provided for the treatment of an Emergency Medical Condition.

Member Focused Programs

The Blueprint for Health Programs may include voluntary programs for certain members. These programs may address health promotion,

prevention and early detection of disease, chronic illness management programs, case management programs and other member focused programs.

Personal Case Management Program

The personal case management program focuses on members who suffer from a catastrophic illness or injury. In the event you have a catastrophic or chronic Condition, we may, in BCBSF's sole discretion, assign a Personal Case Manager to you to help coordinate coverage, benefits, or payment for Health Care Services you receive. Your participation in this program is completely voluntary.

Under the personal case management program, you may be offered alternative benefits or payment for cost-effective Health Care Services. These alternative benefits or payments may be made available on a case-by-case basis when you meet BCBSF's case management criteria then in effect. Such alternative benefits or payments, if any, will be made available in accordance with a treatment plan with which you, or your representative, and your Physician agree to in writing.

The fact that certain Health Care Services under the personal case management program have been provided or payment has been made in no way obligates BCBSF or the Group Health Plan to continue to provide or pay for the same or similar Services. The terms of this Booklet will continue to apply, except as specifically modified in writing in accordance with the personal case management program rules then in effect.

Health Information, Promotion, Prevention and Illness Management Programs

These Blueprint for Health Programs may include health information that supports health care education and choices for healthcare issues. These programs focus on keeping you well, help to identify early preventive measures of treatment and help covered individuals with

chronic problems to enjoy lives that are as productive and healthy as possible. These programs may include prenatal educational programs and illness management programs for Conditions such as diabetes, cancer and heart disease. These programs are voluntary and are designed to enhance your ability to make informed choices and decisions for your unique health care needs. You may call the toll free customer service number on your ID card for more information. Your participation in this program is completely voluntary.

IMPORTANT INFORMATION RELATING TO BCBSF'S BLUEPRINT FOR HEALTH PROGRAMS

All decisions that require or pertain to independent professional medical/clinical judgment or training, or the need for medical services, are solely your responsibility and the responsibility of your Physicians and other health care Providers. You and your Physicians are responsible for deciding what medical care should be rendered or received, and when and how that care should be provided. In fulfilling this responsibility, neither BCBSF nor Monroe County School District will be deemed to participate in or override the medical decisions of your health care Provider.

Please note that the Hospital admission notification requirement and any Blueprint For Health Program may be discontinued or modified at any time without notice to you or your consent.

Section 9: Eligibility for Coverage

Each employee or other individual who is eligible to participate in the Group Health Plan, and who meets and continues to meet the eligibility requirements described in this Booklet, shall be entitled to apply for coverage under this Booklet. These eligibility requirements are binding upon you and/or your eligible family members. No changes in the eligibility requirements will be permitted except as permitted by Monroe County School District. Acceptable documentation may be required as proof that an individual meets and continues to meet the eligibility requirements such as a court order naming the Eligible Employee as the legal guardian or appropriate adoption documentation described in the "Enrollment and Effective Date of Coverage" section.

Eligibility Requirements for Covered Plan Participants

In order to be eligible to enroll as a Covered Plan Participant, an individual must be an Eligible Employee. An Eligible Employee must meet each of the following requirements:

1. The employee must be a bona fide employee of Monroe County School District;
2. The employee's job must fall within a job classification identified by Monroe County School District;
3. The employee must have completed any applicable Waiting Period determined by Monroe County School District; and
4. The employee must meet any additional eligibility requirement(s) required by Monroe County School District.

Monroe County School District's coverage eligibility classifications may be expanded to include:

1. retired employees;
2. additional job classifications;
3. employees of affiliated or subsidiary companies of Monroe County School District; and
4. other individuals as determined by Monroe County School District.

Monroe County School District shall have sole discretion concerning the expansion of eligibility classifications.

Employees and qualified dependents are eligible for coverage on the first of the month following 15 days of employment.

Eligibility Requirements for Dependent(s)

An individual who meets the eligibility criteria specified below is an Eligible Dependent and is eligible to apply for coverage under this Booklet:

1. The Covered Plan Participant's spouse under a legally valid existing marriage.
2. The Covered Plan Participant's natural, newborn, adopted, Foster, or step child(ren) (or a child for whom the Covered Plan Participant has been court-appointed as legal guardian or legal custodian, or a child that has been placed for adoption)) who has not reached the end of the Calendar Year in which he or she reaches age 26 (or in the case of a Foster Child, is no longer eligible under the Foster Child Program), regardless of the dependent child's student or marital status, financial dependency on the Covered Plan Participant, whether the dependent child resides with the Covered Plan Participant, or whether the dependent child is eligible for or enrolled in any other group health plan.

3. The newborn child of a Covered Dependent child who has not reached the end of the Calendar Year in which he or she becomes 26. Coverage for such newborn child will automatically terminate 18 months after the birth of the newborn child.

Note: If a Covered Dependent child who has reached the end of the Calendar Year in which he or she becomes 26 obtains a dependent of their own (e.g., through birth or adoption) such newborn child will not be eligible for this coverage and the Covered Dependent child will also lose his or her eligibility for this coverage. It is the Covered Plan Participant's sole responsibility to establish that a child meets the applicable requirements for eligibility.

This eligibility shall terminate on the last day of the Calendar Year in which the dependent child reaches age 26.

Extension of Eligibility for Dependent Children

A Covered Dependent child may continue coverage beyond the end of the Calendar Year in which he or she reaches age 26, provided he or she is:

1. unmarried and does not have a dependent;
2. a Florida resident or a full-time or part-time student;
3. not enrolled in any other health coverage policy or group health plan; and
4. not entitled to benefits under Title XVIII of the Social Security Act unless the child is a handicapped dependent child.

This eligibility shall terminate on the last day of the Calendar Year in which the dependent child reaches age 30.

Handicapped Children

In the case of a handicapped dependent child, such child is eligible to continue coverage as a

Covered Dependent, beyond the age of 26, if the child is:

1. otherwise eligible for coverage under the Group Health Plan;
2. incapable of self-sustaining employment by reason of mental retardation or physical handicap; and
3. chiefly dependent upon the Covered Plan Participant for support and maintenance provided that the symptoms or causes of the child's handicap existed prior to the child's 26th birthday.

This eligibility shall terminate on the last day of the month in which the dependent child no longer meets the requirements for extended eligibility as a handicapped child.

Note: In order to continue coverage between the ages 26-30, additional contribution is required, as set forth by Monroe County School District.

Exception for Students on Medical Leave of Absence from School

A Covered Dependent child who is a full-time or part-time student at an accredited post-secondary institution, who takes a physician certified medically necessary leave of absence from school, will still be considered a student for eligibility purposes under this Booklet for the earlier of 12 months from the first day of the leave of absence or the date the Covered Dependent would otherwise no longer be eligible for coverage under this Booklet.

Section 10: Enrollment and Effective Date of Coverage

Eligible Employees and Eligible Dependents may enroll for coverage according to the provisions below.

Any Eligible Employee or Eligible Dependent who is not properly enrolled will not be covered under this Benefit Booklet. Neither BCBSF nor Monroe County School District will have any obligation whatsoever to any individual who is not properly enrolled.

Any Employee or Eligible Dependent who is eligible for coverage under this Booklet may apply for coverage according to the provisions set forth below.

Enrollment Forms/Electing Coverage

To apply for coverage, you as the Eligible Employee must:

1. complete and submit, through Monroe County School District, the Enrollment Form;
2. provide any additional information needed to determine eligibility, at the request of BCBSF or Monroe County School District;
3. pay any required contribution; and
4. complete and submit, through Monroe County School District, an Enrollment Form to add Eligible Dependents.

When making application for coverage, you must elect one of the types of coverage available under Monroe County School District's program. Such types may include:

Employee Only Coverage - This type of coverage provides coverage for the Employee only.

Employee/Spouse Coverage - This type of coverage provides coverage for the Employee and the employee's spouse under a legally valid existing marriage.

Employee/Child(ren) Coverage - This type of coverage provides coverage for the Employee and the employee's covered child(ren) only.

Employee/Family Coverage - This type of coverage provides coverage for the Employee and the employee's Covered Dependents.

There may be additional contribution amounts for each Covered Dependent based on the coverage selected by Monroe County School District.

Enrollment Periods

The enrollment periods for applying for coverage are as follows:

Initial Enrollment Period is the period of time during which an Eligible Employee or Eligible Dependent is first eligible to enroll. It starts on the Eligible Employee's or Eligible Dependent's initial date of eligibility and ends no less than 30 days later.

Annual Open Enrollment Period is the period of time during which each Eligible Employee is given an opportunity to select coverage from among the alternatives included in Monroe County School District's health benefit program. The period is established by Monroe County School District, occurs annually, and will take place when specified by Monroe County School District.

Special Enrollment Period is the 30-day period of time immediately following a special circumstance during which an Eligible Employee or Eligible Dependent may apply for coverage. Special circumstances are described in the Special Enrollment Period subsection.

Employee Enrollment

An Eligible Employee who fails to enroll during the Initial Enrollment Period will not be covered and may only enroll under this Benefit Booklet during the next Annual Open Enrollment Period established by Monroe County School District, or in the case of a Special Enrollment event, during the Special Enrollment Period. The Effective Date will be the date specified by Monroe County School District.

Dependent Enrollment

An individual may be added upon becoming an Eligible Dependent of a Covered Plan Participant. Below are special rules for certain Eligible Dependents.

Newborn Child – To enroll a newborn child who is an Eligible Dependent, the Covered Plan Participant must submit an Enrollment Form to BCBSF through Monroe County School District during the 30-day period immediately following the date of birth. The Effective Date of coverage for a newborn child will be the date of birth.

If timely notice is given, no additional contribution will be charged for coverage of the newborn child for not less than 30 days after the birth of the child. If timely notice is not received, the applicable contribution will be charged from the date of birth. The applicable contribution for the child will be charged after the initial 30-day period in either case. Coverage will not be denied for a newborn child if the Covered Plan Participant provides notice to Monroe County School District and an Enrollment Form is received within the 60-day period of the birth of the child and any applicable contribution is paid back to the date of birth.

If the newborn is not enrolled within sixty days of the date of birth, the newborn child will not be covered, and may only be enrolled under this Benefit Booklet during an Annual Open Enrollment Period, or in the case of a Special

Enrollment event, during the Special Enrollment Period.

Note: For a Covered Dependent child who has reached the end of the Calendar Year in which he or she becomes 26 and the Covered Dependent child obtains a dependent of their own (e.g., through birth or adoption), such newborn child will not be eligible for this coverage and cannot enroll. Further, such Covered Dependent child will also lose his or her eligibility for this coverage.

Adopted Newborn Child – To enroll an adopted newborn child, the Covered Plan Participant must submit an Enrollment Form through Monroe County School District to BCBSF during the 30-day period immediately following the date of birth. The Effective Date of coverage for an adopted newborn child, eligible for coverage, will be the moment of birth, provided that a written agreement to adopt such child has been entered into by the Covered Plan Participant prior to the birth of such child, whether or not such an agreement is enforceable. The Covered Plan Participant may be required to provide any information and/or documents that are deemed necessary in order to administer this provision.

If timely notice is given, no additional contribution will be charged for coverage of the adopted newborn child for not less than 30 days after the birth of the child. If timely notice is not received, the applicable contribution will be charged from the date of birth. The applicable contribution for the child will be charged after the initial 30-day period in either case. Coverage will not be denied for an adopted newborn child if the Covered Plan Participant provides notice to Monroe County School District and an Enrollment Form is received within the 60-day period of the birth of the adopted newborn child and any applicable contribution is paid back to the date of birth.

If the adopted newborn child is not enrolled within sixty days of the date of birth, the adopted

newborn child will not be covered, and may only be enrolled under this Benefit Booklet during an Annual Open Enrollment Period, or in the case of a Special Enrollment event, during the Special Enrollment Period.

If the adopted newborn child is not ultimately placed in the residence of the Covered Plan Participant, there shall be no coverage for the adopted newborn child. It is your responsibility as the Covered Plan Participant to notify Monroe County School District within ten calendar days of the date that placement was to occur if the adopted newborn child is not placed in your residence.

Adopted/Foster Children – To enroll an adopted or Foster Child, the Covered Plan Participant must submit an Enrollment Form during the 30-day period immediately following the date of placement. The Effective Date for an adopted or Foster child (other than an adopted newborn child) will be the date such adopted or Foster child is placed in the residence of the Covered Plan Participant in compliance with applicable law. The Covered Plan Participant may be required to provide any information and/or documents deemed necessary in order to properly administer this section.

In the event Monroe County School District is not notified within 30 days of the date of placement, the child will be added as of the date of placement so long as Covered Plan Participant provides notice to Monroe County School District, and we receive the Enrollment Form within 60 days of the placement. If the adopted or Foster Child is not enrolled within sixty days of the date of placement, the adopted or Foster Child will not be covered, and may only be enrolled under this Benefit Booklet during an Annual Open Enrollment Period, or in the case of a Special Enrollment event, during the Special Enrollment Period. For all children covered as adopted children, if the final decree of adoption is not issued, coverage shall not be continued for the proposed adopted Child. Proof of final adoption must be submitted to BCBSF

through Monroe County School District. It is the responsibility of the Covered Plan Participant to notify BCBSF through Monroe County School District if the adoption does not take place.

Upon receipt of this notification, we will terminate the coverage of the child as of the date the Covered Plan Participant learned the adoption would not take place. It is the Covered Plan Participant's responsibility to notify the Monroe County School District within 30 days of the determination that the adoption will not take place.

If the Covered Plan Participant's status as a foster parent is terminated, coverage will end for any Foster Child. It is the responsibility of the Covered Plan Participant to notify BCBSF through Monroe County School District that the Foster Child is no longer in the Covered Plan Participant's care. Upon receipt of this notification, coverage for the child will be terminated on the date the Covered Plan Participant's status as a foster parent terminated.

Marital Status –The Covered Plan Participant may apply for coverage of an Eligible Dependent due to a legally valid marriage. To apply for coverage, the Covered Plan Participant must complete the Enrollment Form through Monroe County School District and forward it to BCBSF. The Covered Plan Participant must make application for enrollment within 30 days of the marriage. The Effective Date of coverage for an Eligible Dependent who is enrolled as a result of marriage is the date of the marriage.

Court Order – The Covered Plan Participant may apply for coverage for an Eligible Dependent outside of the Initial Enrollment Period and Annual Open Enrollment Period if a court has ordered coverage to be provided for a minor child under their group coverage. To apply for coverage, the Covered Plan Participant must complete an Enrollment Form through Monroe County School District and forward it to BCBSF. The Covered Plan Participant must make application for enrollment within 30 days

of the court order. The Effective Date of coverage for an Eligible Dependent who is enrolled as a result of a court order is the date required by the court.

Annual Open Enrollment Period

Eligible Employees and/or Eligible Dependents who did not apply for coverage during the Initial Enrollment Period or a Special Enrollment Period may apply for coverage during an Annual Open Enrollment Period. The Eligible Employee may enroll by completing the Enrollment Form during the Annual Open Enrollment Period.

The effective date of coverage for an Eligible Employee and any Eligible Dependent(s) will be the date established by Monroe County School District.

Eligible Employees who do not enroll or change their coverage selection during the Annual Open Enrollment Period, must wait until the next Annual Open Enrollment Period, unless the Eligible Employee or the Eligible Dependent is enrolled due to a special circumstance as outlined in the Special Enrollment Period subsection of this section.

Special Enrollment Period

An Eligible Employee and/or the Employee's Eligible Dependent(s) may apply for coverage outside of the Initial Enrollment Period and Annual Enrollment Period as a result of a special enrollment event. To apply for coverage, the Eligible Employee and/or the Employee's Eligible Dependent(s) must complete the applicable Enrollment Form and forward it to the Group within the time periods noted below for each special enrollment event.

An Eligible Employee and/or the Employee's Eligible Dependent(s) may apply for coverage if one of the following special enrollment events occurs and the applicable Enrollment Form is submitted to the Group within the indicated time periods:

1. If you lose your coverage under another group health benefit plan (as an employee or dependent), or coverage under other health insurance (except in the case of loss of coverage under a Children's Health Insurance Program (CHIP) or Medicaid, see #3 below), or COBRA continuation coverage that you were covered under at the time of initial enrollment provided that:

- a) when offered coverage under this plan at the time of initial eligibility, you stated, in writing, that coverage under a group health plan or health insurance coverage was the reason for declining enrollment; and
- b) you lost your other coverage under a group health benefit plan or health insurance coverage (except in the case of loss of coverage under a CHIP or Medicaid, see #3 below) as a result of termination of employment, reduction in the number of hours you work, reaching or exceeding the maximum lifetime of all benefits under other health coverage, the employer ceased offering group health coverage, death of your spouse, divorce, legal separation or employer contributions toward such coverage was terminated; and
- c) you submit the applicable Enrollment Form to the Group within 30 days of the date your coverage was terminated

Note: Loss of coverage for failure to pay your required contribution/premium on a timely basis or for cause (such as making a fraudulent claim or an intentional misrepresentation of a material fact in connection with the prior health coverage) is not a qualifying event for special enrollment.

or

2. If when offered coverage under this plan at the time of initial eligibility, you stated, in writing, that coverage under a group health plan or health insurance coverage was the

reason for declining enrollment; and you get married or obtain a dependent through birth, adoption or placement in anticipation of adoption and you submit the applicable Enrollment Form to the Group within 30 days of the date of the event.

or

3. If you or your Eligible Dependent(s) lose coverage under a CHIP or Medicaid due to loss of eligibility for such coverage or become eligible for the optional state premium assistance program and you submit the applicable Enrollment Form to the Group within 60 days of the date such coverage was terminated or the date you become eligible for the optional state premium assistance program.

The Effective Date of coverage for you and your Eligible Dependents added as a result of a special enrollment event is the date of the special enrollment event. Eligible Employees or Eligible Dependents who do not enroll or change their coverage selection during the Special Enrollment Period must wait until the next Annual Open Enrollment Period (See the Dependent Enrollment subsection of this section for the rules relating to the enrollment of Eligible Dependents of a Covered Plan Participant).

Other Provisions Regarding Enrollment and Effective Date of Coverage

Rehired Employees

Individuals who are rehired as employees of the Monroe County School District are considered newly-hired employees for purposes of this section. The provisions of the Group Health Plan (which includes this Booklet), which are applicable to newly-hired employees and their Eligible Dependents (e.g., enrollment, Effective Dates of coverage and Waiting Period) are

applicable to rehired employees and their Eligible Dependents.

- If you wish to give someone else permission to appeal an Adverse Benefit Determination on your behalf, we must receive a completed Appointment of Representative form signed by you indicating the name of the person who will represent you with respect to the appeal. An Appointment of Representative form is not required if your Physician is appealing an Adverse Benefit Determination relating to a Claim Involving Urgent Care. Appointment of Representative forms are available at www.FloridaBlue.com or by calling the number on the back of your BCBSF ID Card.

Timing of Our Appeal Review on Adverse Benefit Determinations

We will use our best efforts to review your appeal of an Adverse Benefit Determination and communicate the decision in accordance with the following time frames:

- Pre-Service Claims-- within 30 days of the receipt of your appeal; or
- Post-Service Claims-- within 60 days of the receipt of your appeal; or
- Claims Involving Urgent Care (and requests to extend concurrent care Services made within 24 hours prior to the termination of the Services)-- within 72 hours of receipt of your request. If additional information is necessary we will notify you within 24 hours and we must receive the requested additional information within 48 hours of our request. After we receive the additional information, we will have an additional 48 hours to make a final determination.

Note: The nature of a claim for Services (i.e. whether it is "urgent care" or not) is judged as of the time of the benefit determination on review, not as of the time the Service was initially reviewed or provided.

You, or a Provider acting on your behalf, who has had a claim denied as not Medically Necessary has the opportunity to appeal the

claim denial. The appeal may be directed to an employee of BCBSF who is a licensed Physician responsible for Medical Necessity reviews. The appeal may be by telephone and the Physician will respond to you, within a reasonable time, not to exceed 15 business days. **Requests for an internal appeal should be sent to the address below:**

Blue Cross and Blue Shield of Florida, Inc.
Attention: Member Appeals
P.O. Box 44197
Jacksonville, Florida 32231-4197

How to Request External Review of Our Appeal Decision

If we deny your appeal and our decision involves a medical judgment, including, but not limited to, a decision based on Medical Necessity, appropriateness, health care setting, level of care or effectiveness of the Health Care Service or treatment you requested or a determination that the treatment is Experimental or Investigational, you are entitled to request an independent, external review of our decision. Your request will be reviewed by an independent third party with clinical and legal expertise ("External Reviewer") who has no association with us. If you have any questions or concerns during the external review process, please contact us at the phone number listed on your ID card or visit www.FloridaBlue.com. You may submit additional written comments to External Reviewer. A letter with the mailing address will be sent to you when you file an external review. Please note that if you provide any additional information during the external review process it will be shared with us in order to give us the opportunity to reconsider the denial. Submit your request in writing on the External Review Request form within four months after receipt of your denial to the below address:

Blue Cross and Blue Shield of Florida
Attention: Member External Reviews DCC9-5
Post Office Box 44197
Jacksonville, FL 32231-4197

Section 11: Termination of Coverage

Termination of a Covered Plan Participant's Coverage

A Covered Plan Participant's coverage under this Benefit Booklet will automatically terminate at 12:01 a.m.:

1. on the date the Group Health Plan terminates;
2. on the date the ASO Agreement between BCBSF and Monroe County School District terminates;
3. on the last day of the first month that the Covered Plan Participant fails to continue to meet any of the applicable eligibility requirements;
4. as determined by Monroe County School District, that the Covered Plan Participant's coverage is terminated for cause (see the Termination of an Individual Coverage for Cause subsection); or
5. on the date specified by Monroe County School District that the Covered Plan Participant's coverage terminates.

Termination of a Covered Dependent's Coverage

A Covered Dependent's coverage will automatically terminate at 12:01 a.m. on the date:

1. the Group Health Plan terminates;
2. the Covered Plan Participant's coverage terminates for any reason;
3. the Dependent becomes covered under an alternative health benefits plan which is offered through or in connection with the Group Health Plan;

4. last day of the Calendar Year that the Covered Dependent child no longer meets any of the applicable eligibility requirements;
5. the date as determined by Monroe County School District that the Dependent's coverage is terminated for cause (see the Termination of Individual Coverage for Cause subsection).

In the event you as the Covered Plan Participant wish to delete a Covered Dependent from coverage, an Enrollment Form must be forwarded to BCBSF through Monroe County School District.

In the event you as the Covered Plan Participant wish to terminate a spouse's coverage, (e.g., in the case of divorce), you must submit an Enrollment Form to Monroe County School District, prior to the requested termination date or within 10 days of the date the divorce is final, whichever is applicable.

Termination of an Individual's Coverage for Cause

In the event any of the following occurs, Monroe County School District may terminate an individual's coverage for cause:

1. fraud, material misrepresentation or omission in applying for coverage or benefits; or
2. the knowing misrepresentation, omission or the giving of false information on Enrollment Forms or other forms completed, by or on your behalf.

Notice of Termination

It is Monroe County School District's responsibility to immediately notify you of your termination or that of your Covered Dependents for any reason.

Section 12: Continuing Coverage Under COBRA

A federal continuation of coverage law, known as the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), as amended, may apply to your Group Health Plan. If COBRA applies, you or your Covered Dependents may be entitled to continue coverage for a limited period of time, if you meet the applicable requirements, make a timely election, and pay the proper amount required to maintain coverage.

You must contact Monroe County School District to determine if you or your Covered Dependent(s) are entitled to COBRA continuation of coverage. Monroe County School District is solely responsible for meeting all of the obligations under COBRA, including the obligation to notify all Covered Persons of their rights under COBRA. If you fail to meet your obligations under COBRA and this Benefit Booklet, Monroe County School District will not be liable for any claims incurred by you or your Covered Dependent(s) after termination of coverage.

A summary of your COBRA rights and the general conditions for qualification for COBRA continuation coverage is provided below.

The following is a summary of what you may elect, if COBRA applies to Monroe County School District and you are eligible for such coverage:

1. You may elect to continue this coverage for a period not to exceed 18 months* in the case of:
 - a) termination of employment of the Covered Plan Participant other than for gross misconduct; or
 - b) reduced hours of employment of the Covered Plan Participant.

***Note:** You and/or your Covered Dependent(s) are eligible for an 11 month

extension of the 18 month COBRA continuation option above (to a total of 29 months) if you or your Covered Dependent(s) is/are totally disabled (as defined by the Social Security Administration (SSA)) at the time of your termination, reduction in hours or within the first 60 days of COBRA continuation coverage. The Covered Person must supply notice of the disability determination to Monroe County School District within 18 months of becoming eligible for continuation coverage and no later than 60 days after the SSA's determination date.

2. Your Covered Dependent(s) may elect to continue their coverage for a period not to exceed 36 months in the case of:
 - a) the Covered Plan Participant's entitlement to Medicare;
 - b) divorce or legal separation of the Covered Plan Participant;
 - c) death of the Covered Plan Participant;
 - d) the employer files bankruptcy (subject to bankruptcy court approval); or
 - e) a dependent child may elect the 36 month extension if the dependent child ceases to be an Eligible Dependent under the terms of Monroe County School District's coverage.

Children born to or placed for adoption with the Covered Plan Participant during the continuation coverage periods noted above are also eligible for the remainder of the continuation period.

Additional requirements applicable to continuation of coverage under COBRA are set forth below:

1. Monroe County School District must notify you of your continuation of coverage rights under COBRA within 14 days of the event

which creates the continuation option. If coverage would be lost due to Medicare entitlement, divorce, legal separation or the failure of a Covered Dependent child to meet eligibility requirements, you or your Covered Dependent must notify Monroe County School District, in writing, within 60 days of any of these events. Monroe County School District's 14-day notice requirement runs from the date of receipt of such notice.

2. You must elect to continue the coverage within 60 days of the later of:
 - a) the date that the coverage terminates; or
 - b) the date the notification of continuation of coverage rights is sent by Monroe County School District.
3. COBRA coverage will terminate if you become covered under any other group health insurance plan. However, COBRA coverage may continue if the new group health insurance plan contains exclusions or limitations due to a Pre-existing Condition that would affect your coverage.
4. COBRA coverage will terminate if you become entitled to Medicare.
5. If you are totally disabled and eligible and elect to extend your continuation of coverage, you may not continue such extension of coverage more than 30 days after a determination by the Social Security Administration that you are no longer disabled. You must inform Monroe County School District of the Social Security Administration's determination within 30 days of such determination.
6. You must meet all contribution requirements, and all other eligibility requirements described in COBRA, and, to the extent not inconsistent with COBRA, in the Group Health Plan.

7. COBRA coverage will terminate on the date Monroe County School District ceases to provide group health coverage to its employees.

An election by a Covered Plan Participant or Covered Dependent spouse shall be deemed to be an election for any other qualified beneficiary related to that Covered Plan Participant or Covered Dependent spouse, unless otherwise specified in the election form.

Note: This section shall not be interpreted to grant any continuation rights in excess of those required by COBRA and/or Section 4980B of the Internal Revenue Code.

Additionally, this Benefit Booklet shall be deemed to have been modified, and shall be interpreted, so as to comply with COBRA and changes to COBRA that are mandatory with respect to Monroe County School District.

Section 13: Conversion Privilege

Eligibility Criteria for Conversion

You are entitled to apply for a BCBSF individual insurance conversion policy (hereinafter referred to as a “converted policy” or “conversion policy”) if:

1. you were continuously covered for at least three months under the Group Health Plan, and/or under another group policy that provided similar benefits immediately prior to the Group Health Plan; and
2. your coverage was terminated for any reason, including discontinuance of the Group Health Plan in its entirety and termination of continued coverage under COBRA.

Notify BCBSF in writing or by telephone if you are interested in a conversion policy. Within 14 days of such notice, BCBSF will send you a conversion policy application, premium notice and outline of coverage. The outline of coverage will contain a brief description of the benefits and coverage, exclusions and limitations, and the applicable Deductible(s) and Coinsurance provisions.

BCBSF must receive a completed application for a converted policy, and the applicable premium payment, within the 63-day period beginning on the date the coverage under the Group Health Plan terminated. If coverage has been terminated, due to the non-payment of employee contribution by Monroe County School District, BCBSF must receive the completed converted policy application and the applicable premium payment within the 63-day period beginning on the date notice was given that the Group Health Plan terminated.

In the event BCBSF does not receive the converted policy application and the initial premium payment within such 63-day period, your converted policy application will be denied and you will not be entitled to a converted policy.

Additionally, you are not entitled to a converted policy if:

1. you are eligible for or covered under the Medicare program;
2. you failed to pay, on a timely basis, the contribution required for coverage under the Group Health Plan;
3. the Group Health Plan was replaced within 31 days after termination by any group policy, contract, plan, or program, including a self-insured plan or program, that provides benefits similar to the benefits provided under this Booklet; or
4. a) you fall under one of the following categories and meet the requirements of 4.b. below:
 - i. you are covered under any Hospital, surgical, medical or major medical policy or contract or under a prepayment plan or under any other plan or program that provides benefits which are similar to the benefits provided under this Booklet; or
 - ii. you are eligible, whether or not covered, under any arrangement of coverage for individuals in a group, whether on an insured, uninsured, or partially insured basis, for benefits similar to those provided under this Booklet; or
 - iii. benefits similar to the benefits provided under this Booklet are provided for or are available to you pursuant to or in accordance with the requirements of any state or federal law (e.g., COBRA, Medicaid); and

- b) the benefits provided under the sources referred to in paragraph 4.a.i or the benefits provided or available under the source referred to in paragraph 4.a.ii. and 4.a.iii. above, together with the benefits provided by our converted policy would result in over-insurance in accordance with our over-insurance standards, as determined by us.

Neither Monroe County School District nor BCBSF has any obligation to notify you of this conversion privilege when your coverage terminates or at any other time. It is your sole responsibility to exercise this conversion privilege by submitting a BCBSF converted policy application and the initial premium payment to us within 63 days of the termination of your coverage under this Benefit Booklet. The converted policy may be issued without evidence of insurability and shall be effective the day following the day your coverage under this Benefit Booklet terminated.

Note: Our converted policies are not a continuation of coverage under COBRA or any other states' similar laws. Coverage and benefits provided under a converted policy will not be identical to the coverage and benefits provided under this Booklet. When applying for our converted policy, you have two options: 1) a converted policy providing major medical coverage meeting the requirements of 627.6675(10) Florida Statutes or 2) a converted policy providing coverage and benefits identical to the coverage and benefits required to be provided under a small employer standard health benefit plan pursuant to Section 627.6699(12) Florida Statutes. In any event, we will not be required to issue a converted policy unless required to do so by Florida law. We may have other options available to you. Call the telephone number on your Identification card for more information.

Section 14: Extension of Benefits

Extension of Benefits

In the event the Group Health Plan is terminated, coverage will not be provided under this Benefit Booklet for any Service rendered on or after the termination date. The extension of benefits provisions described below only apply when the entire Group Health Plan is terminated. The extension of benefits described in this section do not apply when your coverage terminates if the Group Health Plan remains in effect. The extension of benefits provisions are subject to all of the other provisions, including the limitations and exclusions.

Note: It is your sole responsibility to provide acceptable documentation showing that you are entitled to an extension of benefits.

1. In the event you are totally disabled on the termination date of the Group Health Plan as a result of a specific Accident or illness incurred while you were covered under this Booklet, as determined by us, a limited extension of benefits will be provided under this Benefit Booklet for the disabled individual only. This extension of benefits is for Covered Services necessary to treat the disabling Condition only. This extension of benefits will only continue as long as the disability is continuous and uninterrupted. In any event, this extension of benefits will automatically terminate at the end of the 12-month period beginning on the termination date of the Group Health Plan.

For purposes of this section, you will be considered "totally disabled" only if, in BCBSF's opinion, you are unable to work at any gainful job for which you are suited by education, training, or experience, and you require regular care and attendance by a Physician. You are totally disabled only if, in our or Monroe County School District's opinion, you are unable to perform those

normal day-to-day activities which you would otherwise perform and you require regular care and attendance by a Physician.

2. In the event you are receiving covered dental treatment as of the termination date of the Group Health Plan a limited extension of such covered dental treatment will be provided under this Benefit Booklet if:
 - a) a course of dental treatment or dental procedures were recommended in writing and commenced in accordance with the terms specified herein while you were covered under the Group Health Plan;
 - b) the dental procedures were procedures for other than routine examinations, prophylaxis, x-rays, sealants, or orthodontic services; and
 - c) the dental procedures were performed within 90 days after the Group Health Plan terminated.

This extension of benefits is for Covered Services necessary to complete the dental treatment only. This extension of benefits will automatically terminate at the end of the 90-day period beginning on the termination date of the Group Health Plan or on the date you become covered under a succeeding insurance, health maintenance organization or self-insured plan providing coverage or Services for similar dental procedures. You are not required to be totally disabled in order to be eligible for this extension of benefits.

Please refer to the Dental Care category of the "What Is Covered?" section for a description of the dental care Services covered under this Booklet.

3. In the event you are pregnant as of the termination date of the Group Health Plan, a limited extension of the maternity expense benefits included in this Booklet will be available, provided the pregnancy commenced while the pregnant individual was covered under the Group Health Plan, as determined by BCBSF. This extension of benefits is for Covered Services necessary to treat the pregnancy only. This extension of benefits will automatically terminate on the date of the birth of the child. You are not required to be Totally Disabled in order to be eligible for this extension of benefits.

Section 15: The Effect of Medicare Coverage/Medicare Secondary Payer Provisions

When you become covered under Medicare and continue to be eligible and covered under this Benefit Booklet, coverage under this Benefit Booklet will be primary and the Medicare benefits will be secondary, but only to the extent required by law. In all other instances, coverage under this Benefit Booklet will be secondary to any Medicare benefits. To the extent the benefits under this Benefit Booklet are primary, claims for Covered Services should be filed with BCBSF first.

Under Medicare, Monroe County School District MAY NOT offer, subsidize, procure or provide a Medicare supplement policy to you. Also, Monroe County School District MAY NOT induce you to decline or terminate your group health insurance coverage and elect Medicare as primary payer.

If you become 65 or become eligible for Medicare due to End Stage Renal Disease ("ESRD"), you must immediately notify Monroe County School District.

Individuals With End Stage Renal Disease

If you are entitled to Medicare coverage because of ESRD, coverage under this Benefit Booklet will be provided on a primary basis for 30 months beginning with the earlier of:

1. the month in which you became entitled to Medicare Part "A" ESRD benefits; or
2. the first month in which you would have been entitled to Medicare Part "A" ESRD benefits if a timely application had been made.

If Medicare was primary prior to the time you became eligible due to ESRD, then Medicare will remain primary (i.e., persons entitled due to

disability whose employer has less than 100 employees, retirees and/or their spouses over the age of 65). Also, if coverage under this Benefit Booklet was primary prior to ESRD entitlement, then coverage hereunder will remain primary for the ESRD coordination period. If you become eligible for Medicare due to ESRD, coverage will be provided, as described in this section, on a primary basis for 30 months.

Disabled Active Individuals

If you are entitled to Medicare coverage because of a disability other than ESRD, Medicare benefits will be secondary to the benefits provided under this Benefit Booklet provided that:

Monroe County School District employed at least 100 or more full-time or part-time employees on 50% or more of its regular business days during the previous Calendar Year. If the Group Health Plan is a multi-employer plan, as defined by Medicare, Medicare benefits will be secondary if at least one employer participating in the plan covered 100 or more employees under the plan on 50% or more of its regular business days during the previous Calendar Year.

Miscellaneous

1. This section shall be subject to, modified (if necessary) to conform to or comply with, and interpreted with reference to the requirements of federal statutory and regulatory Medicare Secondary Payer provisions as those provisions relate to Medicare beneficiaries who are covered under this Benefit Booklet.

2. BCBSF will not be liable to Monroe County School District or to any individual covered under this Benefit Booklet on account of any nonpayment of primary benefits resulting from any failure of performance of Monroe County School District's obligations as described in this section.

Section 16: Duplication of Coverage Under Other Health Plans/Programs

Coordination of Benefits

Coordination of Benefits ("COB") is a limitation of coverage and/or benefits to be provided under this Benefit Booklet.

COB determines the manner in which expenses will be paid when you are covered under more than one health plan, program, or policy providing benefits for Health Care Services. COB is designed to avoid the costly duplication of payment for Covered Services. It is your responsibility to provide BCBSF and Monroe County School District information concerning any duplication of coverage under any other health plan, program, or policy you or your Covered Dependents may have. This means you must notify BCBSF and Monroe County School District in writing if you have other applicable coverage or if there is no other coverage. You may be requested to provide this information at initial enrollment, by written correspondence annually thereafter, or in connection with a specific Health Care Service you receive. If the information is not received, claims may be denied and you will be responsible for payment of any expenses related to denied claims.

Health plans, programs or policies which may be subject to COB include, but are not limited to, the following which will be referred to as "plan(s)" for purposes of this section:

1. any group or non-group health insurance, group-type self-insurance, or HMO plan;
2. any group plan issued by any Blue Cross and/or Blue Shield organization(s);
3. any other plan, program or insurance policy, including an automobile PIP insurance policy and/or medical payment coverage

with which the law permits coordination of benefits;

4. Medicare, as described in "The Effect of Medicare Coverage/Medicare Secondary Payer Provisions" section; and
5. to the extent permitted by law, any other government sponsored health insurance program.

The amount of payment, if any, when benefits are coordinated under this section, is based on whether or not the benefits under this Benefit Booklet are primary. When primary, payment will be made for Covered Services without regard to coverage under other plans. When the benefits under this Benefit Booklet are not primary, payment for Covered Services may be reduced so that total benefits under all your plans will not exceed 100 percent of the total reasonable expenses actually incurred for Covered Services. For purposes of this section, in the event you receive Covered Services from an In-Network Provider or an Out-of-Network Provider who participates in the Traditional Program, "total reasonable expenses" shall mean the total amount required to be paid to the Provider pursuant to the applicable agreement BCBSF or another Blue Cross and/or Blue Shield organization has with such Provider. **In the event that the primary payer's payment exceeds the Allowed Amount, no payment will be made for such Services.**

The following rules shall be used to establish the order in which benefits under the respective plans will be determined:

1. When you are covered as a Covered Dependent and the other plan covers you as

- other than a dependent, the Group Health Plan will be secondary.
2. When the Group Health Plan covers a dependent child whose parents are not separated or divorced:
 - a) the plan of the parent whose birthday, excluding year of birth, falls earlier in the year will be primary; or
 - b) if both parents have the same birthday, excluding year of birth, and the other plan has covered one of the parents longer than us, the Group Health Plan will be secondary.
 3. When the Group Health Plan covers a dependent child whose parents are separated or divorced:
 - a) if the parent with custody is not remarried, the plan of the parent with custody is primary;
 - b) if the parent with custody has remarried, the plan of the parent with custody is primary; the stepparent's plan is secondary; and the plan of the parent without custody pays last;
 - c) regardless of which parent has custody, whenever a court decree specifies the parent who is financially responsible for the child's health care expenses, the plan of that parent is primary.
 4. When the Group Health Plan covers a dependent child and the dependent child is also covered under another plan:
 - a) the plan of the parent who is neither laid off nor retired will be primary; or
 - b) if the other plan is not subject to this rule, and if, as a result, such plan does not agree on the order of benefits, this paragraph shall not apply.

5. When rules 1, 2, 3, and 4 above do not establish an order of benefits, the plan which has covered you the longest shall be primary.

The Group Health Plan will not coordinate benefits against an indemnity-type policy, an excess insurance policy, a policy with coverage limited to specified illnesses or accidents, or a Medicare supplement policy.

6. If you are covered under a COBRA continuation plan as a result of the purchase of coverage as provided under the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended, and also under another group plan, the following order of benefits applies:
 - a) first, the plan covering the person as an employee, or as the employee's Dependent; and
 - b) second, the coverage purchased under the plan covering the person as a former employee, or as the former employee's Dependent provided according to the provisions of COBRA.
7. If the other plan does not have rules that establish the same order of benefits as under this Booklet, the benefits under the other plan will be determined primary to the benefits under this Booklet.

Coordination of benefits shall not be permitted against an indemnity-type policy, an excess insurance policy as defined in *Florida Statutes* Section 627.635, a policy with coverage limited to specified illnesses or accidents, or a Medicare supplement policy.

Non-Duplication of Government Programs and Worker's Compensation

The benefits under this Booklet shall not duplicate any benefits to which you or your

Covered Dependents are entitled to or eligible for under government programs (e.g., Medicare, Medicaid, Veterans Administration) or Worker's Compensation to the extent allowed by law, or under any extension of benefits of coverage under a prior plan or program which may be provided or required by law.

Section 17: Subrogation

In the event payment is made under this Benefit Booklet to you or on your behalf for any claim in connection with or arising from a Condition resulting, directly or indirectly, from an intentional act or from the negligence or fault of any third person or entity, Monroe County School District and/or the Group Health Plan, to the extent of any such payment, shall be subrogated to all causes of action and all rights of recovery you have against any person or entity. Such subrogation rights shall extend and apply to any settlement of a claim, regardless of whether litigation has been initiated. BCBSF may recover, on behalf of Monroe County School District and/or the Group Health Plan, the amount of any payments made on your behalf minus BCBSF or Monroe County School District's pro rata share for any costs and attorney fees incurred by you in pursuing and recovering damages. BCBSF may subrogate, on behalf of Monroe County School District and/or the Group Health Plan, against all money recovered regardless of the source of the money including, but not limited to, uninsured motorist coverage. Although Monroe County School District may, but is not required to, take into consideration any special factors relating your specific case in resolving the subrogation claim, Monroe County School District will have the first right of recovery out of any recovery or settlement amount you are able to obtain even if you or your attorney believes that you have not been made whole for your losses or damages by the amount of the recovery or settlement.

You must promptly execute and deliver such instruments and papers pertaining to such settlement of claims, settlement negotiations, or litigation as may be requested by BCBSF or Monroe County School District, and shall do whatever is necessary to enable BCBSF or Monroe County School District to exercise Monroe County School District's subrogation

rights and shall do nothing to prejudice such rights. Additionally, you or your legal representative shall promptly notify BCBSF in writing of any settlement negotiations prior to entering into any settlement agreement, shall disclose to BCBSF any amount recovered from any person or entity that may be liable, and shall not make any distributions of settlement or judgement proceeds without Monroe County School District's prior written consent. No waiver, release of liability, or other documents executed by you without such notice to BCBSF shall be binding upon Monroe County School District.

Section 18: Right of Reimbursement

If any payment under this Benefit Booklet is made to you or on your behalf with respect to any injury or illness resulting from the intentional act, negligence, or fault of a third person or entity, Monroe County School District and/or the Group Health Plan will have a right to be reimbursed by you (out of any settlement or judgment proceeds you recover) one dollar (\$1.00) for each dollar paid under the terms of the Group Health Plan minus a pro rata share for any costs and attorney fees incurred in pursuing and recovering such proceeds.

Monroe County School District's and/or the Group Health Plan's right of reimbursement will be in addition to any subrogation right or claim available to Monroe County School District, and you must execute and deliver such instruments or papers pertaining to any settlement or claim, settlement negotiations, or litigation as may be requested by BCBSF on behalf of Monroe County School District, and/or the Group Health Plan, to exercise Monroe County School District's and/or the Group Health Plan's right of reimbursement hereunder. You or your lawyer must notify us, by certified or registered mail, if you intend to claim damages from someone for injuries or illness. You must do nothing to prejudice Monroe County School District's and/or the Group Health Plan's right of reimbursement hereunder and no waiver, release of liability, or other documents executed by you, without notice to us and our written consent, acting on behalf of Monroe County School District, will be binding upon Monroe County School District.

Section 19: Claims Processing

Introduction

This section is intended to:

- help you understand what you or your treating Providers must do, under the terms of this Benefit Booklet, in order to obtain payment for expenses for Covered Services they have rendered or will render to you; and
- provide you with a general description of the applicable procedures we will use for making Adverse Benefit Determinations, Concurrent Care Decisions and for notifying you when we deny benefits.

Under no circumstances will we be held responsible for, nor will we accept liability relating to, the failure of your Group Plan's sponsor or plan administrator to: 1) comply with any applicable disclosure requirements; 2) provide you with a Summary Plan Description (SPD); or 3) comply with any other legal requirements. You should contact your plan sponsor or administrator if you have questions relating to your Group Plan's SPD. We are not your Group Plan's sponsor or plan administrator. In most cases, a plan's sponsor or plan administrator is the employer who establishes and maintains the plan.

Types of Claims

For purposes of this Benefit Booklet, there are three types of claims: 1) Pre-Service Claims; 2) Post-Service Claims; and 3) Claims Involving Urgent Care. It is important that you become familiar with the types of claims that can be submitted to us and the timeframes and other requirements that apply.

Post-Service Claims

How to File a Post-Service Claim

We have defined and described the three types of claims that may be submitted to us. Our experience shows that the most common type of claim we will receive from you or your treating Providers will likely be Post-Service Claims.

In-Network Providers have agreed to file Post-Service Claims for Services they render to you. In the event a Provider who renders Services to you does not file a Post-Service Claim for such Services, it is your responsibility to file it with us.

We must receive a Post-Service Claim within 90 days of the date the Health Care Service was rendered or, if it was not reasonably possible to file within such 90-day period, as soon as possible. In any event, no Post-Service Claim will be considered for payment if we do not receive it at the address indicated on your ID Card within 15 months of the date the Service was rendered unless you were legally incapacitated.

For Post-Service Claims, we must receive an itemized statement from the health care Provider for the Service rendered along with a completed claim form. The itemized statement must contain the following information:

1. the date the Service was provided;
2. a description of the Service including any applicable procedure code(s);
3. the amount actually charged by the Provider;
4. the diagnosis including any applicable diagnosis code(s);
5. the Provider's name and address;
6. the name of the individual who received the Service; and

7. the Covered Plan Participant's name and contract number as they appear on the ID Card.

The itemized statement and claim form must be received by us at the address indicated on your ID Card.

Note: Special claims processing rules may apply for Health Care Services you receive outside the state of Florida under the BlueCard Program (See the "BlueCard (Out-of-State) Program" section of this Booklet).

The Processing of Post-Service Claims

We will use our best efforts to pay, contest, or deny all Post-Service Claims for which we have all of the necessary information, as determined by us. Post-Service Claims will be paid, contested, or denied within the timeframes described below.

- **Payment for Post-Service Claims**

When payment is due under the terms of this Benefit Booklet, we will use our best efforts to pay (in whole or in part) for electronically submitted Post-Service Claims within 20 days of receipt. Likewise, we will use our best efforts to pay (in whole or in part) for paper Post-Service Claims within 40 days of receipt. You may receive notice of payment for paper claims within 30 days of receipt. If we are unable to determine whether the claim or a portion of the claim is payable because we need more or additional information, we may contest the claim within the timeframes set forth below.

- **Contested Post-Service Claims**

In the event we contest an electronically submitted Post-Service Claim, or a portion of such a claim, we will use our best efforts to provide notice, within 20 days of receipt, that the claim or a portion of the claim is contested. In the event we contest a Post-Service Claim submitted on a paper claim form, or a portion of such a claim, we will use our best efforts to provide notice, within 30 days of receipt, that the

claim or a portion of the claim is contested. Our notice may identify: 1) the contested portion or portions of the claim; 2) the reason(s) for contesting the claim or a portion of the claim; and 3) the date that we reasonably expect to notify you of the decision. The notice may also indicate whether additional information is needed in order to complete processing of the claim. If we request additional information, we must receive it within 45 days of our request for the information. **If we do not receive the requested information, the claim or a portion of the claim will be adjudicated based on the information in our possession at the time and may be denied.** Upon receipt of the requested information, we will use our best efforts to complete the processing of the Post-Service Claim within 15 days of receipt of the information.

- **Denial of Post-Service Claims**

In the event we deny a Post-Service Claim submitted electronically, we will use our best efforts to provide notice, within 20 days of receipt, that the claim or a portion of the claim is denied. In the event we deny a paper Post-Service Claim, we will use our best efforts to provide notice, within 30 days of receipt, that the claim or a portion of the claim is denied. The notice may identify the denied portion(s) of the claim and the reason(s) for denial. It is your responsibility to ensure that we receive all information determined by us as necessary to adjudicate a Post-Service Claim. **If we do not receive the necessary information, the claim or a portion of the claim may be denied.**

A Post-Service Claim denial is an Adverse Benefit Determination and is subject to the Adverse Benefit Determination standards and appeal procedures described in this section.

Additional Processing Information for Post-Service Claims

In any event, we will use our best efforts to pay or deny all: 1) electronic Post-Service Claims within 90 days of receipt of the completed claim;

and 2) Post-Service paper claims within 120 days of receipt of the completed claim. Claims processing shall be deemed to have been completed as of the date the notice of the claims decision is deposited in the mail by us or otherwise electronically transmitted. Any claims payment relating to a Post-Service Claim that is not made by us within the applicable timeframe is subject to the payment of simple interest at the rate established by the Florida Insurance Code.

We will investigate any allegation of improper billing by a Provider upon receipt of written notification from you. If we determine that you were billed for a Service that was not actually performed, any payment amount will be adjusted and, if applicable, a refund will be requested. In such a case, if payment to the Provider is reduced due solely to the notification from you, we will pay you 20 percent of the amount of the reduction, up to a total of \$500.

Pre-Service Claims

How to File a Pre-Service Claim

This Benefit Booklet may condition coverage, benefits, or payment (in whole or in part), for a specific Covered Service, on the receipt by us of a Pre-Service Claim as that term is defined herein. In order to determine whether we must receive a Pre-Service Claim for a particular Covered Service, please refer to the "What Is Covered?" section and other applicable sections of this Benefit Booklet. You may also call the customer service number on your ID card for assistance.

We are not required to render an opinion or make a coverage or benefit determination with respect to a Service that has not actually been provided to you unless the terms of this Benefit Booklet require (or condition payment upon) approval by us for the Service before it is received.

Benefit Determinations on Pre-Service Claims Involving Urgent Care

For a Pre-Service Claim Involving Urgent Care, we will use our best efforts to provide notice of our determination (whether adverse or not) as soon as possible, but not later than 72 hours after receipt of the Pre-Service Claim unless additional information is required for a coverage decision. If additional information is necessary to make a determination, we will use our best efforts to provide notice within 24 hours of: 1) the need for additional information; 2) the specific information that you or your Provider may need to provide; and 3) the date that we reasonably expect to provide notice of the decision. If we request additional information, we must receive it within 48 hours of our request. We will use our best efforts to provide notice of the decision on your Pre-Service Claim within 48 hours after the earlier of: 1) receipt of the requested information; or 2) the end of the period you were afforded to provide the specified additional information as described above.

Benefit Determinations on Pre-Service Claims that Do Not Involve Urgent Care

We will use our best efforts to provide notice of a decision on a Pre-Service Claim not involving urgent care within 15 days of receipt provided additional information is not required for a coverage decision. This 15-day determination period may be extended by us one time for up to an additional 15 days. If such an extension is necessary, we will use our best efforts to provide notice of the extension and reasons for it. We will use our best efforts to provide notification of the decision on your Pre-Service claim within a total of 30 days of the initial receipt of the claim, if an extension of time was taken by us.

If additional information is necessary to make a determination, we will use our best efforts to: 1) provide notice of the need for additional information, prior to the expiration of the initial 15-day period; 2) identify the specific information

that you or your Provider may need to provide; and 3) inform you of the date that we reasonably expect to notify you of our decision. If we request additional information, we must receive it within 45 days of our request for the information. We will use our best efforts to provide notification of the decision on your Pre-Service Claim within 15 days of receipt of the requested information.

A Pre-Service Claim denial is an Adverse Benefit Determination and is subject to the Adverse Benefit Determination standards and appeal procedures described in this section.

Concurrent Care Decisions

Reduction or Termination of Coverage or Benefits for Services

A reduction or termination of coverage or benefits for Services will be considered an Adverse Benefit Determination when:

- we have approved in writing coverage or benefits for an ongoing course of Services to be provided over a period of time or a number of Services to be rendered; and
- the reduction or termination occurs before the end of such previously approved time or number of Services; and
- the reduction or termination of coverage or benefits by us was not due to an amendment of this Benefit Booklet or termination of your coverage as provided by this Benefit Booklet.

We will use our best efforts to notify you of such reduction or termination in advance so that you will have a reasonable amount of time to have the reduction or termination reviewed in accordance with the Adverse Benefit Determination standards and procedures described below. In no event shall we be required to provide more than a reasonable period of time within which you may develop your appeal before we actually terminate or reduce coverage for the Services.

Requests for Extension of Services

Your Provider may request an extension of coverage or benefits for a Service beyond the approved period of time or number of approved Services. If the request for an extension is for a Claim Involving Urgent Care, we will use our best efforts to notify you of the approval or denial of such requested extension within 24 hours after receipt of your request, provided it is received at least 24 hours prior to the expiration of the previously approved number or length of coverage for such Services. We will use our best efforts to notify you within 24 hours if: 1) we need additional information; or 2) you or your representative failed to follow proper procedures in your request for an extension. If we request additional information, you will have 48 hours to provide the requested information. We may notify you orally or in writing, unless you or your representative specifically request that it be in writing. A denial of a request for extension of Services is considered an Adverse Benefit Determination and is subject to the Adverse Benefit Determination review procedure below.

Standards for Adverse Benefit Determinations

Manner and Content of a Notification of an Adverse Benefit Determination:

We will use our best efforts to provide notice of any Adverse Benefit Determination in writing. Notification of an Adverse Benefit Determination will include (or will be made available to you free of charge upon request):

1. the date the Service or supply was provided;
2. the Provider's name;
3. the dollar amount of the claim, if applicable;
4. the diagnosis codes included on the claim (e.g., ICD-9, DSM-IV), including a description of such codes;
5. the standardized procedure code included on the claim (e.g., Current Procedural

Terminology), including a description of such codes;

6. the specific reason or reasons for the Adverse Benefit Determination, including any applicable denial code;
7. a description of the specific Benefit Booklet provisions upon which the Adverse Benefit Determination is based, as well as any internal rule, guideline, protocol, or other similar criterion that was relied upon in making the Adverse Benefit Determination;
8. a description of any additional information that might change the determination and why that information is necessary;
9. a description of the Adverse Benefit Determination review procedures and the time limits applicable to such procedures;
10. if the Adverse Benefit Determination is based on the Medical Necessity or Experimental or Investigational limitations and exclusions, a statement telling you how to obtain the specific explanation of the scientific or clinical judgment for the determination; and
11. You have the right to an independent external review through an external review organization for certain appeals, as provided in the Patient Protection and Affordable Care Act of 2010.

If the claim is a Claim Involving Urgent Care, we may notify you orally within the proper timeframes, provided we follow-up with a written or electronic notification meeting the requirements of this subsection no later than three days after the oral notification.

How to Appeal an Adverse Benefit Determination

Except as described below, only you, or a representative designated by you in writing, have the right to appeal an Adverse Benefit

Determination. An appeal of an Adverse Benefit Determination will be reviewed using the review process described below. Your appeal must be submitted to us in writing for an internal appeal within 365 days of the original Adverse Benefit Determination, except in the case of Concurrent Care Decisions which may, depending upon the circumstances, require you to file within a shorter period of time from notice of the denial. The following guidelines are applicable to reviews of Adverse Benefit Determinations:

- We must receive your appeal of an Adverse Benefit Determination in person or in writing;
- You may request to review pertinent documents, such as any internal rule, guideline, protocol, or similar criterion relied upon to make the determination, and submit issues or comments in writing;
- If the Adverse Benefit Determination is based on the lack of Medical Necessity of a particular Service or the Experimental or Investigational exclusion, you may request, free of charge, an explanation of the scientific or clinical judgment relied upon, if any, for the determination, that applies the terms of this Benefit Booklet to your medical circumstances;
- During the review process, the Services in question will be reviewed without regard to the decision reached in the initial determination;
- We may consult with appropriate Physicians, as necessary;
- Any independent medical consultant who reviews your Adverse Benefit Determination on our behalf will be identified upon request;
- If your claim is a Claim Involving Urgent Care, you may request an expedited appeal orally or in writing in which case all necessary information on review may be transmitted between you and us by telephone, facsimile or other available expeditious method; and

If you have a medical Condition where the timeframe for completion of a standard external review would seriously jeopardize your life, health or ability to regain maximum function, you may file a request for an expedited external review. Generally, an urgent situation is one in which your health may be in serious jeopardy, or in the opinion of your Physician, you may experience pain that cannot be adequately controlled while you wait for a decision on the external review of your claim. Moreover expedited external reviews may be requested for an admission, availability of care, continued stay or Health Care Service for which you received Emergency Services, but have not been discharged from a facility. Please be sure your treating Physician completes the appropriate form to initiate this request type. If you have any questions or concerns during the external review process, please contact us at the phone number listed on your ID card or visit

www.FloridaBlue.com. You may submit additional written comments to the External Reviewer. A letter with the mailing address will be sent to you when you file an external review. Please note that if you provide any additional information during the external review process it will be shared with us in order to give us the opportunity to reconsider the denial. If you believe your situation is urgent, you may request an expedited review by sending your request to the address above or by fax to 904-565-6637.

If the External Reviewer decides to overturn our decision, we will provide coverage or payment for your health care item or Service.

You or someone you name to act for you may file a request for external review. To appoint someone to act on your behalf, please complete an Appointment of Representative form.

You are entitled to receive, upon written request and free of charge, reasonable access to, and copies of all documents relevant to your appeal including a copy of the actual benefit provision, guideline protocol or other similar criterion on which the appeal decision was based.

You may request and we will provide the diagnosis and treatment codes, as well as their corresponding meanings, applicable to this notice, if available.

Additional Claims Processing Provisions

1. Release of Information/Cooperation:

In order to process claims, we may need certain information, including information regarding other health care coverage you may have. You must cooperate with us in our effort to obtain such information by, among other ways, signing any release of information form at our request. Failure by you to fully cooperate with us may result in a denial of the pending claim and we will have no liability for such claim.

2. Physical Examination:

In order to make coverage and benefit decisions, we may, at our expense, require you to be examined by a health care Provider of our choice as often as is reasonably necessary while a claim is pending. Failure by you to fully cooperate with such examination shall result in a denial of the pending claim and we shall have no liability for such claim.

3. Legal Actions:

No legal action arising out of or in connection with coverage under this Benefit Booklet may be brought against us within the 60-day period following our receipt of the completed claim as required herein. Additionally, no such action may be brought after expiration of the applicable statute of limitations.

4. Fraud, Misrepresentation or Omission in Applying for Benefits:

We rely on the information provided on the itemized statement and the claim form when processing a claim. All such information,

therefore, must be accurate, truthful and complete. Any fraudulent statement, omission or concealment of facts, misrepresentation, or incorrect information may result, in addition to any other legal remedy we may have, in denial of the claim or cancellation or rescission of your coverage.

5. Explanation of Benefits Form:

All claims decisions, including denial and claims review decisions, will be communicated to you in writing either on an explanation of benefits form or some other written correspondence. This form may indicate:

- a) The specific reason or reasons for the Adverse Benefit Determination;
- b) Reference to the specific Benefit Booklet provisions upon which the Adverse Benefit Determination is based as well as any internal rule, guideline, protocol, or other similar criterion that was relied upon in making the Adverse Benefit Determination;
- c) A description of any additional information that would change the initial determination and why that information is necessary;
- d) A description of the applicable Adverse Benefit Determination review procedures and the time limits applicable to such procedures; and
- e) If the Adverse Benefit Determination is based on the Medical Necessity or Experimental or Investigational limitations and exclusions, a statement telling you how you can obtain the specific explanation of the scientific or clinical judgment for the determination.

6. Circumstances Beyond Our Control:

To the extent that natural disaster, war, riot, civil insurrection, epidemic, or other

emergency or similar event not within our control, results in facilities, personnel or our financial resources being unable to process claims for Covered Services, we will have no liability or obligation for any delay in the payment of claims for Covered Services, except that we will make a good faith effort to make payment for such Services, taking into account the impact of the event. For the purposes of this paragraph, an event is not within our control if we cannot effectively exercise influence or dominion over its occurrence or non-occurrence.

Section 20: Relationship Between the Parties

BCBSF/Monroe County School District and Health Care Providers

Neither BCBSF nor Monroe County School District nor any of their officers, directors or employees provides Health Care Services to you. Rather, BCBSF is engaged in making coverage and benefit decisions under this Booklet. By accepting the Group health care coverage and benefits, you agree that making such coverage and benefit decisions does not constitute the rendering of Health Care Services and that health care Providers rendering those Services are not employees or agents of BCBSF or Monroe County School District. **In this regard, we and Monroe County School District hereby expressly disclaim any agency relationship, actual or implied, with any health care Provider.** BCBSF and Monroe County School District do not, by virtue of making coverage, and benefit decisions, exercise any control or direction over the medical judgment or clinical decisions of any health care Provider. Any decisions made under the Group Health Plan concerning appropriateness of setting, or whether any Service is Medically Necessary, shall be deemed to be made solely for purposes of determining whether such Services are covered, and not for purposes of recommending any treatment or non-treatment. Neither BCBSF nor Monroe County School District will assume liability for any loss or damage arising as a result of acts or omissions of any health care Provider.

Non Liability of BCBSF and Monroe County School District

Neither Monroe County School District nor any person covered under this Booklet is BCBSF's agent or representative, and neither shall be liable for any acts or omissions by BCBSF's agents, servants, employees, or us.

Additionally, neither BCBSF nor Monroe County School District will be liable, whether in tort or contract or otherwise, for any acts or omissions of any other person or organization with which BCBSF has made or hereafter makes arrangements for the provision of Covered Services. BCBSF is not your agent, servant, or representative nor is BCBSF an agent, servant, or representative of Monroe County School District and BCBSF will not be liable for any acts or omissions, or those of Monroe County School District, its agents, servants, employees, or any person or organization with which Monroe County School District has entered into any agreement or arrangement. By acceptance of coverage and benefits hereunder, you agree to the foregoing.

Medical Treatment Decisions - Responsibility of Your Physician, Not BCBSF

Any and all decisions that require or pertain to independent professional medical judgment or training, or the need for medical Services or supplies, must be made solely by your family and your treating Physician in accordance with the patient/physician relationship. It is possible that you or your treating Physician may conclude that a particular procedure is needed, appropriate, or desirable, even though such procedure may not be covered.

Section 21: General Provisions

Access to Information

BCBSF has the right to receive, from you and any health care Provider rendering Services to you, information that is reasonably necessary, as determined by BCBSF in order to administer the coverage and benefits provided, subject to all applicable confidentiality requirements listed below. By accepting coverage, you authorize every health care Provider who renders Services to you, to disclose to BCBSF or to affiliated entities, upon request, all facts, records, and reports pertaining to your care, treatment, and physical or mental Condition, and to permit BCBSF to copy any such records and reports so obtained.

Right to Receive Necessary Information

In order to administer coverage and benefits, BCBSF may, without the consent of, or notice to, any person, plan, or organization, obtain from any person, plan, or organization any information with respect to any person covered under this Booklet or applicant for enrollment which BCBSF deem to be necessary.

Right to Recovery

Whenever the Group Health Plan has made payments in excess of the maximum provided for under this Booklet, BCBSF will have the right to recover any such payments, to the extent of such excess, from you or any person, plan, or other organization that received such payments.

Compliance with State and Federal Laws and Regulations

The terms of coverage and benefits to be provided under this Benefit Booklet shall be deemed to have been modified and shall be

interpreted, so as to comply with applicable state or federal laws and regulations dealing with benefits, eligibility, enrollment, termination, or other rights and duties.

Confidentiality

Except as otherwise specifically provided herein, and except as may be required in order for us to administer coverage and benefits, specific medical information concerning you, received by Providers, shall be kept confidential by us in conformity with applicable law. Such information may be disclosed to third parties for use in connection with bona fide medical research and education, or as reasonably necessary in connection with the administration of coverage and benefits, specifically including BCBSF's quality assurance and Blueprint for Health Programs. Additionally, we may disclose such information to entities affiliated with us or other persons or entities we utilize to assist in providing coverage, benefits or services under this Booklet. Further, any documents or information which are properly subpoenaed in a judicial proceeding, or by order of a regulatory agency, shall not be subject to this provision.

BCBSF's arrangements with a Provider may require that we release certain claims and medical information about persons covered under this Booklet to that Provider even if treatment has not been sought by or through that Provider. By accepting coverage, you hereby authorize us to release to Providers claims information, including related medical information, pertaining to you in order for any such Provider to evaluate your financial responsibility under this Booklet.

Benefit Booklet

You have been provided with this Benefit Booklet and an Identification Card as evidence of your coverage under this Benefit Booklet.

Modification of Provider Network and the Participation Status

NetworkBlue and the Traditional Provider Program, and the participation status of individual Providers available through BCBSF, are subject to change at any time by BCBSF without prior notice to you or your approval or that of Monroe County School District. Additionally, BCBSF may, at any time, terminate or modify the terms of any Provider contract and may enter into additional Provider contracts without prior notice to you, or your approval or that of Monroe County School District. It is your responsibility to determine whether a health care Provider is an In-Network Provider at the time the Health Care Service is rendered. Under this Booklet, your financial responsibility may vary depending upon a Provider's participation status.

Cooperation Required of You and Your Covered Dependents

You must cooperate with BCBSF and Monroe County School District, and must execute and submit to us any consents, releases, assignments, and other documents requested in order to administer, and exercise any rights hereunder. Failure to do so may result in the denial of claims and will constitute grounds for termination for cause (See the Termination of an Individual's Coverage for Cause subsection in the Termination Of Coverage section).

Non-Waiver of Defaults

Any failure by BCBSF or Monroe County School District at any time, or from time to time, to enforce or to require the strict adherence to any of the terms or conditions described herein, will in no event constitute a waiver of any such terms or conditions. Further, it will not affect BCBSF's or Monroe County School District's right at any time to enforce any terms or conditions under this Benefit Booklet.

Notices

Any notice required or permitted hereunder will be deemed given if hand delivered or if mailed by United States Mail, postage prepaid, and addressed as listed below. Such notice will be deemed effective as of the date delivered or so deposited in the mail.

If to BCBSF:

To the address printed on the Identification Card.

If to you:

To the latest address provided by you or to your latest address on Enrollment Forms actually delivered to us.

You must notify us immediately of any address change.

If to Monroe County School District:

To the address indicated by Monroe County School District.

Our Obligations Upon Termination

Upon termination of your coverage for any reason, there will be no further liability or responsibility to you under the Group Health Plan, except as specifically described herein.

Promissory Estoppel

No oral statements, representations, or understanding by any person can change, alter, delete, add, or otherwise modify the express written terms of this Booklet.

Florida Agency for Health Care Administration Performance Data

The performance outcome and financial data published by the Agency for Health Care Administration (AHCA), pursuant to Florida Statute 408.05, or any successor statute, located at the web site address

www.floridahealthfinder.gov, may be accessed through the link provided on the Blue Cross and Blue Shield of Florida corporate web site at www.FloridaBlue.com.

Third Party Beneficiary

The terms and provisions of the Group Health Plan shall be binding solely upon, and inure solely to the benefit of, Monroe County School District and individuals covered under the terms of this Benefit Booklet, and no other person shall have any rights, interest or claims thereunder, or under this Benefit Booklet, or be entitled to sue for a breach thereof as a third-party beneficiary or otherwise. Monroe County School District hereby specifically expresses its intent that health care Providers that have not entered into contracts with BCBSF to participate in BCBSF's Provider networks shall not be third-party beneficiaries under the terms of the Monroe County School District Group Health Plan or this Benefit Booklet.

Customer Rewards Programs

From time to time, we may offer programs to our customers that provide rewards for following the terms of the program. We will tell you about any available rewards programs in general mailings, member newsletters and/or on our website. Your participation in these programs is completely voluntary and will in no way affect the coverage available to you under this Benefit Booklet. We reserve the right to offer rewards in excess of \$25 per year as well as the right to discontinue or modify any reward program features or promotional offers at any time without your consent.

Section 22: Definitions

The following definitions are used in this Benefit Booklet. Other definitions may be found in the particular section or subsection where they are used.

Accident means an unintentional, unexpected event, other than the acute onset of a bodily infirmity or disease, which results in traumatic injury. This term does not include injuries caused by surgery or treatment for disease or illness.

Accidental Dental Injury means an injury to sound natural teeth (not previously compromised by decay) caused by a sudden, unintentional, and unexpected event or force. This term does not include injuries to the mouth, structures within the oral cavity, or injuries to natural teeth caused by biting or chewing, surgery, or treatment for a disease or illness.

Acupuncture means the insertion of acupuncture needles to specific areas of the human body.

Acupuncturist means a person who is licensed pursuant to Chapter 457 of the *Florida Statutes*, or a similar applicable law of another state.

Administrative Services Only Agreement or ASO Agreement means an agreement between Monroe County School District and BCBSF. Under the Administrative Services Only Agreement, BCBSF provides claims processing and payment services, customer service, utilization review services and access to BCBSF's NetworkBlue and BCBSF's network of Traditional Insurance Providers.

Adverse Benefit Determination means any denial, reduction or termination of coverage, benefits, or payment (in whole or in part) under the Benefit Booklet with respect to a Pre-Service Claim or a Post-Service Claim. Any reduction or termination of coverage, benefits, or payment in

connection with a Concurrent Care Decision, as described in this section, shall also constitute an Adverse Benefit Determination.

Allowed Amount means the maximum amount upon which payment will be based for Covered Services. The Allowed Amount may be changed at any time without notice to you or your consent.

1. In the case of an In-Network Provider located in Florida, this amount will be established in accordance with the applicable agreement between that Provider and BCBSF.
2. In the case of an In-Network Provider located outside of Florida, this amount will generally be established in accordance with the negotiated price that the on-site Blue Cross and/or Blue Shield Plan ("Host Blue") passes on to us, except when the Host Blue is unable to pass on its negotiated price due to the terms of its Provider contracts. See the BlueCard (Out-of-State) Program section for more details.
3. In the case of Out-of-Network Providers located in Florida who participate in the Traditional Program, this amount will be established in accordance with the applicable agreement between that Provider and BCBSF.
4. In the case of Out-of-Network Providers located outside of Florida who participate in the BlueCard (Out-of-State) Traditional Program, this amount will generally be established in accordance with the negotiated price that the Host Blue passes on to us, except when the Host Blue is unable to pass on its negotiated price due to the terms of its Provider contracts. See the BlueCard (Out-of-State) Program section for more details.

5. In the case of an Out-of-Network Provider that has not entered into an agreement with BCBSF to provide access to a discount from the billed amount of that Provider for the specific Covered Services provided to you, the Allowed Amount will be the lesser of that Provider's actual billed amount for the specific Covered Services or an amount established by BCBSF that may be based on several factors including (but not necessarily limited to): (i) payment for such Services under the Medicare and/or Medicaid programs; (ii) payment often accepted for such Services by that Out-of-Network Provider and/or by other Providers, either in Florida or in other comparable market(s), that BCBSF determines are comparable to the Out-of-Network Provider that provided the specific Covered Services (which may include payment accepted by such Out-of-Network Provider and/or by other Providers as participating providers in other provider networks of third-party payers which may include, for example, other insurance companies and/or health maintenance organizations); (iii) payment amounts which are consistent, as determined by BCBSF, with BCBSF's provider network strategies (e.g., does not result in payment that encourages Providers participating in a BCBSF network to become non-participating); and/or, (iv) the cost of providing the specific Covered Services. In the case of an Out-of-Network Provider that has not entered into an agreement with another Blue Cross and/or Blue Shield organization to provide access to discounts from the billed amount for the specific Covered Services under the BlueCard (Out-of-State) Program, the Allowed Amount for the specific Covered Services provided to you may be based upon the amount provided to BCBSF by the other Blue Cross and/or Blue Shield organization where the

Services were provided at the amount such organization would pay non-participating Providers in its geographic area for such Services.

Please specifically note that, in the case of an Out-of-Network Provider that has not entered into an agreement with BCBSF to provide access to a discount from the billed amount of that Provider, the Allowed Amount for particular Services is often substantially below the amount billed by such Out-of-Network Provider for such Services. You will be responsible for any difference between such Allowed Amount and the amount billed for such Services by any such Out-of-Network Provider.

Ambulance means a ground or water vehicle, airplane or helicopter properly licensed pursuant to Chapter 401 of the Florida Statutes, or a similar applicable law in another state.

Ambulatory Surgical Center means a facility properly licensed pursuant to Chapter 395 of the Florida Statutes, or a similar applicable law of another state, the primary purpose of which is to provide elective surgical care to a patient, admitted to, and discharged from such facility within the same working day.

Applied Behavior Analysis means the design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including, but not limited to, the use of direct observation, measurement and functional analysis of the relations between environment and behavior.

Approved Clinical Trial means a phase I, phase II, phase III, or phase IV clinical trial that is conducted in relation to the prevention, detection, or treatment of cancer or other Life-Threatening Disease or Condition and meets one of the following criteria:

1. The study or investigation is approved or funded by one or more of the following:
 - a. The National Institutes of Health.
 - b. The Centers for Disease Control and Prevention.
 - c. The Agency for Health Care Research and Quality.
 - d. The Centers for Medicare and Medicaid Services.
 - e. Cooperative group or center of any of the entities described in clauses (i) through (iv) or the Department of Defense or the Department of Veterans Affairs.
 - f. A qualified non-governmental research entity identified in the guidelines issued by the National Institutes of Health for center support grants.
 - g. Any of the following if the conditions described in paragraph (2) are met:
 - i. The Department of Veterans Affairs.
 - ii. The Department of Defense.
 - iii. The Department of Energy.
2. The study or investigation is conducted under an investigational new drug application reviewed by the Food and Drug Administration.
3. The study or investigation is a drug trial that is exempt from having such an investigational new drug application.

For a study or investigation conducted by a Department the study or investigation must be reviewed and approved through a system of peer review that the Secretary determines: (1) to be comparable to the system of peer review of studies and investigations used by the National Institutes of Health, and (2) assures unbiased review of the highest scientific standards by

qualified individuals who have no interest in the outcome of the review.

For purposes of this definition, 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.

Artificial Insemination (AI) means a medical procedure in which sperm is placed into the female reproductive tract by a qualified health care provider for the purpose of producing a pregnancy.

Autism Spectrum Disorder means any of the following disorders as defined in the diagnostic categories of the International Classification of Diseases, Ninth Edition, Clinical Modification (ICD-9 CM), or their equivalents in the most recently published version of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders:

1. Autistic disorder;
2. Asperger's syndrome;
3. Pervasive developmental disorder not otherwise specified; and
4. Childhood Disintegrative Disorder.

Benefit Period means a consecutive period of time, specified by BCBSF and the Group, in which benefits accumulate toward the satisfaction of Deductibles, out-of-pocket maximums and any applicable benefit maximums. Your Benefit Period is listed on your Schedule of Benefits, and will not be less than 12 months unless indicated as such.

Birth Center means a facility or institution, other than a Hospital or Ambulatory Surgical Center, which is properly licensed pursuant to Chapter 383 of the *Florida Statutes*, or a similar applicable law of another state, in which births are planned to occur away from the mother's usual residence following a normal, uncomplicated, low-risk pregnancy.

BlueCard (Out-of-State) Program means a national Blue Cross and Blue Shield Association program available through Blue Cross and Blue Shield of Florida, Inc. Subject to any applicable BlueCard (Out-of-State) Program rules and protocols, you may have access to the Provider discounts of other participating Blue Cross and/or Blue Shield plans. See the BlueCard (Out-of-State) Program section for more details.

BlueCard (Out-of-State) PPO Program means a national Blue Cross and Blue Shield Association program available through Blue Cross and Blue Shield of Florida, Inc. Subject to any applicable BlueCard (Out-of-State) Program rules and protocols, you may have access to the BlueCard (Out-of-State) PPO Program discounts of other participating Blue Cross and/or Blue Shield plans.

BlueCard (Out-of-State) Traditional Program means a national Blue Cross and Blue Shield Association program available through Blue Cross and Blue Shield of Florida, Inc. Subject to any applicable BlueCard (Out-of-State) Program rules and protocols, you may have access to the BlueCard (Out-of-State) Traditional Program discounts of other participating Blue Cross and/or Blue Shield plans.

BlueCard (Out-of-State) PPO Program Provider means a Provider designated as a BlueCard (Out-of-State) PPO Program Provider by the Host Blue.

BlueCard (Out-of-State) Traditional Program Provider means a Provider designated as a BlueCard (Out-of-State) Traditional Program Provider by the Host Blue.

Bone Marrow Transplant means human blood precursor cells administered to a patient to restore normal hematological and immunological functions following ablative or non-ablative therapy with curative or life-prolonging intent. Human blood precursor cells may be obtained from the patient in an autologous transplant, or an allogeneic transplant from a medically

acceptable related or unrelated donor, and may be derived from bone marrow, the circulating blood, or a combination of bone marrow and circulating blood. If chemotherapy is an integral part of the treatment involving bone marrow transplantation, the term "Bone Marrow Transplant" includes the transplantation as well as the administration of chemotherapy and the chemotherapy drugs. The term "Bone Marrow Transplant" also includes any Services or supplies relating to any treatment or therapy involving the use of high dose or intensive dose chemotherapy and human blood precursor cells and includes any and all Hospital, Physician or other health care Provider Health Care Services which are rendered in order to treat the effects of, or complications arising from, the use of high dose or intensive dose chemotherapy or human blood precursor cells (e.g., Hospital room and board and ancillary Services).

Calendar Year begins January 1st and ends December 31st.

Cardiac Therapy means Health Care Services provided under the supervision of a Physician, or an appropriate Provider trained for Cardiac Therapy, for the purpose of aiding in the restoration of normal heart function in connection with a myocardial infarction, coronary occlusion or coronary bypass surgery.

Certified Nurse Midwife means a person who is licensed pursuant to Chapter 464 of the *Florida Statutes*, or a similar applicable law of another state, as an advanced nurse practitioner and who is certified to practice midwifery by the American College of Nurse Midwives.

Certified Registered Nurse Anesthetist means a person who is a properly licensed nurse who is a certified advanced registered nurse practitioner within the nurse anesthetist category pursuant to Chapter 464 of the *Florida Statutes*, or a similar applicable law of another state.

Claim Involving Urgent Care means any request or application for coverage or benefits for medical care or treatment that has not yet been provided to you with respect to which the application of time periods for making non-urgent care benefit determinations: (1) could seriously jeopardize your life or health or your ability to regain maximum function; or (2) in the opinion of a Physician with knowledge of your Condition, would subject you to severe pain that cannot be adequately managed without the proposed Services being rendered.

Coinsurance means your share of health care expenses for Covered Services. After your Deductible requirement is met, a percentage of the Allowed Amount will be paid for Covered Services, as listed in the Schedule of Benefits. The percentage you are responsible for is your Coinsurance.

Concurrent Care Decision means a decision by us to deny, reduce, or terminate coverage, benefits, or payment (in whole or in part) with respect to a course of treatment to be provided over a period of time, or a specific number of treatments, if we had previously approved or authorized in writing coverage, benefits, or payment for that course of treatment or number of treatments.

As defined herein, a Concurrent Care Decision shall not include any decision to deny, reduce, or terminate coverage, benefits, or payment under the personal case management Program as described in the "Blueprint For Health Programs" section of this Benefit Booklet.

Condition means a disease, illness, ailment, injury, or pregnancy.

Convenient Care Center means a properly licensed ambulatory center that: 1) treats a limited number of common, low-intensity illnesses when ready access to the patient's primary physician is not possible; 2) shares clinical information about the treatment with the patient's primary physician; 3) is usually housed

in a retail business; and 4) is staffed by at least one master's level nurse (ARNP) who operates under a set of clinical protocols that strictly circumscribe the conditions the ARNP can treat. Although no physician is present at the Convenient Care Center, medical oversight is based on a written collaborative agreement between a supervising physician and the ARNP.

Copayment means the dollar amount established solely by BCBSF or MCSD which is required to be paid to a health care Provider by you at the time certain Covered Services are rendered by that Provider.

Cost Share means the dollar or percentage amount established solely by us, which must be paid to a health care Provider by you at the time Covered Services are rendered by that Provider. Cost Share may include, but is not limited to Coinsurance, Copayment, Deductible and/or Per Admission Deductible (PAD) amounts. Applicable Cost Share amounts are identified in your Schedule of Benefits.

Covered Dependent means an Eligible Dependent who meets and continues to meet all applicable eligibility requirements and who is enrolled, and actually covered, under the Group Health Plan other than as a Covered Plan Participant (See the "Eligibility Requirements for Dependent(s)" subsection of the "Eligibility for Coverage" section).

Covered Person means a Covered Plan Participant or a Covered Dependent.

Covered Plan Participant means an Eligible Employee or other individual who meets and continues to meet all applicable eligibility requirements and who is enrolled, and actually covered, under this Benefit Booklet other than as a Covered Dependent.

Covered Services means those Health Care Services which meet the criteria listed in the "What Is Covered?" section.

Custodial or Custodial Care means care that serves to assist an individual in the activities of daily living, such as assistance in walking, getting in and out of bed, bathing, dressing, feeding, and using the toilet, preparation of special diets, and supervision of medication that usually can be self-administered. Custodial Care essentially is personal care that does not require the continuing attention of trained medical or paramedical personnel. In determining whether a person is receiving Custodial Care, consideration is given to the frequency, intensity and level of care and medical supervision required and furnished. A determination that care received is Custodial is not based on the patient's diagnosis, type of Condition, degree of functional limitation, or rehabilitation potential.

Deductible means the amount of charges, up to the Allowed Amount, for Covered Services that are your responsibility. The term, Deductible, does not include any amounts you are responsible for in excess of the Allowed Amount, or any Coinsurance/Copay amounts, if applicable.

Detoxification means a process whereby an alcohol or drug intoxicated, or alcohol or drug dependent, individual is assisted through the period of time necessary to eliminate, by metabolic or other means, the intoxicating alcohol or drug, alcohol or drug dependent factors or alcohol in combination with drugs as determined by a licensed Physician or Psychologist, while keeping the physiological risk to the individual at a minimum.

Diabetes Educator means a person who is properly certified pursuant to Florida law, or a similar applicable law of another state, to supervise diabetes outpatient self-management training and educational services.

Dialysis Center means an outpatient facility certified by the Centers for Medicare and Medicaid Services (CMMS) and the Florida Agency for Health Care Administration (or a

similar regulatory agency of another state) to provide hemodialysis and peritoneal dialysis services and support.

Dietitian means a person who is properly licensed pursuant to Florida law or a similar applicable law of another state to provide nutrition counseling for diabetes outpatient self-management services.

Durable Medical Equipment means equipment furnished by a supplier or a Home Health Agency that: 1) can withstand repeated use; 2) is primarily and customarily used to serve a medical purpose; 3) not for comfort or convenience; 4) generally is not useful to an individual in the absence of a Condition; and 5) is appropriate for use in the home.

Durable Medical Equipment Provider means a person or entity that is properly licensed, if applicable, under Florida law (or a similar applicable law of another state) to provide home medical equipment, oxygen therapy services, or dialysis supplies in the patient's home under a Physician's prescription.

Effective Date means, with respect to individuals covered under this Benefit Booklet, 12:01 a.m. on the date Monroe County School District specifies that the coverage will commence as further described in the "Enrollment and Effective Date of Coverage" section of this Benefit Booklet.

Eligible Dependent means an individual who meets and continues to meet all of the eligibility requirements described in the Eligibility Requirements for Dependent(s) subsection of the *Eligibility for Coverage* section in this Benefit Booklet, and is eligible to enroll as a Covered Dependent.

Eligible Employee means an individual who meets and continues to meet all of the eligibility requirements described in the Eligibility Requirements for Covered Plan Participant subsection of the *Eligibility for Coverage* section in the Benefit Booklet and is eligible to enroll as

a Covered Plan Participant. Any individual who is an Eligible Employee is not a Covered Plan Participant until such individual has actually enrolled with, and been accepted for coverage as a Covered Plan Participant by Monroe County School District.

Emergency Medical Condition means a medical or psychiatric Condition or an injury manifesting 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 a condition described as (i) placing the health of the individual in serious jeopardy, (ii) serious impairment to bodily functions, or (iii) serious dysfunction of any bodily organ or part.

Emergency Services means, with respect to an Emergency Medical Condition:

1. a medical screening examination (as required under Section 1867 of the Social Security Act) that is within the capability of the emergency department of a Hospital, including ancillary Services routinely available to the emergency department to evaluate such Emergency Medical Condition; and
2. within the capabilities of the staff and facilities available at the hospital, such further medical examination and treatment as are required under Section 1867 of such Act to Stabilize the patient.

Endorsement means an amendment to the Group Health Plan or this Booklet.

Enrollment Date means the date of enrollment of the individual under the Group Health Plan or, if earlier, the first day of the Waiting Period of such enrollment.

Enrollment Forms means those forms, electronic (where available) or paper, which are

used to maintain accurate enrollment files under this Benefit Booklet.

Experimental or Investigational means any evaluation, treatment, therapy, or device which involves the application, administration or use, of procedures, techniques, equipment, supplies, products, remedies, vaccines, biological products, drugs, pharmaceuticals, or chemical compounds if, as determined solely by BCBSF:

1. such evaluation, treatment, therapy, or device cannot be lawfully marketed without approval of the United States Food and Drug Administration or the Florida Department of Health and approval for marketing has not, in fact, been given at the time such is furnished to you; or
2. such evaluation, treatment, therapy, or device is provided pursuant to a written protocol which describes as among its objectives the following: determinations of safety, efficacy, or efficacy in comparison to the standard evaluation, treatment, therapy, or device; or
3. such evaluation, treatment, therapy, or device is delivered or should be delivered subject to the approval and supervision of an institutional review board or other entity as required and defined by federal regulations; or
4. credible scientific evidence shows that such evaluation, treatment, therapy, or device is the subject of an ongoing Phase I or II clinical investigation, or the experimental or research arm of a Phase III clinical investigation, or under study to determine: maximum tolerated dosage(s), toxicity, safety, efficacy, or efficacy as compared with the standard means for treatment or diagnosis of the Condition in question; or
5. credible scientific evidence shows that the consensus of opinion among experts is that further studies, research, or clinical investigations are necessary to determine:

maximum tolerated dosage(s), toxicity, safety, efficacy, or efficacy as compared with the standard means for treatment or diagnosis of the Condition in question; or

6. credible scientific evidence shows that such evaluation, treatment, therapy, or device has not been proven safe and effective for treatment of the Condition in question, as evidenced in the most recently published Medical Literature in the United States, Canada, or Great Britain, using generally accepted scientific, medical, or public health methodologies or statistical practices; or
7. there is no consensus among practicing Physicians that the treatment, therapy, or device is safe and effective for the Condition in question; or
8. such evaluation, treatment, therapy, or device is not the standard treatment, therapy, or device utilized by practicing Physicians in treating other patients with the same or similar Condition.

"Credible scientific evidence" shall mean (as determined by BCBSF):

1. records maintained by Physicians or Hospitals rendering care or treatment to you or other patients with the same or similar Condition;
2. reports, articles, or written assessments in authoritative medical and scientific literature published in the United States, Canada, or Great Britain;
3. published reports, articles, or other literature of the United States Department of Health and Human Services or the United States Public Health Service, including any of the National Institutes of Health, or the United States Office of Technology Assessment;
4. the written protocol or protocols relied upon by the treating Physician or institution or the protocols of another Physician or institution

studying substantially the same evaluation, treatment, therapy, or device;

5. the written informed consent used by the treating Physician or institution or by another Physician or institution studying substantially the same evaluation, treatment, therapy, or device; or
6. the records (including any reports) of any institutional review board of any institution which has reviewed the evaluation, treatment, therapy, or device for the Condition in question.

Note: Health Care Services which are determined by BCBSF to be Experimental or Investigational are excluded (see the "What Is Not Covered?" section). In determining whether a Health Care Service is Experimental or Investigational, BCBSF may also rely on the predominant opinion among experts, as expressed in the published authoritative literature, that usage of a particular evaluation, treatment, therapy, or device should be substantially confined to research settings or that further studies are necessary in order to define safety, toxicity, effectiveness, or effectiveness compared with standard alternatives.

FDA means the United States Food and Drug Administration.

Foster Child means a person who is placed in your residence and care under the Foster Care Program by the Florida Department of Health & Rehabilitative Services in compliance with *Florida Statutes* or by a similar regulatory agency of another state in compliance with that state's applicable laws.

Gamete Intrafallopian Transfer (GIFT) means the direct transfer of a mixture of sperm and eggs into the fallopian tube by a qualified health care provider. Fertilization takes place inside the tube.

Generally Accepted Standards of Medical Practice means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations, and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

Gestational Surrogate means a woman, regardless of age, who contracts, orally or in writing, to become pregnant by means of assisted reproductive technology without the use of an egg from her body.

Gestational Surrogacy Contract or Arrangement means an oral or written agreement, regardless of the state or jurisdiction where executed, between the Gestational Surrogate and the intended parent or parents.

Group means the employer, labor union, trust, association, partnership, or corporation, department, other organization or entity through which coverage and benefits under this Benefit Booklet are made available to you, and through which you and your Covered Dependents become entitled to coverage and benefits for the Covered Services described herein.

Group Health Plan or Group Plan means the plan established and maintained by Monroe County School District for the provision of health care coverage and benefits to the individuals covered under this Benefit Booklet.

Health Care Services or Services includes treatments, therapies, devices, procedures, techniques, equipment, supplies, products, remedies, vaccines, biological products, drugs, pharmaceuticals, chemical compounds, and other services rendered or supplied, by or at the direction of, Providers.

Home Health Agency means a properly licensed agency or organization which provides health services in the home pursuant to Chapter 400 of the *Florida Statutes*, or a similar applicable law of another state.

Home Health Care or Home Health Care Services means Physician-directed professional, technical and related medical and personal care Services provided on an intermittent or part-time basis directly by (or indirectly through) a Home Health Agency in your home or residence. For purposes of this definition, a Hospital, Skilled Nursing Facility, nursing home or other facility will not be considered an individual's home or residence.

Hospice means a public agency or private organization which is duly licensed by the State of Florida under applicable law, or a similar applicable law of another state, to provide hospice services. In addition, such licensed entity must be principally engaged in providing pain relief, symptom management, and supportive services to terminally ill persons and their families.

Hospital means a facility properly licensed pursuant to Chapter 395 of the *Florida Statutes*, or a similar applicable law of another state, that: offers services which are more intensive than those required for room, board, personal services and general nursing care; offers facilities and beds for use beyond 24 hours; and regularly makes available at least clinical laboratory services, diagnostic x-ray services and treatment facilities for surgery or obstetrical care or other definitive medical treatment of similar extent.

The term Hospital does not include: an Ambulatory Surgical Center; a Skilled Nursing Facility; a stand-alone Birthing Center; a Psychiatric Facility; a Substance Abuse Facility; a convalescent, rest or nursing home; or a facility which primarily provides Custodial, educational, or Rehabilitative Therapies.

Note: If services specifically for the treatment of a physical disability are provided in a licensed Hospital which is accredited by the Joint Commission on the Accreditation of Health Care Organizations, the American Osteopathic Association, or

the Commission on the Accreditation of Rehabilitative Facilities, payment for these services will not be denied solely because such Hospital lacks major surgical facilities and is primarily of a rehabilitative nature. Recognition of these facilities does not expand the scope of Covered Services. It only expands the setting where Covered Services can be performed for coverage purposes.

Identification (ID) Card means the card(s) issued to Covered Plan Participants under the BlueOptions Group Health Plan. The card is not transferable to another person. Possession of such card in no way guarantees that a particular individual is eligible for, or covered under, this Benefit Booklet.

Independent Clinical Laboratory means a laboratory properly licensed pursuant to Chapter 483 of the *Florida Statutes*, or a similar applicable law of another state, where examinations are performed on materials or specimens taken from the human body to provide information or materials used in the diagnosis, prevention, or treatment of a Condition.

Independent Diagnostic Testing Facility means a facility, independent of a Hospital or Physician's office, which is a fixed location, a mobile entity, or an individual non-Physician practitioner where diagnostic tests are performed by a licensed Physician or by licensed, certified non-Physician personnel under appropriate Physician supervision. An Independent Diagnostic Testing Facility must be appropriately registered with the Agency for Health Care Administration and must comply with all applicable Florida law or laws of the State in which it operates. Further, such an entity must meet BCBSF's criteria for eligibility as an Independent Diagnostic Testing Facility.

In-Network means, when used in reference to Covered Services, the level of benefits payable to an In-Network Provider as designated on the

Schedule of Benefits under the heading "In-Network". Otherwise, In-Network means, when used in reference to a Provider, that, at the time Covered Services are rendered, the Provider is an In-Network Provider under the terms of this Booklet.

In-Network Provider means any health care Provider who, at the time Covered Services were rendered to you, was under contract with BCBSF to participate in BCBSF's NetworkBlue and included in the panel of providers designated by BCBSF as "In-Network" for your specific plan. (Please refer to your *Schedule of Benefits*). For payment purposes under this Benefit Booklet only, the term In-Network Provider also refers, when applicable, to any health care Provider located outside the state of Florida who or which, at the time Health Care Services were rendered to you, participated as a BlueCard (Out-of-State) PPO Program Provider under the Blue Cross Blue Shield Association's BlueCard (Out-of-State) Program.

Intensive Outpatient Treatment means treatment in which an individual receives at least 3 clinical hours of institutional care per day (24-hour period) for at least 3 days a week and returns home or is not treated as an inpatient during the remainder of that 24-hour period. A Hospital shall not be considered a "home" for purposes of this definition.

In Vitro Fertilization (IVF) means a process in which an egg and sperm are combined in a laboratory dish to facilitate fertilization. If fertilized, the resulting embryo is transferred to the woman's uterus.

Licensed Practical Nurse means a person properly licensed to practice practical nursing pursuant to Chapter 464 of the *Florida Statutes*, or a similar applicable law of another state.

Massage Therapist means a person properly licensed to practice Massage, pursuant to Chapter 480 of the *Florida Statutes*, or a similar applicable law of another state.

Massage or Massage Therapy means the manipulation of superficial tissues of the human body using the hand, foot, arm, or elbow. For purposes of this Benefit Booklet, the term Massage or Massage Therapy does not include the application or use of the following or similar techniques or items for the purpose of aiding in the manipulation of superficial tissues: hot or cold packs; hydrotherapy; colonic irrigation; thermal therapy; chemical or herbal preparations; paraffin baths; infrared light; ultraviolet light; Hubbard tank; or contrast baths.

Mastectomy means the removal of all or part of the breast for Medically Necessary reasons as determined by a Physician.

Medical Literature means scientific studies published in a United States peer-reviewed national professional journal.

Medically Necessary or Medical Necessity means that, with respect to a Health Care Service, a Provider, exercising prudent clinical judgment, provided, or is proposing or recommending to provide the Health Care Service to you for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that the Health Care Service was/is:

1. in accordance with Generally Accepted Standards of Medical Practice;
2. clinically appropriate, in terms of type, frequency, extent, site of Service, duration, and considered effective for your illness, injury, or disease or symptoms;
3. not primarily for your convenience, your family's convenience, your caregiver's convenience or that of your Physician or other health care Provider, and
4. not more costly than the same or similar Service provided by a different Provider, by way of a different method of administration, an alternative location (e.g., office vs. inpatient), and/or an alternative Service or

sequence of Services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of your illness, injury, disease or symptoms.

When determining whether a Service is not more costly than the same or similar Service as referenced above, we may, but are not required to, take into consideration various factors including, but not limited to, the following:

- a. the Allowed Amount for Service at the location for the delivery of the Service versus an alternate setting;
- b. the amount we have to pay to the proposed particular Provider versus the Allowed Amount for a Service by another Provider including Providers of the same and/or different licensure and/or specialty; and/or,
- c. an analysis of the therapeutic and/or diagnostic outcomes of an alternate treatment versus the recommended or performed procedure including a comparison to no treatment. Any such analysis may include the short and/or long-term health outcomes of the recommended or performed treatment versus alternate treatments including an analysis of such outcomes as the ability of the proposed procedure to treat comorbidities, time to disease recurrence, the likelihood of additional Services in the future, etc.

Note: The distance you have to travel to receive a Health Care Service, time off from work, overall recovery time, etc. are not factors that we are required to consider when evaluating whether or not a Health Care Service is not more costly than an alternative Service or sequence of Services.

Reviews we perform of Medical Necessity may be based on comparative effectiveness research, where available, or on evidence showing lack of superiority of a particular Service or lack of difference in outcomes with respect to a particular Service. In performing Medical Necessity reviews, we may take into

consideration and use cost data which may be proprietary.

It is important to remember that any review of Medical Necessity by us is solely for the purpose of determining coverage or benefits under this Booklet and not for the purpose of recommending or providing medical care. In this respect, we may review specific medical facts or information pertaining to you. Any such review, however, is strictly for the purpose of determining, among other things, whether a Service provided or proposed meets the definition of Medical Necessity in this Booklet as determined by us. In applying the definition of Medical Necessity in this Booklet, we may apply our coverage and payment guidelines then in effect. You are free to obtain a Service even if we deny coverage because the Service is not Medically Necessary; however, you will be solely responsible for paying for the Service.

Medicare means the federal health insurance provided under Title XVIII of the Social Security Act and all amendments thereto.

Medication Guide for the purpose of this Benefit Booklet means the guide then in effect issued by us where you may find information about Specialty Drugs, Prescription Drugs that require prior coverage authorization and Self-Administered Prescription Drugs that may be covered under this plan.

Note: The Medication Guide is subject to change at any time. Please refer to our website at www.FloridaBlue.com for the most current guide or you may call the customer service phone number on your Identification Card for current information.

Mental Health Professional means a person properly licensed to provide mental health Services, pursuant to Chapter 491 of the *Florida Statutes*, or a similar applicable law of another state. This professional may be a clinical social worker, mental health counselor or marriage and family therapist. A Mental Health Professional

does not include members of any religious denomination who provide counseling services.

Mental and Nervous Disorder means any disorder listed in the diagnostic categories of the International Classification of Disease (ICD-9 CM or ICD 10 CM), or their equivalents in the most recently published version of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, regardless of the underlying cause, or effect, of the disorder.

Midwife means a person properly licensed to practice midwifery pursuant to Chapter 467 of the *Florida Statutes*, or a similar applicable law of another state.

NetworkBlue means, or refers to, the preferred provider network established and so designated by BCBSF which is available to individuals covered under this Benefit Booklet. Please note that BCBSF's Preferred Patient Care (PPC) preferred provider network is not available to individuals covered under this Benefit Booklet.

Occupational Therapist means a person properly licensed to practice Occupational Therapy pursuant to Chapter 468 of the *Florida Statutes*, or a similar applicable law of another state.

Occupational Therapy means a treatment that follows an illness or injury and is designed to help a patient learn to use a newly restored or previously impaired function.

Orthotic Device means any rigid or semi-rigid device needed to support a weak or deformed body part or restrict or eliminate body movement.

Out-of-Network means, when used in reference to Covered Services, the level of benefits payable to an Out-of-Network Provider as designated on the Schedule of Benefits under the heading "Out-of-Network". Otherwise, Out-of-Network means, when used in reference to a Provider, that, at the time Covered Services are

rendered, the Provider is not an In-Network Provider under the terms of this Booklet.

Out-of-Network Provider means a Provider who, at the time Health Care Services were rendered:

1. did not have a contract with us to participate in NetworkBlue but was participating in our Traditional Program; or
2. did not have a contract with a Host Blue to participate in its local PPO Program for purposes of the BlueCard (Out-of-State) PPO Program but was participating, for purposes of the BlueCard (Out-of-State) Program, as a BlueCard (Out-of-State) Traditional Program Provider; or
3. did have a contract to participate in NetworkBlue but was not included in the panel of Providers designated by us to be In-Network for your Plan; or
4. did not have a contract with us to participate in NetworkBlue or our Traditional Program; or
5. did not have a contract with a Host Blue to participate for purposes of the BlueCard (Out-of-State) Program as a BlueCard (Out-of State) Traditional Program Provider.

Outpatient Rehabilitation Facility means an entity which renders, through providers properly licensed pursuant to Florida law or the similar law or laws of another state: outpatient physical therapy; outpatient speech therapy; outpatient occupational therapy; outpatient cardiac rehabilitation therapy; and outpatient Massage for the primary purpose of restoring or improving a bodily function impaired or eliminated by a Condition. Further, such an entity must meet BCBSF's criteria for eligibility as an Outpatient Rehabilitation Facility. The term Outpatient Rehabilitation Facility, as used herein, shall not include any Hospital including a general acute care Hospital, or any separately organized unit of a Hospital, which provides comprehensive medical rehabilitation inpatient services, or rehabilitation outpatient services, including, but

not limited to, a Class III "specialty rehabilitation hospital" described in Chapter 59A, *Florida Administrative Code* or the similar law or laws of another state.

Pain Management includes, but is not limited to, Services for pain assessment, medication, physical therapy, biofeedback, and/or counseling. Pain rehabilitation programs are programs featuring multidisciplinary Services directed toward helping those with chronic pain to reduce or limit their pain.

Partial Hospitalization means treatment in which an individual receives at least 6 clinical hours of institutional care per day (24-hour period) for at least 5 days per week and returns home or is not treated as an inpatient during the remainder of that 24-hour period. A Hospital shall not be considered a "home" for purposes of this definition.

Physical Therapy means the treatment of disease or injury by physical or mechanical means as defined in Chapter 486 of the *Florida Statutes* or a similar applicable law of another state. Such therapy may include traction, active or passive exercises, or heat therapy.

Physical Therapist means a person properly licensed to practice Physical Therapy pursuant to Chapter 486 of the *Florida Statutes*, or a similar applicable law of another state.

Physician means any individual who is properly licensed by the state of Florida, or a similar applicable law of another state, as a Doctor of Medicine (M.D.), Doctor of Osteopathy (D.O.), Doctor of Podiatry (D.P.M.), Doctor of Chiropractic (D.C.), Doctor of Dental Surgery or Dental Medicine (D.D.S. or D.M.D.), or Doctor of Optometry (O.D.).

Physician Assistant means a person properly licensed pursuant to Chapter 458 of the *Florida Statutes*, or a similar applicable law of another state.

Physician Specialty Society means a United States medical specialty society that represents diplomates certified by a board recognized by the American Board of Medical Specialties.

Post-Service Claim means any paper or electronic request or application for coverage, benefits, or payment for a Service actually provided to you (not just proposed or recommended) that is received by us on a properly completed claim form or electronic format acceptable to us in accordance with the provisions of this section.

Pre-Service Claim means any request or application for coverage or benefits for a Service that has not yet been provided to you and with respect to which the terms of the Benefit Booklet condition payment for the Service (in whole or in part) on approval by us of coverage or benefits for the Service before you receive it. A Pre-Service Claim may be a Claim Involving Urgent Care. As defined herein, a Pre-Service Claim shall not include a request for a decision or opinion by us regarding coverage, benefits, or payment for a Service that has not actually been rendered to you if the terms of the Benefit Booklet do not require (or condition payment upon) approval by us of coverage or benefits for the Service before it is received.

Prescription Drug means any medicinal substance, remedy, vaccine, biological product, drug, pharmaceutical or chemical compound which can only be dispensed with a Prescription and/or which is required by state law to bear the following statement or similar statement on the label: "Caution: Federal law prohibits dispensing without a Prescription".

Prosthetist/Orthotist means a person or entity that is properly licensed, if applicable, under Florida law, or a similar applicable law of another state, to provide services consisting of the design and fabrication of medical devices such as braces, splints, and artificial limbs prescribed by a Physician.

Prosthetic Device means a device which replaces all or part of a body part or an internal body organ or replaces all or part of the functions of a permanently inoperative or malfunctioning body part or organ.

Provider means any facility, person or entity recognized for payment by BCBSF under this Booklet.

Psychiatric Facility means a facility properly licensed under Florida law, or a similar applicable law of another state, to provide for the care and treatment of Mental and Nervous Disorders. For purposes of this Booklet, a Psychiatric Facility is not a Hospital or a Substance Abuse Facility, as defined herein.

Psychologist means a person properly licensed to practice psychology pursuant to Chapter 490 of the *Florida Statutes*, or a similar applicable law of another state.

Registered Nurse means a person properly licensed to practice professional nursing pursuant to Chapter 464 of the *Florida Statutes*, or a similar applicable law of another state.

Registered Nurse First Assistant (RNFA) means a person properly licensed to perform surgical first assisting services pursuant to Chapter 464 of the *Florida Statutes* or a similar applicable law of another state.

Rehabilitation Services means Services for the purpose of restoring function lost due to illness, injury or surgical procedures including but not limited to cardiac rehabilitation, pulmonary rehabilitation, Occupational Therapy, Speech Therapy, Physical Therapy and Massage Therapy.

Rehabilitative Therapies means therapies the primary purpose of which is to restore or improve bodily or mental functions impaired or eliminated by a Condition, and include, but are not limited to, Physical Therapy, Speech Therapy, Pain Management, pulmonary therapy or Cardiac Therapy.

Residential Treatment Facility means a facility properly licensed under Florida law or a similar applicable law of another state, to provide care and treatment of Mental and Nervous Disorders and Substance Dependency and meets all of the following requirements:

- Has Mental Health Professionals on-site 24 hours per day and 7 days per week;
- Provides access to necessary medical services 24 hours per day and 7 days per week;
- Provides access to at least weekly sessions with a behavioral health professional fully licensed for independent practice for individual psychotherapy;
- Has individualized active treatment plan directed toward the alleviation of the impairment that caused the admission;
- Provides a level of skilled intervention consistent with patient risk;
- Is not a wilderness treatment program or any such related or similar program, school and/or education service.

With regard to Substance Dependency treatment, in addition to the above, must meet the following:

- If Detoxification Services are necessary, provides access to necessary on-site medical services 24 hours per day and 7 days per week, which must be actively supervised by an attending physician;
- Ability to assess and recognize withdrawal complications that threaten life or bodily function and to obtain needed Services either on site or externally;
- Is supervised by an on-site Physician 24 hours per day and 7 days per week with evidence of close and frequent observation.

Residential Treatment Services means treatment in which an individual is admitted by a

Physician overnight to a Hospital, Psychiatric Hospital or Residential Treatment Facility and receives daily face to face treatment by a Mental Health Professional for at least 8 hours per day, each day. The Physician must perform the admission evaluation with documentation and treatment orders within 48 hours and provide evaluations at least weekly with documentation. A multidisciplinary treatment plan must be developed within 3 days of admission and must be updated weekly.

Self-Administered Prescription Drug means an FDA-approved Prescription Drug that you may administer to yourself, as recommended by a Physician.

Skilled Nursing Facility means an institution or part thereof which meets BCBSF's criteria for eligibility as a Skilled Nursing Facility and which: 1) is licensed as a Skilled Nursing Facility by the state of Florida or a similar applicable law of another state; and 2) is accredited as a Skilled Nursing Facility by the Joint Commission on Accreditation of Healthcare Organizations or recognized as a Skilled Nursing Facility by the Secretary of Health and Human Services of the United States under Medicare, unless such accreditation or recognition requirement has been waived by BCBSF.

Sound Natural Teeth means teeth that are whole or properly restored (restoration with amalgams, resin or composite only); are without impairment, periodontal, or other conditions; and are not in need of Services provided for any reason other than an Accidental Dental Injury. Teeth previously restored with a crown, inlay, onlay, or porcelain restoration, or treated with endodontics, are not Sound Natural Teeth.

Specialty Drug means an FDA-approved Prescription Drug that has been designated, solely by us, as a Specialty Drug due to special handling, storage, training, distribution requirements and/or management of therapy. Specialty Drugs may be Provider administered

or self-administered and are identified with a special symbol in the Medication Guide.

Specialty Pharmacy means a Pharmacy that has signed a Participating Pharmacy Provider Agreement with us to provide specific Prescription Drug products, as determined by us. In-Network Specialty Pharmacies are listed in the Medication Guide.

Speech Therapy means the treatment of speech and language disorders by a Speech Therapist including language assessment and language restorative therapy services.

Stabilize means, with respect to an emergency medical condition described above, 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.

- 1) A the transfer of the individual from a facility; or,
- 2) with respect to an emergency medical condition as described above.

Speech Therapist means a person properly licensed to practice Speech Therapy pursuant to Chapter 468 of the *Florida Statutes*, or a similar applicable law of another state.

Standard Reference Compendium means:

1) the United States Pharmacopoeia Drug Information; 2) the American Medical Association Drug Evaluation; or 3) the American Hospital Formulary Service Hospital Drug Information.

Substance Abuse Facility means a facility properly licensed under Florida law, or a similar applicable law of another state, to provide necessary care and treatment for Substance Dependency. For the purposes of this Booklet a Substance Abuse Facility is not a Hospital or a Psychiatric Facility, as defined herein.

Substance Dependency means a Condition where a person's alcohol or drug use injures his

or her health; interferes with his or her social or economic functioning; or causes the individual to lose self-control.

Traditional Program means, or refers to, BCBSF's provider contracting programs called Payment for Physician Services (PPS) and Payment for Hospital Services (PHS). For purposes of this Benefit Booklet, the term Traditional Program also refers, when applicable, to the traditional Provider contracting programs of other Blue Cross and/or Blue Shield organizations as designated under the Blue Cross and Blue Shield Association's BlueCard Program.

Traditional Program Providers means, or refers to, those health care Providers who are not NetworkBlue Providers, but who, or which, at the time you received Services from them were participating in the Traditional Program. For purposes of payment under this Benefit Booklet only, the term Traditional Program Provider also refers, when applicable, to any health care Provider located outside the state of Florida who or which, at the time Health Care Services were rendered to you, participated as a BlueCard Traditional Provider under the Blue Cross and Blue Shield Association's BlueCard Program.

Urgent Care Center means a facility properly licensed that: 1) is available to provide Services to patients at least 60 hours per week with at least twenty-five (25) of those available hours after 5:00 p.m. on weekdays or on Saturday or Sunday; 2) posts instructions for individuals seeking Health Care Services, in a conspicuous public place, as to where to obtain such Services when the Urgent Care Center is closed; 3) employs or contracts with at least one or more Board Certified or Board Eligible Physicians and Registered Nurses (RNs) who are physically present during all hours of operation. Physicians, RNs, and other medical professional staff must have appropriate training and skills for the care of adults and children; and 4) maintains and operates basic diagnostic

radiology and laboratory equipment in compliance with applicable state and/or federal laws and regulations.

For purposes of this Benefit Booklet, an Urgent Care Center is not a Hospital, Psychiatric Facility, Substance Abuse Facility, Skilled Nursing Facility or Outpatient Rehabilitation Facility.

Waiting Period means the length of time established by Monroe County School District which must be met by an individual before that individual becomes eligible for coverage under this Benefit Booklet.

Zygote Intrafallopian Transfer (ZIFT) means a process in which an egg is fertilized in the laboratory and the resulting zygote is transferred to the fallopian tube at the pronuclear stage (before cell division takes place). The eggs are retrieved and fertilized on one day and the zygote is transferred the following day.