Lee County Board Of County Commissioners **Blue Sheet No. 20021118**
Agenda Item Summary

1. REQUESTED MOTION: Approve award of proposal #P-020559, Group Health Plan for Lee County

ACTION REQUESTED: Approve award of Proposal # P-020559, Group Health Program for Lee County, to Aetna Health Inc.-Aetna Life Insurance Company. The initial contract period would run for one year from 1/1/03 to 12/31/03. Also request authority to renew this contract for four additional one-year periods upon mutual agreement of both parties.

WHY ACTION IS NECESSARY: To establish a formal agreement with a firm to provide healthcare coverage for Lee County employees.

WHAT ACTION ACCOMPLISHES: Establishes a competitive, fair market price for employee healthcare coverage. Aetna's plan includes the majority of existing physicians on our current plan and adds more physician groups. It also includes all local hospitals. Cost increases will be covered by savings from the reduction in FRS rates and budgeted (3%) vs. actual (1.1%) CPI this year. Employee share of premiums will not increase this year.

2. DEPARTMENTAL CATEGORY: COMMISSION DISTRICT # CW	3. MEETING DATE:
A 6 A	10-15-2002

4. AGENDA:		5. REQUIREMENT/PURPOSE: (Specify)		6. REQUESTOR OF INFORMATION:	
	CONSENT		STATUTE	A. COMMISSIONER	
x	ADMINISTRATIVE		ORDINANCE	B. DEPARTMENT	Human Resources
	APPEALS	x	ADMIN. CODE AC-4-1	C. DIVISION	
	PUBLIC		OTHER	BY:	George Williams
	WALK ON				
	TIME REQUIRED:				

7. BACKGROUND:
The Division of Purchasing received a request from Human Resources to solicit proposals for a Group Health Program for Lee County employees. Sealed proposals were received by the Division of Purchasing on August 27, 2002. On that date twenty one proposals were received, of which four were "No Bids".

BACKGROUND CONTINUED ON PAGE 2

8. MANAGEMENT RECOMMENDATIONS:

9. RECOMMENDED APPROVAL:

A Department Director	B Purchasing or Contracts	C Human Resources	D Other	E County Attorney	F Budget Services				G County Manager
						10/3/02			
	E. Flaum 10/3/02	George A. Williams 10/3/02		Andrea Fraser	OA 10/3/02	OM 10/3/02	Risk 10/03/02	GC 10/3/02	10-3-02

10. COMMISSION ACTION:

_____ APPROVED
_____ DENIED
_____ DEFERRED
_____ OTHER

Rec. by Cnty
Date: 10/3/02
Time: 1:20 pm
Forwarded To: Admin. 10/3/02

BACKGROUND CONTINUED FROM PAGE 1

All seventeen proposals received were reviewed and evaluated by both Lee County 's insurance consultant (Aon Consulting), and a County Selection Committee, the members of which are: Bill Hammond (Deputy County Manager), George Williams (Human Resources Director), and Charlotte Veaux (Human Resources, Benefits Manager). From among the seventeen proposals, two vendors were short listed and given the opportunity to do a presentation and answer any questions regarding their proposal: Aetna Health Inc., and Blue Cross Blue Shield of Florida. The County Selection Committee recommends Aetna Health Inc. as the proposal that offers the best overall package for healthcare coverage for the Lee County employees. Aetna Health Inc.'s proposal will cover network services for both hospitals and physicians, administration of claims, pharmacy services, dental services, and stop-loss insurance.

Funding will come from the individual department's budget who will be responsible for monitoring their own expenditures.

ATTACHMENTS: (1) Tabulation Sheet
(2) Specifications
(3) Aetna Health Inc.'s Proposal
(4) Analysis from Aon Consulting
(5) Selection Committee Recommendation

ATTACHMENT # 1

PROPOSAL NO.: P-020559
OPENING DATE: AUG. 27, 2002
BUYER: EARL PFLAUMER

LEE COUNTY, FLORIDA TABULATION SHEET
GROUP HEALTH PROGRAM FOR LEE COUNTY

VENDORS	Florida 1st Service Administrators Inc.	Metropolitan Life Insurance Company (MetLife)	Lee Physician Hospital Organization	Ameritas Life Insurance Corporation	Aetna Health Inc. Aetna Life Insurance Company
IS PROPOSAL SIGNED	Yes	Yes	Yes	Yes	Yes
ACKNOWLEDGE ADDEND. 1&2	Yes	Yes	Yes	Yes	Yes
SUBMITTED TEN COPIES	Yes	Yes	Yes	Yes	Yes
CD INCLUDED	Yes	No	Yes	Yes	Yes
MODIFICATIONS	Yes	Yes	Yes	No	Yes

NO BIDS
Delta Dental
Bunch & Associates Inc.
Great-West National Accounts
Colonial Supplemental Insurance

PROPOSAL NO.: P-020559 OPENING DATE: AUG. 27, 2002 BUYER: EARL PFLAUMER	LEE COUNTY, FLORIDA TABULATION SHEET GROUP HEALTH PROGRAM FOR LEE COUNTY				
VENDORS	Harrington Benefit Services Inc.	Blue Cross and Blue Shield of Florida Inc.	CIGNA Health Care	Self Insured Benefit Administrators	Employers Mutual Inc.
IS PROPOSAL SIGNED	Yes	Yes	Yes	Yes	Yes
ACKNOWLEDGE ADDEND. 1&2	Yes	Yes	Yes	Yes	Yes
SUBMITTED TEN COPIES	Yes	Yes	Yes	Yes	Yes
CD INCLUDED	Yes	Yes	Yes	Yes	Yes
MODIFICATIONS	Yes	Yes	Yes	No	No

PROPOSAL NO.: P-020559 OPENING DATE: AUG. 27, 2002 BUYER: EARL PFLAUMER	LEE COUNTY, FLORIDA TABULATION SHEET GROUP HEALTH PROGRAM FOR LEE COUNTY				
VENDORS	Vision Care Inc.	United Group Programs Inc.	United Concordia	United Healthcare	SafeHealth Life Insurance Company
IS PROPOSAL SIGNED	Yes	Yes	Page missing	Yes	Yes
ACKNOWLEDGE ADDEND. 1&2	Yes	Yes	Page missing	Yes	Yes
SUBMITTED TEN COPIES	Yes	Yes	Yes	Yes	Yes
CD INCLUDED	Yes	Yes	No	Yes	Yes
MODIFICATIONS	No	No	Page missing	Yes	Yes

PROPOSAL NO.: P-020559 OPENING DATE: AUG. 27, 2002 BUYER: EARL PFLAUMER	LEE COUNTY, FLORIDA TABULATION SHEET GROUP HEALTH PROGRAM FOR LEE COUNTY	
VENDORS	Walgreens Health Initiatives	Comp Benefits
IS PROPOSAL SIGNED	Yes	Yes
ACKNOWLEDGE ADDEND. 1&2	Yes	Yes
SUBMITTED TEN COPIES	Yes	Yes
CD INCLUDED	Yes	Yes
MODIFICATIONS	Yes	No

ATTACHMENT #2

PROPOSAL NO.: P-020559

LEE COUNTY
SOUTHWEST FLORIDA

PROJECT NO.: **P-020559**

CLOSING DATE: **August 13, 2002**

AND TIME: **2:30 P.M.**

PRE-BID DATE: **July 26, 2002**

AND TIME: **1:00 P.M.**

LOCATION: **Lee County Purchasing**
3434 Hancock Bridge Pkwy, 3rd floor
N. Fort Myers, Florida

REQUEST FOR PROPOSALS

TITLE:

GROUP HEALTH PROGRAM FOR LEE COUNTY

REQUESTER: LEE COUNTY BOARD OF COUNTY COMMISSIONERS
DIVISION OF PURCHASING
3434 HANCOCK BRIDGE PKWY, 3RD FLOOR
P.O. BOX 398
FORT MYERS, FL 33902-0398

BUYER: EARL PFLAUMER, CPPB
PURCHASING AGENT
PHONE NO.: (239) 689-7394

NOTICE TO PROPOSERS

Please read and understand the following:

LEE COUNTY'S NEEDS:

Lee County and its participating agencies currently have a series of contracts with providers to administer its medical and dental benefits program.

There are three networks covered by a single contract for healthcare services: UP&UP provides the network for members within Florida but outside of Lee County, the Lee Memorial PHO provides a network for members located within Lee County, and NPPN provides network discounts for members outside of the State of Florida.

Administrative services are provided by Florida 1st, as are UR/UM functions. Prescription drugs are administered by a separate PBM, and stop loss is provide by RMTS. The County's self-funded dental program is administered by Florida 1st as well.

The contract for the network expires December 31, 2002. The TPA contract expires December 31, 2003, at which time it would have to be bid. By not having these two on a common date, it had precluded the County from seeking a bundled ASO approach.

The County desires to maximize the number of proposals it receives, and realizes that to maintain separate contracts may not be in its best interest at this time. Because of this, the County is seeking the following:

1) Fully insured proposals, encompassing all healthcare components, non-participating contracts.
2) Self-funded bundled proposals, where a single administrator allows access through an ASO arrangement with a major carrier, including stop loss.
3) Self-funded proposals from a network or PHO with third party administrative services. These proposals MUST be complete, including network(s), pharmacy, utilization management, administrative services and specific and aggregate stop loss.
4) The County is also seeking stand-alone proposals for the components of its program. Because of the difficulty in analyzing networks without a TPA or stop loss accompanying them, we are requesting full disclosure of fee schedules, etc.

The County must have a plan in place by January 1, 2003, and allow sufficient enrollment and communication prior to its effective date. Therefore, a decision must be in effect by September 1st. Proposers please note that the third contract year will be 15 months long to place the County on an April 1 plan effective date.

The dental program has been administered by the same TPA as the medical program. Proposers are asked to provide the following in addition to the above:

1) Administrative services for a continued self-funded dental program, and/or
2) An insured dental program which mirrors the benefits currently in effect.

PLEASE NOTE: THE COUNTY MUST TAKE ACTION TO HAVE A PROGRAM IN EFFECT FOR JANUARY 1, 2003. It also participates in a County-wide governmental employer coalition.

THE LEE COUNTY COALITION

Additionally, although the County must seek a vendor to provide health coverage to its employees by 01/01/03, the County also participates in a governmental Healthcare Coalition (The Coalition) consisting of the County (working with Aon Consulting, Tampa), School District (working with Gallagher, Miami), Sheriff's Office, Cities of Ft. Myers (no consultant), Cape Coral (working with Marsh, Tampa), and Sanibel (no consultant), and the Clerk of the Courts (working with Marsh, Tampa).

The Coalition is in its formative stage. At present, there is no formal agreement between the entities binding them to any group decisions. The School District currently has an RFP out for its medical program, and responses would have been received by the time this RFP is returned. The City of Cape Coral also is marketing its medical coverages at present. These entities have different anniversary dates, funding strategies and plan designs.

Entity	Anniversary Date	Funding
County	January 1	Self-funded
Sheriff	January 1	Self-funded
City of Cape Coral	January 1	Fully Insured
Clerk of Courts	January 1	Fully Insured
School District	April 1	Self-funded
City of Ft. Myers	October 1	Fully Insured
City of Sanibel	October 1	Fully Insured

Each Coalition member will be responsible for review and analysis of the responses to determine whether the County's successful proposer (or another proposal) is also in their best interest. Because confidential "Trade Secrets" will be requested, a hold-harmless agreement should be executed with the entities who indicate an interest in pursuing discussions with the successful proposer or other proposers. In addition, should the County select one funding option and a Coalition member does not believe this to be in its best interest, proposer will work with that Coalition member to determine self-funded or fully insured rates/contributions. Census, claims, and other underwriting data for the Coalition members is included for informational purposes. Please note, there is no one Coalition consultant, and each entity will be responsible for its own negotiations.

The County would like a 3-year and 3 month contract with the successful proposer as it realizes moving its anniversary date to that of the School District's will facilitate future joint-ventures within the Coalition. Two additional contract years are sought to protect the County from unforeseen events. Within the RFP responses, if any savings result from coalition

members joining the program (administrative fees, etc.) please indicate in your response what the savings would be.

TABLE OF CONTENTS

THIS DOCUMENT:

SECTION 1	GENERAL CONDITIONS / PURCHASING REQUIREMENTS
SECTION 2	SCOPE OF SERVICES
SECTION 3	FORMS AND QUESTIONNAIRES
SECTION 4	ATTACHMENTS

ATTACHMENTS FOR LEE COUNTY INCLUDE:

- Claims history (volume and TPA administrative counts)
- State actuarial report as per FS 112.08
- Eligibility Census
- Plan Document
- Funding & Contribution History
- Current contracts and schedules (TPA, network & "deals" stop loss)

YOUR PROPOSAL TABLE OF CONTENTS:

Your organization's response to this RFP should be organized into the following sections without deviation:

Section 1: Signed Responses
- Statement of Compliance
- Lee County, Florida Proposal Price Form
- Anti-Collusion Statement
- Public Entity Crimes
- Federal Debarment Certification
- Drug-Free Workplace Certification

Section 2: Statement of Applicant
Section 3: Confirmations of Standards for Selection
Section 4: Plan Design Confirmation and Plan Design Deviations
Section 5: Additional Information Requested
Section 6: Financial Responses
Section 7: Exhibits (must include sample reports; enrollment, change, and termination forms)

TIMETABLE

Please make sure you can accommodate the following timetable.

July 8, 2002 ..... RFP Released
July 26, 2002 ..... Pre-Proposal Conference
No later than August 6, 2002 ..... All Questions Submitted in Writing
August 13, 2002 ..... Proposals Due
August 29, 2002 ..... Finalists Notified
Week of September 9, 2002 ..... Finalist Interviews/Site Visits (Optional)
October 1, 2002 ..... County Approval / Award Notification
January 1, 2003 ..... Effective Date

SECTION 1: GENERAL CONDITIONS / PURCHASING REQUIREMENTS

Sealed Quotations will be received by the DIVISION OF PURCHASING, until 2:30pm on the date specified on the cover sheet of this "Request for Proposals", and opened immediately thereafter by the Purchasing Director or designee.

Any question regarding this solicitation should be directed to the Buyer listed on the cover page of this solicitation, or by calling the Division of Purchasing at (941) 689-7385.

1. SUBMISSION OF PROPOSAL:

a. Quotations shall be sealed in an envelope, and the outside of the envelope should be marked with the following information:

1. Marked with the words "Sealed Proposal"
2. Name of the firm submitting the quotation
3. Title of the proposal
4. Proposal number

b. The Proposal shall be submitted in ten copies as follows:

1. The original consisting of the Lee County proposals forms completed and signed.
2. A copy of the original proposal forms for the Purchasing Director.
3. A second copy of the original proposal forms for use by the requesting department.
4. A copy for the County's consultant.

5 – 10. Copies for Coalition members (excluding TRADE SECRETS until any hold harmless documents are executed)

c. The following should be submitted along with each proposal in a separate envelope. This envelope should be marked as described above, but instead of marking the envelope as "Sealed Proposal", please indicate the contents; i.e., literature, drawings, submittals, etc.

1. Any information (in addition to that asked for by the specifications) necessary to analyze your proposal; i.e., non-required submittals, literature, technical data, financial statements.

2. Marketing materials of a general nature.

d. ALTERNATE PROPOSAL: If the vendor elects to submit more than one proposal, then the proposals should be submitted in separate envelopes and marked as indicated above. The second, or alternate proposal should be marked as "Alternate".

e. PROPOSALS RECEIVED LATE: It is the proposer's responsibility to ensure that his proposal is received by the Division of Purchasing Services prior to the opening date and time specified. Any proposal received after the opening date and time will be promptly returned to the proposer unopened. Lee County will not be responsible for proposals

received late because of delays by a third party delivery service; i.e., U.S. Mail, UPS, Federal Express, etc.

f. **PROPOSAL CALCULATION ERRORS:** In the event there is a discrepancy between the total quoted amount or the extended amounts and the unit prices quoted, the unit prices will prevail and the corrected sum will be considered the quoted price.

g. **PAST PERFORMANCE:** All vendors will be evaluated on their past performance and prior dealings with Lee County (i.e., failure to meet specifications, poor workmanship, late delivery, etc.).

h. **WITHDRAWAL OF PROPOSAL:** No proposal may be withdrawn for a period of 90 days after the scheduled time for receiving proposals. A proposal may be withdrawn prior to the proposal-opening date and time. Such a request to withdraw should be made in writing to the Purchasing Director, who will approve or disapprove of the request.

i. **COUNTY RESERVICES THE RIGHT:** The County reserves the right to waive minor informalities in any proposal; to reject any or all proposals with or without cause; and/or to accept the proposal that in its judgment will be in the best interest of the County of Lee.

j. **EXECUTION OF PROPOSAL:** All proposals shall contain the signature of an authorized representative of the proposer in the space provided on the proposal form. All proposals shall be typed or printed in ink. The bidder may not use erasable ink. All corrections made to the proposal shall be initialed.

2. ACCEPTANCE

The materials and/or services delivered under the proposal **shall** remain the property of the seller until a physical inspection and actual usage of these materials and/or services is accepted to the County and is to be in compliance with the terms herein, fully in accord with the specifications and of the highest quality. In the event the materials and/or services supplied to the County are found to be defective or do not conform to specifications, the County reserves the right to cancel the order upon written notice to the seller and return such product to the seller at the seller's expense.

3. SUBSTITUTIONS

Whenever in these specifications a brand name or make is mentioned, it is the intention of the County only to establish a grade or quality of materials and not to rule out other brands or makes of equality. However, if a product other than that specified is proposal, it is the vendor's responsibility to name such product with his proposal and to prove to the County that said product is equal to the product specified. Lee County **shall** be the sole judge as to whether a product being offered by the proposer is actually equivalent to the one being specified by the detailed specifications. (Note: This paragraph does not apply when it is determined that the technical requirements of this solicitation require only a specific product as stated in the detailed specifications.

4. RULES, REGULATIONS, LAWS, ORDINANCES & LICENSES

The awarded vendor shall observe and obey all laws, ordinances, rules, and regulations, of the federal, state, and local government, which may be applicable to the supply of this product or service.

a. Occupational License – Vendor shall submit within 10 calendar days after request.
b. Specialty License(s) – Vendor shall possess at the time of the opening of the proposal all necessary permits and/or license required for the sale of this product and/or service and upon the request of the County provide copies of licenses and/or permits within 10 calendar days after request.

5. RECYCLED PRODUCTS

It is the Lee County Board of County Commissioners' stated policy objective to "Ensure all departments are aware of the availability of recycled products..." (Administrative Code #AC-10-4). In an effort to provide the utmost opportunity for the use of recycled products by Lee County, vendors should list on their letterhead, all necessary information regarding any applicable recycled products they have available. Recycled products should meet all other specifications listed and have a minimum of 50%-recycled content. Whenever fiscally feasible, available recycled products will be purchased.

6. WARRANTY/GUARANTY (unless otherwise specified)

All materials and/or services furnished under this proposal shall be warranted by the vendor to be free from defects and fit for the intended use.

7. PRE-BID CONFERENCE

A pre-bid conference will be held at the location, date, and time specified on the cover of this solicitation. Pre-bid conferences are generally non-mandatory, but it is highly recommended that everyone planning to submit a proposal attend.

In the event a pre-bid conference is classified as mandatory, it will be so specified on the cover of this solicitation and it will be the responsibility of the proposer to ensure that they are represented at the pre-bid. Only those proposers who attend the pre-bid conference will be allowed to proposal on this project.

8. BIDDERS LIST MAINTENANCE

A bidder should respond to "Request for Quotations" in order to be kept on the Bidder's List. Failure to respond to three different "request for quotations" may result in the vendor being removed from the Bidder's List. A bidder may do one of the following, in order to respond properly to the request:

a. Submission of a quotation prior to the proposal receipt deadline.
b. Submission of a "no bid" notice prior to the proposal receipt deadline.

9. LEE COUNTY PAYMENT PROCEDURES

All vendors are requested to mail one original invoice and one invoice copy to:

Lee County Finance Department
Post Office Box 2238
Fort Myers, FL 33902-2238

All invoices will be paid as directed by the Lee County payment procedure unless otherwise differently stated in the detailed specification portion of this proposal.

Lee county will not be liable for request of payment deriving from aid, assistance, or help by any individual, vendor, proposer, or bidder for the preparation of these specifications.

Lee County is generally a tax-exempt entity subject to the provisions of the 1987 legislation regarding sales tax on services. Lee County will pay those taxes for which it is obligated, or it will provide a Certificate of Exemption furnished by the Department of Revenue. All contractors or proposers should include in their proposal all sales or use taxes, which they will pay when making purchases of material or subcontractor's services.

10. LEE COUNTY BID PROTEST PROCEDURE

Any contractor/vendor/firm that has submitted a formal bid/proposal/proposal to Lee County, and who is adversely affected by an intended decision with respect to the award of the formal bid/proposal/proposal, shall file with the County's Purchasing Director or Public Works Director a written "Notice of Intent to File a Protest" not later than seventy-two (72) hours (excluding Saturdays, Sundays and Legal Holidays) after receipt of a "Notice of Intended Decision" from the County with respect to the proposed award of the formal bid/proposal/proposal.

The "Notice of Intent to File a Protest" is one of two documents necessary to perfect Protest. The second document is the "Formal Written Protest", both documents are described below.

The "Notice of Intent to File a Protest" document shall state all grounds claimed for the Protest, and clearly indicate it as the "Notice of Intent to File a Protest". Failure to clearly indicate the Intent to file the Protest shall constitute a waiver of all rights to seek any further remedies provided for under this Protest Procedure.

The "Notice of Intent to File a Protest" shall be received ("stamped in") by the Purchasing Director or Public Works Director not later than Four o'clock (4:00) PM on the third working day following the day of receipt of the County's Notice of Intended Decision.

The affected party shall then file its Formal Written Protest within ten (10) calendar days after the time for the filing of the Notice of Intent to File a Protest has expired. Except as provided for in the paragraph below, upon filing of the Formal Written Protest, the contractor/vendor/firm

shall post a bond, payable to the Lee County Board of County Commissioners in an amount equal to five percent (5%) of the total bid/proposal/proposal, or Ten Thousand Dollars ($10,000.00), whichever is less. Said bond shall be designated and held for payment of any costs that may be levied against the protesting contractor/vendor/firm by the Board of County Commissioners, as the result of a frivolous Protest.

A clean, Irrevocable Letter of Credit or other form of approved security, payable to the County, may be accepted. Failure to submit a bond, letter of credit, or other approved security simultaneously with the Formal Written Protest shall invalidate the protest, at which time the County may continue its procurement process as if the original "Notice of Intent to File a Protest" had never been filed.
Any contractor/vendor/firm submitting the County's standard bond form (CSD: 514), along with the bid/proposal/proposal, shall not be required to submit an additional bond with the filing of the Formal Written Protest.

The Formal Written Protest shall contain the following:

- County bid/proposal/proposal identification number and title.
- Name and address of the affected party, and the title or position of the person submitting the Protest.
- A statement of disputed issues of material fact. If there are no disputed material facts, the Formal Protest must so indicate.
- A concise statement of the facts alleged, and of the rules, regulations, statues, or constitutional provisions, which entitle the affected party to relief.
- All information, documents, other materials, calculations, and any statutory or case law authority in support of the grounds for the Protest.
- A statement indicating the relief sought by the affected (protesting) party.
- Any other relevant information that the affected party deems to be material to Protest.

Upon receipt of a timely filed "Notice of Intent to File a Protest", the Purchasing Director or Public Works Director (as appropriate) may abate the award of the formal bid/proposal/proposal as appropriate, until the Protest is heard pursuant to the informal hearing process as further outlined below, except and unless the County Manager shall find and set forth in writing, particular facts and circumstances that would require an immediate award of the formal bid/proposal/proposal for the purpose of avoiding a danger to the public health, safety, or welfare. Upon such written finding by the County Manager, the County Manager may authorize an expedited Protest hearing procedure. The expedited Protest hearing shall be held within ninety-six (96) hours of the action giving rise to the contractor/vendor/firm's Protest, or as soon as may be practicable for all parties. The "Notice of Intent to File a Protest" shall serve as the grounds for the affected party's presentation and the requirements for the submittal of a formal, written Protest under these procedures, to include the requirement for a bond, shall not apply.

The Dispute Committee shall conduct an informal hearing with the protesting contractor/vendor/firm to attempt to resolve the Protest, within seven working days (excluding Saturdays, Sundays and legal holidays) from receipt of the Formal Written Protest. The Chairman of the Dispute Committee shall ensure that all affected parties may make presentations and rebuttals, subject to reasonable time limitations, as appropriate. The purpose of the informal hearing by the Dispute Committee, the protestor and other affected parties is to provide and opportunity: (1) to review the basis of the Protest; (2) to evaluate the facts and merits of the Protest: and (3) to make a determination whether to accept or reject the Protest.

Once a determination is made by the Dispute Committee with respect to the merits of the Protest, the Dispute Committee shall forward to the Board of County Commissioners its recommendations, which shall include relevant background information related to the procurement.

Upon receiving the recommendation from the Dispute Committee, the Board of County Commissioners shall conduct a hearing on the matter at a regularly scheduled meeting. Following presentations by the affected parties, the Board shall render its decision on the merits of the Protest.

If the Board's decision upholds the recommendation by the Dispute Committee regarding the award, and further finds that the Protest was either frivolous and/or lacked merit, the Board, at its discretion, may assess costs, charges, or damages associated with any delay of the award, or any costs incurred with regard to the protest. These costs, charges or damages may be deducted from the security (bond or letter of credit) provided by the contractor/vendor/firm. Any costs, charges or damages assessed by the Board in excess of the security shall be paid by the protesting contractor/vendor/firm within thirty (30) calendar days of the Board's final determination concerning the award.

All formal bid/proposal/proposal solicitations shall set forth the following statement:

"FAILURE TO FOLLOW THE BID PROTEST PROCEDURE REQUIREMENTS WITHIN THE TIMEFRAMES AS PRESCRIBED HEREIN AND ESTABLISHED BY LEE COUNTY BOARD OF COUNTY COMMISSIONERS, FLORIDA, SHALL CONSTITUTE A WAIVER OF YOUR PROTEST AND ANY RESULTING CLAIMS."

11. PUBLIC ENTITY CRIME

Any person or affiliate as defined by statute who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid or a contract to provide any goods or services to the County; may not submit a bid on a contract with the County for the construction or repair of a public building or a public work; may not submit bids or leases of real property to the County; may not be awarded or perform works as a contractor, supplier, subcontractor, or consultant under a contract with the County, and may not transact business with the County in excess of $15,000.00 for a period of 36 months from the date of being placed on the convicted vendor list.

12. QUALIFICATION OF PROPOSERS (unless otherwise noted)

Proposals will be considered only from firms normally engaged in the sale and distribution or provision of the services as specified herein. Proposers shall have adequate organization, facilities, equipment, and personnel to ensure prompt and efficient service to Lee County. The County reserves the right before recommending any award to inspect the facilities and organization; or to take any other action necessary to determine ability to perform is satisfactory, and reserves the right to reject proposals where evidence submitted or investigation and evaluation indicates an inability of the proposer to perform.

13. MATERIAL SAFETY DATA SHEETS

In accordance with Chapter 443 of the Florida Statues, it is the vendor's responsibility to provide Lee County with Materials Safety Data Sheets on proposed materials, as may apply to this procurement.

14. MISCELLANEOUS

If a conflict exists between the General Conditions and the detailed specifications, then the detailed specifications shall prevail.

15. WAIVER OF CLAIMS

Once this contract expires, or final payment has been requested and made, the awarded contractor shall have no more than 30 days to present or file any claims against the County concerning this contract. After that period, the County will consider the Contractor to have waived any right to claims against the County concerning this agreement.

16. AUTHORITY TO PIGGYBACK

It is hereby made a precondition of any proposal and a part of these specifications that the submission of any proposal in response to this request constitutes a proposal made under the same conditions, for the same price, and for the same effective period as this proposal, to any other governmental entity. For insured and self-funded proposals, each entity will be rated on a stand-alone basis.

17. COUNTY RESERVES THE RIGHT

a) State Contract

If applicable, the County reserves the right to purchase any of the items in this proposal from State Contract Vendors if the prices are deemed lower on State Contract than the prices we receive in this quotation.

b) **Any Single Large Project**

The County, in its sole discretion, reserves the right to separately proposal any project that is outside the scope of this proposal, whether through size, complexity, or dollar value.

c) **Disadvantaged Business Enterprises**

The County, in its sole discretion, reserves the right to purchase any of the items in this proposal from Disadvantage Business Enterprise vendor if the prices are determined to be in the best interest of the County, to assist the County in the fulfillment of any of the County's grant commitments to federal or state agencies.

d) **Anti-Discrimination**

The vendor for itself, its successors in interest, and assignees, as part of the consideration there of covenant and agree that:

In the furnishing of services to the County hereunder, no person on the grounds of race, religion, color, age, sex, national origin, handicap or marital status shall be excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination.

The vendor will not discriminate against any employee or applicant for employment because of race, religion, color, age, sex, national origin, handicap or marital status. The vendor will make affirmative efforts to insure that applicants are employed and that employees are treated during employment without regard to their race, religion, color, age, sex, national origin, handicap or marital status. Such action shall include, but not be limited to, acts of employment, upgrading, demotion or transfer; recruitment advertising; layoff or termination, rates of pay or other forms of compensation and selection for training, including apprenticeship.

Vendor agrees to post in a conspicuous place, available to employees and applicants for employment, notices setting forth the provisions of this anti-discrimination clause.

Vendor will provide all information and reports required by relevant regulations and/or applicable directives. In addition, the vendor shall permit access to its books, records, accounts, other sources of information, and its facilities as may be determined by the County to be pertinent to ascertain compliance. The vendor shall maintain and make available relevant data showing the extent to which members of minority groups are beneficiaries under these contracts.

Where any information required of the vendor is in the exclusive possession of another who fails ore refuses to furnish this information, the vendor shall so certify to the County its effort made toward obtaining said information. The vendor shall remain obligated under this paragraph until the expiration of three (3) years after the termination of this contract.

In the event of breach of any of the above anti-discrimination covenants, the County shall have the right to impose sanctions as it may determine to be appropriate, including withholding payment to the vendor or canceling, terminating, or suspending this contract, in whole or in part.

Additionally, the vendor may be declared ineligible for further County contracts by rule, regulation or order of the Board of County Commissioners of Lee County, or as otherwise provided by law.

The vendor will send to each union, or representative of workers with which the vendor has a collective bargaining agreement or other contract of understanding, a notice informing the labor union of worker's representative of the vendor's commitments under this assurance, and shall post copies of the notice in conspicuous places available to the employees and the applicants for employment.

The vendor will include the provisions of this section in every subcontract under this contract to insure its provisions will be binding upon each subcontractor. The vendor will take such actions with respect to any subcontractor, as the contracting agency may direct, as a means of enforcing such provisions, including sanctions for non-compliance.

18. AUDITABLE RECORDS

The awarded vendor shall maintain auditable records concerning the procurement adequate to account for all receipts and expenditures, and to document compliance with the specifications. These records shall be kept in accordance with generally accepted accounting methods, and Lee County reserves the right to determine the record-keeping method required in the event of non-conformity. These records shall be maintained for two years after completion of the project and shall be readily available to County personnel with reasonable notice, and to other persons in accordance with the Florida Public Disclosure Statues. Proposer grants Lee County or its Designee the right to audit claim payments with regard to accuracy and compliance with provider contracts, as well as eligibility.

19. DRUG FREE WORKPLACE

Whenever two or more proposals/proposals, which are equal with respect to price, quality and service, are received for the procurement of commodities or contractual services, a proposal/proposal received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. In order to have a drug-free workplace program, a business shall comply with the requirements of Florida Statutes 287.087.

20. REQUIRED SUBMITTALS

Any submittals requested should be returned with the proposal response. This information may be accepted after opening, but no later than 10 calendar days after request.

21. TERMINATION

Any agreement as a result of this proposal may be terminated by the County giving thirty (30) calendar days advance written notice. Successful proposer must give a minimum 270 day notice of non renewal or cancellation. The County reserves the right to accept or not accept a

termination notice submitted by the vendor, and no such termination notice submitted by the vendor shall become effective unless and until the vendor is notified in writing by the County of its acceptance.

The Purchasing Director may immediately terminate any agreement as a result of this proposal for emergency purposes, as defined by the Lee County Purchasing and Payment Procedure Manual.

Any vendor who has voluntarily withdrawn from a formal proposal/proposal without the County's mutual consent during the contract period shall be barred from further County procurement for a period of 180 days. The vendor may apply to the Board of Lee County Commissioners for waiver of this debarment. Such application for waiver of debarment must be coordinated with and processed by Purchasing.

22. **CONFIDENTIALITY**

Vendors should be aware that all submittals (including financial statements) provided with a proposal/proposal are subject to public disclosure and will **not** be afforded confidentiality. However, any financial information regarding unit pricing, etc. that is considered proprietary may be placed under separate envelope and identified as "TRADE SECRET".

23. **ANTI-LOBBYING CLAUSE**

All firms are hereby placed on formal notice that neither the County Commissioners nor candidates for County Commission, nor any employees from the Lee County Government, Lee County staff members, nor any members of the Qualification/Evaluation Review Committee are to be lobbied, either individually or collectively, concerning this project. Firms and their agents who intend to submit qualifications, or have submitted qualifications, for this project are hereby placed on *formal notice* that they are ***not*** to contact County personnel for such purposes as holding meetings of introduction, meals, or meetings relating to the selection process outside of those specifically scheduled by the County for negotiations. Any such lobbying activities may cause immediate disqualification for this project.

24. **INSURANCE (AS APPLICABLE)**

Insurance shall be provided, per the attached insurance guide. Upon request, an insurance certificate complying with the attached guide may be required prior to award.

25. **AWARD AND CONTRACT**

Following the selection of the top-ranked Proposer(s), a contract will be negotiated with the most qualified firm to provide the requested services. Upon reaching an agreement, the recommendation of award shall be submitted to the County for approval and execution. The Employer retains the right to use any ideas or information obtained from or as a result of any proposal submitted in response to this RFP.

A "final and best offer" may be accepted. However, each Proposer is encouraged to set the initial Proposal price according to its best offer, as initial evaluations will consider the Proposal price and there may not be an opportunity for a "final and best offer".

Contract(s) are non-cancelable by the Proposer for any reason other than non-payment of premiums during each contract year.

26. SPECIMEN FORMS OR CONTRACTS

Specimen policies and/or contracts for services proposed must be included for the proposal to be considered responsive. However, the attachment of specimen forms, policies and/or contracts to the proposal shall not constitute notice to the Employer of the Proposer's intent to deviate from the RFP in a restrictive manner. Unless specifically noted otherwise on the Deviation and Exceptions response, the attachment of specimen document(s) shall be deemed to be an offer in at least full compliance with the RFP and the Proposer expressly agrees to reform said document(s) to the extent inconsistent in a restrictive manner from the specifications in this RFP. Proposing insurer must be willing to refile its plan to match to Prosposal, if it currently does not.

27. NON-WARRANTY OF SPECIFICATIONS

Due care and diligence have been exercised in the preparation of the RFP and all information contained herein is believed to be substantially correct. However, the responsibility for determining the full extent of the exposures to risk and verification of all information herein shall rest solely with the Proposer. Neither the Employer nor its representatives shall be responsible for any error or omission in the RFP nor for the failure on the part of the Proposer to determine the full extent of the exposures.

28. TERMS AND CONDITIONS

1. The Employer reserves the right to reject any and all proposals when to do so is in the best interest of the County. The Employers also reserves the right to request clarification of information from any Proposer.

2. The Employer reserves the right to waive minor irregularities in proposals, providing such action is in the best interest of the Employer.

3. The Employer will not reimburse Proposers for costs associated with the preparation, submission or requested clarification of any proposal.

4. The awards made pursuant to this RFP are subject to the provisions of Chapter 112, Florida Statutes.

29. TRANSFERRED BUSINESS LIMITATIONS

Limitations on transferred business will not be permitted. Full take-over benefits will apply to all participants in the Employer's current Group Medical Program.

SECTION 2: SCOPE OF SERVICES

1. SCOPE OF REQUEST FOR PROPOSALS

The Lee County Board of County Commissioners and its participating agencies, hereafter referred to as County or the Employer, is seeking proposals for the Group Medical Program. The award will be to the company or firm, hereinafter referred to as Proposer, that best meets the requirements found herein. The final award will be based on Board approval.

The employee contributions for Group Medical Program will be available on either a pre- or post-tax basis.

Additionally, the members of the Coalition may contract separately to secure the services proposed. Each has its own effective date, and may choose to contract upon its anniversary date.

2. COVERAGES – MEDICAL & DENTAL

Currently, the Lee Memorial PHO UP&UP and NPPN networks provide network coverage, with claims administered by Florida First. The Employer is seeking the plan designs as summarized:

1) Gatekeeper plan with reduced benefits when out-of-network
2) Open Access/Member Choice Plan at time of service to be in-network or out-of-network.
3) A national network must be made available to members/retirees living/working outside of Florida service areas.

The Employer is willing to initially consider any reasonable type of Group Medical Program, but seeks one closest to its current plan design.

Programs may be proposed either fully insured (full risk shifting to the Proposer) or self-funded with full administrative services, network access, and stop loss coverage. Stop loss coverage must include both specific and aggregate. Specific stop loss should have a deductible of either $100,000 or $150,000 with benefits payable up to $1,000,000 per claim. Aggregate stop loss should have an attachment point of 125% of expected claims with unlimited coverage above the attachment point. Proposals with less than $5,000,000 aggregate stop loss coverage will be considered non-responsive. AGGREGATE STOP LOSS MUST BE PROPOSED; HOWEVER THE COUNTY RESERVES THE RIGHT TO NOT PURCHASE AGGREGATE COVERAGE.

For a self-funded program, the Employer desires complete self-funded services; however, it will review independent services, such as network only or TPA only.

The Employer intends to either fully insure or fully self-fund its Group Medical Program. Fully insured options will not be offered with self-funded options within the medical program.

Because the current TPA provides claims administration for the self-funded dental program, administrative services for the dental program are also sought. An insured dental proposal matching the current benefits is also sought.

3. RETIREES AND COBRA BENEFICIARIES

The Employer makes the Group Medical Program available to retirees and to qualified beneficiaries pursuant to the Consolidated Budget Reconciliation Act of 1985 (COBRA) and Florida Statutes Section 112.0801. Proposer should provide for complete administration of the Group Medical Program, including:

- Direct, comprehensive communications to retirees.
- Deduction of premiums through the Florida Retirement System (FRS) – this requires the Proposer's securing and maintaining a FRS deduction slot for its health plan(s).
- Direct billing of retirees who do not elect a FRS deduction.
- Full-service COBRA administration, either through the Proposer's organization or through a subcontractor acceptable to the employer.

IMPORTANT NOTE: The Employer does require that Medicare-eligible retirees enroll in Medicare Part B. If the retirees do not enroll in Part B, there will be an offset for claims Medicare would have paid.

4. EMPLOYEE BARGAINING GROUPS

The benefits and Employer contributions are not subject to collective bargaining.

5. PROPOSAL RETURN DATE

Sealed Proposals will be received no later than 2:30 p.m., August 13, 2002 by the County. Proposals will not be accepted after the above specified time and date. Proposals should be addressed to: (See page one of Proposal Package)

One (1) original and nine (9) copies must be submitted.

6. PROPOSAL FORMAT

The Response Forms and the RFP document are provided on a single diskette as an attachment. Be sure to complete all responses. Census information is available via the County's website, or can be sent electronically. Contact Mr. Earl Pflaumer at: Epflaumer@leegov.com. Coalition information is provided as an attachment.

Each proposal must be submitted in one (1) original and nine (9) copies, for a total of ten (10). The original and each copy must contain a diskette with all required responses. Be sure to include the Word responses on your diskettes.

The Proposals must be submitted on the proposal forms provided or retyped as they appear in format, modifying only to permit full explanation of an item. Supplemental information may be attached to the proposal forms, provided it is labeled with the name of the Proposer, contact person, phone number, and the number of specific Response to which it applies. If supplemental information is required in order to respond clearly and specifically to requested services, label it to identify to which specific part of the RFP it responds. Additional information not specifically requested should be attached to the Proposal as supplemental information in an Appendix.

Proposals shall respond to each applicable item of the RFP to enable proper evaluation. If the requested information is not applicable to the Proposer, enter "Not Applicable" in the Proposal. The Employer will answer any questions omitted and the Proposer will be bound by the Employer's answer.

It is strongly suggested that the Proposal be submitted in the order requested in the RFP. Proposals shall respond to each applicable item of the RFP to enable proper evaluation. Complete, comprehensive responses, which follow the order requested, will indicate the responsiveness of the Proposer in providing the services requested by the Employer.

7. EVALUATION CRITERIA

The successful Proposer will be recommended to the County after careful analysis and evaluation of the responsive proposals received. The recommendation will be based upon, but not limited to, the following:

1. Net cost to the Employer and its employees, including premium rates and rate guarantees/rate caps.

2. Product and services within the specifications outlined, including adequacy of network physicians (qualifications and accessibility), ancillary, and hospital providers within each type of plan.

3. Proposer experience and performance, including:

    a. Number of currently contracted employers.
    b. Comments from client references.
    c. Experience with public employers.
    d. Length of time in the managed care group medical program business.
    e. Financial responsibility.
    f. Reputation and integrity.
    g. A.M. Best rating or similar rating services.

h. State of Florida financial ratings.

4. Administrative considerations, including:

a. Data collection and availability of data reports.
b. Responsiveness to RFP specification and requirements.
c. Completion of required RFP forms and inclusion of required materials and data.

5. Quality assessments, including:

a. Accreditation by national organizations.
b. Consumer evaluation reports.

8. FINANCIAL RATING

Only the Proposer(s) which, in the opinion of the Employer, are financially capable of providing the coverages will be considered. The current A.M. Best's (Best's) Insurance Reports and/or Standard & Poors Corporation claims-paying ability ratings will be used as a guide.

Proposers that are not rated by Best's or Standard & Poors must provide evidence of financial responsibility satisfactory to the Employer, e.g., similar financial rating services, audited financial statements, etc.

Financial responsibility of a proposing downstream or subsidiary company must be guaranteed in writing by the parent company by endorsement of the contract as follows:

> "In the event that (the Proposer) is unable to pay any claim payable within the time and in accordance with the terms and provisions set forth in the above-referenced agreement, the (Parent Company) hereby agrees to make such payment therefore in accordance with the terms and provisions of such agreement".

9. AUTHORIZED INSURERS

Representing or aiding any unauthorized insurer of insurance product is prohibited by Florida Statutes. Proposals which include insurance proposed by unauthorized insurers will be deemed non-responsive to the RFP.

Any proposal may be withdrawn prior to the date and time set above for the submission of the proposals. Any Proposer wishing to withdraw his proposal must do so in writing. Any proposals not so withdrawn shall constitute an irrevocable offer, through January 1, 2003 to sell to Employer the services set forth in these specifications or until one or more of the proposals have been selected and contracted.

10. VERIFICATION MEETINGS

The Employer may wish to hold separate verification meetings with certain of the Proposers to further verify the form and substance of their respective proposals relative to coverages, service and price (the Verification Meeting).

Proposer(s) selected for Verification Meetings should have in attendance a company representative authorized to make binding decisions relative to the proposal, as well as those individuals with whom the Employer would have contact in the day-to-day handling of the account. Failure to have such persons present may subject the proposer to disqualification.

11. ADDENDA

If any Addenda are issued to this Request for Proposals (RFP), a good faith attempt will be made to deliver a copy of each to all prospective Proposers who picked up or were mailed a RFP. However, prior to submitting the proposal, it shall be the sole responsibility of each Proposer to contact the Division of Purchasing, to determine if Addenda were issued and, if so, to obtain such Addenda for attachment to the Proposal.

12. DEVIATIONS FROM REQUESTED PROGRAM

The contract terms and conditions stipulated in this RFP are those desired by the Employer and preference will be given to those proposals in full or substantial compliance therewith. However, after allowance for any deviations, all proposals will be considered. Proposers are cautioned that restrictive deviations from the desired program must be clearly stated in the Proposal on the Deviations and Exceptions response.

13. TERM OF CONTRACT

The term of this contract shall be for an initial period of twelve (12) months commencing January 1, 2003. It shall be renewable for an additional twelve (12) months commencing January 1, 2004. It shall be renewable for a 15 month period commencing January 1, 2005. The contract may be renewed for up to an additional two (2) years upon mutually satisfactory condition. (five years, three months total duration.)

Rate and fixed cost guarantees or defined-terminology, quantifiable rate caps are solicited. All rates and fixed costs must be guaranteed for the initial contract period, unless there is a change in federal and/or state law which substantially modifies plan benefits or eligibility. In the latter case, rate changes will be negotiated between the Employer and the Proposer.

Each annual renewal is subject to the approval of the Employer.

14. WAIVER AND/OR REJECTION OF PROPOSALS

The Employer reserves the right to accept or reject any or all proposals, with or without cause, to waive technicalities, or to accept the proposal which, in its sole judgement, best serves the interest of the Employer or to award a contract to the next most qualified Proposer if a successful Proposer does not execute a contract with thirty (30) days after the award by the County.

15. NEGOTIATION

The Employer, at its option, may undertake simultaneous negotiations with those Proposers who have submitted reasonable and timely proposals and which are found to be fully qualified and capable of meeting all servicing requirements. (As permitted by Florida Statutes §112.08.)

The Employer shall determine which of the Proposers, if any, with whom it wishes to negotiate based on preliminary analysis of those most capable of meeting the financial and servicing requirements set forth in the RFP.

16. HOLD HARMLESS

As respects acts, errors, or omissions in the performance of professional service, the selected Proposer agrees to pay on behalf of and hold harmless, indemnify, and defend the Employer, its officers, elected officials, and employees from and against any and all claims, action, loss, demands, defense costs, liability or consequential damages of any 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 to be executed or work performed thereunder.

17. AUTHORIZED SIGNATURE

The signature on the Proposer's Warranty must be that of an officer of the company making the proposal. This manual signature shall pertain to the entire proposal. The original proposal submitted shall contain an original signature on the Proposer's Warranty page. This signature may not be disavowed by any other officer, even if the signing officer is no longer with the company. An officer of the proposing company must also sign any Addenda submitted with the proposal.

18. CONTRACT-DOCUMENT PRIORITY

Winning Proposer shall execute a Service Standards Agreement with the Employer that shall include the requirements set forth in this RFP, the proposal, and modifications to either of these documents subsequently agreed upon during negotiations between the parties.

In the event of conflict between any of the following documents, the language of the applicable documents listed first shall control over the conflicting provisions of any documents listed subsequently:

1. First, the Service Standards Agreement;
2. Second, the Proposal;
3. Third, the Request for Proposal; and
4. Fourth, the Group Plan or Policy Document.

19. COMMISSIONS

All commissions, overrides, and other forms of bonuses or compensation should be removed from your quoted rates and administrative fees. If you must name an Agent of Record, the Employer reserves the right to initially name or rename any brokers and/or Agents of Record at any time.

No more than one proposal will be received from any one vendor. Multiple submissions through Brokers/Agents of Records will cause your proposal to be considered non-responsive.

20. INDEMNIFICATION

After notification of award, the successful Proposer shall Indemnify and Save Harmless Lee County, Florida, as specified in Florida Statutes. Nothing in the award, resulting agreement, contract or purchase order shall be deemed to affect the rights privileges and immunities of the County as set forth in Florida Statutes.

21. SUNSHINE LAW

When doing business on behalf of or with the Employer, Proposers, their agents and/or associates are subject to the provisions of the Florida Sunshine Law and the Florida Records Act.

SECTION 3: FORMS AND QUESTIONNAIRES

STATEMENT OF COMPLIANCE

(To be signed and included in front of Section 1 of your organization's proposal)

I/(WE) HEREBY CERTIFY, that all requirements contained in this proposal specification have been read, understood, and complied with in the attached proposal. I/(We) understand if selected, Lee County Government may select one or a combination of the items presented. My/(our) proposal as herein submitted shall be considered valid until January 1, 2003. If my/(our) proposal is accepted by the Lee County Government, I/(we) agree to abide by all requirements of this specification and to provide all reports specified on a timely basis.

Company_____

By_____ Date_____
Signature of Company Officer

_____ Telephone_____
Name (printed)

_____
Title

LEE COUNTY, FLORIDA PROPOSAL PRICE FORM

DATE SUBMITTED: _____

VENDOR NAME: _____

TO: The Board of County Commissioners
Lee County
Fort Myers, Florida

Having carefully examined the "General Conditions", and the "Detailed Specifications", all of which are contained herein, the Undersigned proposes to furnish the following which meet these specifications:

The undersigned acknowledges
receipt of Addenda numbers: _____

Proposers should carefully read all the terms and conditions of the specifications. Any representation of deviation or modification to the proposal may be grounds to reject the proposal.

Are there any modifications to the proposal or specifications?
Yes _____ No _____

Failure to clearly identify any modifications in the space below or on a separate page may be grounds for the proposer being declared nonresponsive or to have the award of the proposal rescinded by the County.

MODIFICATIONS:

Proposer shall submit his/her proposal on the County's Proposal Price Form, including the firm name and authorized signature. Any blank spaces on the Proposal Price Form, qualifying notes or exceptions, counter offers, lack of required submittals, or signatures, on Lee County's Form may result in the Proposer/Proposal being declared non-responsive by the County.

ANTI- COLLUSION STATEMENT

THE BELOW SIGNED PROPOSER HAS NOT DIVULGED TO, DISCUSSED OR COMPARED HIS PROPOSAL WITH OTHER PROPOSERS AND HAS NOT COLLUDED WITH ANY OTHER PROPOSER OR PARTIES TO A PROPOSAL WHATSOEVER. NOTE: NO PREMIUMS, REBATES OR GRATUITIES TO ANY EMPLOYEE OR AGENT ARE PERMITTED EITHER WITH, PRIOR TO, OR AFTER ANY DELIVERY OF MATERIALS. ANY SUCH VIOLATION WILL RESULT IN THE CANCELLATION AND/OR RETURN OF MATERIAL (AS APPLICABLE) AND THE REMOVAL FROM THE MASTER BIDDERS LIST.

FIRM NAME _____

BY (Printed): _____

BY (Signature): _____

TITLE: _____

FEDERAL ID # OR S.S.# _____

ADDRESS: _____

_____

PHONE NO.: _____

FAX NO.: _____

CELLULAR PHONE/PAGER NO.: _____

LEE COUNTY OCCUPATIONAL LICENSE NUMBER: _____

E-MAIL ADDRESS: _____

REV: 7/28/00

PUBLIC ENTITY CRIMES

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 bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids 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."

Company Official Signature _____

Date: _____

FEDERAL DEBARMENT CERTIFICATION

Certification regarding debarment suspension, ineligibility and voluntary exclusion.

(1) The prospective lower tier ($25,000) participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Company Official Signature _____

Date: _____

DRUG-FREE WORKPLACE CERTIFICATION

The bid preference shall be given to businesses with drug-free workplace programs. Whenever two or more bids 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, a bid 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 bids will be followed if none of the tied 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 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 subsection (1).

4) I the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, 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 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 DRUG-FREE WORKPLACE REQUIREMENTS.

Company Official Signature _____

Date: _____

STATEMENT OF APPLICANT

1. Legal Name and Address: _____

   _____

   Address of Proposed Office in Charge, if different: _____
   Contact Person and Position: _____
   Telephone: _____

2. Underline One: Corporation, Partnership, Individual, Joint Venture or Other

3. If Corporation: Date of Incorporation: _____
   State of Incorporation: _____

   If out-of-state Corporation currently authorized to do business in Florida, give date of such authorization: _____

   Names and Titles of Principal Officers: _____

   _____

   _____

4. Name and Address and amount of ownership of all stockholders owning more than 10 percent of the company: _____

   _____

5. If Partnership: Date of Organization: _____
   Nature of Partnership (General, Limited, or Association): _____
   Name and Address of Partners: _____

   _____

6. If Individual: Name and Address of Owner: _____

   _____

7. Under what other or former names has your organization operated? _____

   _____

8. Please provide two (2) references of current clients of similar size to that of COUNTY (preferably in the greater Lee County area), including one from a large (over 10,000 lives) school County or municipality. Include the following information: client name and location, length of relationship, and contact person/phone number

   Please provide one (1) references of a *former* client (preferably in the greater Lee County area). Include the following information: client name and location, length of relationship, and contact person/phone number.

9. State whether the firm has offices and representatives in the State of Florida and/or in Lee County.

10. Identify the individual that would have overall responsibility for the proposed services. Indicate whether your firm is licensed to do business in the State of Florida.

11. Describe any litigation or regulatory action filed against your firm in the last three (3) years, and the resolution thereof.

12. Discuss your firm's ability to ensure that all work will be done in compliance with applicable Federal, State and regulatory provisions.

13. Discuss your firm's ability to dedicate resources necessary to respond to COUNTY's projects.

CONFIRMATIONS OF STANDARDS FOR SELECTION

This section is a request for confirmation of your willingness and ability to meet specific County standards and conditions. Please use this form when responding to the RFP.

If your answer is "yes," you acknowledge your willingness to incorporate the standard, as worded in the confirmation, into the final contract between you and COUNTY.

If your answer is "yes with deviations," provide a brief explanation of how your plan deviates from the County's standards. If acceptable to the County, the modified standard will be incorporated into the final contract. All explanations should be labeled and tabbed in the response to the RFP.

If your answer is "no," this standard will not be incorporated into the final contract. Please provide a brief explanation as to why you cannot or will not accommodate the standard. All explanations should be labeled and tabbed in the response to the RFP.

A. BENEFIT DESIGN

Please confirm that:

	Y	D	N	Y=yes D=yes with deviations N=no
				Your networks will offer a full range of services to the following categories of eligible employees and their covered dependents participating in County's medical program:
1.	___	___	___	Permanent active employees
2.	___	___	___	employees on leave
3.	___	___	___	retirees
4.	___	___	___	Medicare-eligible individuals, including eligible disabled individuals
5.	___	___	___	COBRA participants
6.	___	___	___	If your network only plan has a presence in an area where retired County members reside, you will allow these members to participate in that network and pick a primary care physician in that network.
7.	___	___	___	You will allow dependents of County employees who live in an area other than where the employee lives (e.g. away at school or living with a divorced spouse) to pick a primary care physician in the area in which the dependent lives, if your network only plan has a presence in that area.

8.	___	___	___	Out-of-area members will have the option of picking the PPO and utilizing out-of-network benefits.
9.	___	___	___	County will have final approval over the plan design provided to participants in its plan.
10.	___	___	___	You will conform to the detailed description of County's benefit designs provided in Appendix A, or as explained by filling out and returning the attached Plan Design Deviations Forms.

B. RATING METHODOLOGY

Please confirm that:

	Y	D	N	Y=yes D=yes with deviations N=no
1.	___	___	___	Your HMO/POS/PPO will provide premium rate structures as follows: Employee Employee + Spouse Employee + Dependents Employee + Family

C. FINANCIAL MANAGEMENT

Please confirm that:

	Y	D	N	Y=yes D=yes with deviations N=no
1.	___	___	___	County expects the plans selected to demonstrate the ability to manage plan cost at competitive levels and to share in some way in the risk for medical and administrative costs. Your willingness to guarantee your expected performance is important to the County. Please confirm that if the plans will be fully insured, you are willing to guarantee rates for three years and that all quoted ASO fees will be guaranteed for three years.

D. LEGAL/CONTRACTUAL CONSIDERATIONS

Please confirm that:

	Y	D	N	Y=yes D=yes with deviations N=no
1.	___	___	___	There will be no restrictions or benefit limitations for pre-existing conditions applied to any employees or their dependents under the plan.
2.	___	___	___	The plan will contain the birthday rule and will have group to group coordination of benefits provision.
3.	___	___	___	To the extent permitted under state law, no fault auto insurance, governmental plans coordination and negligent third party subrogation will be included in the contract.
4.	___	___	___	The plan will unconditionally agree to provide coverage to all present participants (employees and eligible dependents) enrolled on the program effective date.
5.	___	___	___	Employees who are not actively-at-work due to disablement on the program effective date will be covered.
6.	___	___	___	You agree to incorporate the following hold harmless wording in the purchasing code into the agreement with the County. "After notification of award, the successful Proposer shall Indemnify and Save Harmless the County as specified in Florida Statutes Section 725.06. Nothing in the award, resulting agreement, contract or purchase order shall be deemed to affect the rights, privileges and immunities of the County as set forth in Florida Statutes."
7.	___	___	___	In the event the contract is terminated, the health plan agrees to maintain coverage for persons who are hospital confined on the date the agreement terminates until the individual is discharged.
8.	___	___	___	The health plan agrees to assume claim fiduciary responsibilities, including appeals for claim adjudication and defense of "utilization review" decisions.
9.	___	___	___	The plan agrees to prepare and file all legal documents necessary to implement and maintain the plan; including policies, amendments, contracts, required state filings, and development of booklet/certificate formats.

10. ___ ___ ___ The plan agrees to monitor federal and state legislation affecting the delivery of medical benefits under the plan and to report to County on those issues in a timely fashion prior to the effective date of any mandated plan changes.

E. NETWORK MATCH ANALYSIS

Note to Proposers:

Below is a table showing currently covered members by zip code. To determine whether the County's members will have coverage in light of live/work rules, please indicate with an "X" if access IS NOT available within each zip code ("X" means NO COVERAGE).

ZIP	# Mbrs	HMO/ EPO	PPO	ZIP	# Mbrs	HMO/ EPO	PPO	ZIP	# Mbrs	HMO/ EPO	PPO

F. APPOINTMENT WAITING TIME

Please confirm that the network standards for your network plans are that appointments will be made available on the following schedules, or better:

	Y	D	N	Y=yes D=yes with deviations N=no
1.	___	___	___	emergency services -- immediately accessible 24 hours a day, seven days a week
2.	___	___	___	urgent office visits (e.g. persistent diarrhea and vomiting, fever >101F, shortness of breath) -- within 24 hours
3.	___	___	___	non-urgent symptomatic office visits (e.g. cold, headache, minor injury, joint or muscle pain) -- within 48 hours
4.	___	___	___	non-symptomatic office visits (e.g. preventive care, annual gynecological exam, annual physical, well child exam) -- within 45 days
5.	___	___	___	telephone response to medical inquiries -- available 24 hours a day, seven days a week
6.	___	___	___	You will provide reports substantiating the above to COUNTY at quarterly intervals.

G. NETWORK ACCESS

Please confirm that:

	Y	D	N	Y=yes D=yes with deviations N=no
1.	___	___	___	You will allow employees and dependents to change their primary care physician on request, with changes effective the following day.
2.	___	___	___	If your gatekeeper plan is a mixed model, access for employees and their dependents will not be restricted to staff models.
3.	___	___	___	Dependents may select primary care providers at a physician group, center, or facility other than that chosen by the employee.
4.	___	___	___	Lab work may be performed in the PCP/specialist's office.
5.	___	___	___	X-rays may be taken in the PCP/specialist's office.

6. ___ ___ ___ Female members may self-refer for annual well-woman exams without PCP approval.

7. ___ ___ ___ Female members may self-refer to GYNs and OB/GYNs for medical treatment without PCP approval.

II. MEMBER SERVICES

Please confirm that:

Y	D	N	Y=yes D=yes with deviations N=no
___	___	___	1. You will give all newly enrolled employees an introduction to the plan and its delivery system, including, at a minimum: • a welcome phone call or letter, within two weeks of date of enrollment • information on available services, mailed within 10 days of enrollment • assistance with selection of primary care physician
___	___	___	2. You will make every effort to furnish a member identification card before the effective date of coverage. If you are unable to distribute ID cards before the effective date, your network plans and its providers will accept the County's benefit authorization form as proof of coverage.
___	___	___	3. You will track and report to the County the aggregate number and types of complaints received by your network plans on County members on a quarterly basis.
___	___	___	4. You have documented grievance procedures that are explained to members through handbooks and other written materials. The procedures outline all steps in the process through final resolution, and include specific time periods within which each step must be completed.

I. MEMBER SATISFACTION

Please confirm that:

Y	D	N	Y=yes D=yes with deviations N=no
___	___	___	1. During the first quarter of each year, you will give the County a copy of the survey instrument and summary results of your annual member satisfaction survey.

2. ___ ___ ___ You will conduct a separate member satisfaction survey of County employees and dependents during the first half of each policy year and furnish the results to the County. The County will have input into the questions. Survey results will be made available to County employees for reference during the annual open enrollment.

3. ___ ___ ___ The County or its representative will have the right to audit results of member satisfaction surveys, both of its own employee group and of all plan members.

4. ___ ___ ___ You will share results of member satisfaction surveys with all participating providers.

J. ADMINISTRATIVE AND REPORTING PROCEDURES

Please confirm that:

Y D N Y=yes D=yes with deviations N=no

If you answer "no" to any of these monitoring and reporting procedures, please indicate when you expect to have the capability of providing them.

1. ___ ___ ___ You will furnish the County renewal rates for each subsequent plan year after the initial contract period by the preceding April 1st.

2. ___ ___ ___ You will provide a quarterly paper report on claim utilization by County members, at no cost and in a mutually agreed upon format.

3. ___ ___ ___ You will provide the following information quarterly, at no cost to the County, in electronic file layout:

   - Claims data, on a paid date basis, containing complete paid claims processed, including denied claims and adjustments for all plan participants (actives, COBRA, disabled, retirees, and their dependents).
   - Enrollment data for the same quarterly time periods.

4. ___ ___ ___ You will be responsible for costs of printing ID cards, booklets, certificates, or SPDs as required.

5. ___ ___ ___ You can provide SPDs in an electronic format for access via Internet or Intranet.

6. ___ ___ ___ It will be the right of County or its representative(s) to audit claims (and/or capitation payments, if applicable) upon advance notice of at least three (3) weeks if the program is experience rated.

7. ___ ___ ___ Vendor agrees to pay for the first claims audit at an expense not to exceed $50,000.

8. ___ ___ ___ County reserves the right to accept or decline the Account Manager designated for its programs both initially and in future years.

9. ___ ___ ___ You will present an annual report of plan results to the County including:

- Plan-wide performance
- Performance on County-specific standards, as outlined in Section II
- County utilization that deviates negatively from Plan norms, and recommendations to improve performance

10. ___ ___ ___ At a minimum, you will have one person dedicated to eligibility maintenance for the County, as a whole.

11. ___ ___ ___ At a minimum, you will have one person dedicated as the Account Representative for the County, as a whole.

12. ___ ___ ___ You will have a representative present for quarterly meetings with the County or its designees to review experience, areas of potential improvement, and other ways to better manage the plan.

K. CLAIMS ADMINISTRATION

Please confirm that:

	Y	D	N	Y=yes D=yes with deviations N=no
1.	___	___	___	You will provide a dedicated claims payment unit for the County.
2.	___	___	___	Your claims payment system will not be undergoing any major changes in the next 24 months.
3.	___	___	___	You will allow the County or its designees to periodically audit claim payments.
4.	___	___	___	Your system regularly generates student status letters.
				Frequency of updates: _____
5.	___	___	___	Your claims administration system flags over-age dependents.
6.	___	___	___	Claims are examined for potential subrogation.

7. ___ ___ ___ You will work with the County to identify WC claims and flag files of those who have WC injuries, as well as those who have payments made for future medical expenses.

8. ___ ___ ___ Any bank may be used for self-insured coverages.njuries, as well as those who have payments made

9. ___ ___ ___ Claims payment financial accuracy for the County will be at least 99%. Claims payment procedural accuracy will be at least 98%. 90% of claims will be processed within 10 business days. Proposer agrees to a financial penalty consisting of 5% of administrative fees for every percentage point these results are missed, up to 50% of fees.

7. ___ ___ ___ Proposer agrees to process run-in claims from Florida First.

IF YES, indicate per employee per month administrative cost. _____

L. TECHNOLOGY

Please confirm that:

Y D N Y=yes D=yes with deviations N=no

1. ___ ___ ___ You have a Website, which includes health information and an on-line list of providers.

   Website address: _____

   How often is your provider list updated? _____

2. ___ ___ ___ Members can change primary care physicians on-line.

3. ___ ___ ___ You have Web-based enrollment capabilities.

4. ___ ___ ___ You have the capability for automated transfer of enrollment data.

5. ___ ___ ___ You have automated enrollment and electronic signature capabilities.

6. ___ ___ ___ You have voice recognition capability for enrollment.

An authorized person in your organization must sign responses which will be considered binding.

_____ _____ _____

Name Title Date

PLAN DESIGN CONFIRMATIONS AND PLAN DESIGN DEVIATIONS

The following tables detail each of the County's current plan designs. It is requested that you provide a rate quotation for each existing plan design for the period beginning January 1, 2003. The County's objective is to duplicate its current plan designs. Hospice benefits should be included in all plan designs. If your plan design differs, please note the deviations next to the current feature. Explain all deviations using the form in Appendix B. Please use this form when responding to the RFP.

	Current In-Network PCP-Driven	Deviations
Annual Plan Deductible		
Single	$300 (N/A if copay applies)	
Family	$600 (N/A if copay applies)	
Annual Max Out of Pocket		
Single	$1,000 + $300	
Family	$2,000 + $600	
Coinsurance	90% if no copay	
Physician		
Primary Care visit	$20 copay, then 100%	
Specialist visit	$20 copay, then 100%	
Hospital Inpatient		
Inpatient	$250 per admission, then 100%	
Outpatient	$100	
Emergency	$75 copay, if emergency 90% after deductible for non-emergency	
Diagnostic X ray/Lab	90% after deductible	
Other		
Preventive Care	$10 copay Max of $300 Routine exam every year	
Routine Eye Exam	Not covered	
Well Woman Exam	$10 copay, then 100%	
Well Baby Care	$10 copay, then 100% Must follow age guidelines	
Mental Health		
Inpatient	$250 per adm. Then 100%, $50,000 lifetime maximum	
Outpatient	$10 copay, then 100%, $50,000 lifetime maximum	
Substance Abuse		
Inpatient	$250 per adm. Then 100%, $2,000 lifetime maximum	
Outpatient	$10 copay, then 100%, $2,000 lifetime maximum	
Prescription Drug Plan	30 day supply	
Generic	$10 copay	
Brand	$20 copay	
Non-Preferred Brand	$40 copay	
Mail Order	3 months supply for a single copay	
Lifetime Maximum	$1,000,000	

	Current In-Network	Deviations
Annual Plan Deductible **Single** **Family**	 $300 $600	
Annual Max Out of Pocket **Single** **Family**	 $1,000 + $300 $2,000 + $600	
Coinsurance	90%	
Physician		
Primary Care visit	90% after deductible	
Specialist visit	90% after deductible	
Hospital Inpatient		
Inpatient	90% after deductible	
Outpatient	90% after deductible	
Emergency	90% after deductible	
Diagnostic X ray/Lab	90% after deductible	
Other		
Preventive Care **Routine Eye Exam** **Well Woman Exam** **Well Baby Care**	90% no deductible every year max of $300 Not covered $10 copay 90% no deductible	
Mental Health **Inpatient** **Outpatient**	 90% after deductible, $50,000 lifetime maximum 90% after deductible $50,000 lifetime maximum	
Substance Abuse **Inpatient** **Outpatient**	 90% after deductible, $2,000 lifetime maximum 90% after deductible, $2,000 lifetime maximum	
Prescription Drug Plan **Generic** **Brand** **Non-Preferred Brand**	30 day supply $10 copay $20 copay $40 copay	
Mail Order	3 months supply for a single copay	
Lifetime Maximum	$1,000,000	

	Current Out-of-Network	Deviations
Annual Plan Deductible **Single** **Family**	 $500 $1,000	
Annual Max Out of Pocket **Single** **Family**	 $2,000 + $500 $4,000 + $500	
Coinsurance	70%	
Physician		
Primary Care visit	70% after deductible based on R&C	
Specialist visit	70% after deductible	
Hospital Inpatient		
Inpatient	70% after deductible	
Outpatient	70% after deductible	
Emergency	70% after deductible unless life threatening, then at in-network rate	
Diagnostic X ray/Lab	70% after deductible	
Other		
Preventive Care **Routine Eye Exam** **Well Woman Exam** **Well Baby Care**	N/A N/A N/A 70% no deductible	
Mental Health **Inpatient** **Outpatient**	 70% after deductible, $50,000 lifetime maximum 70% after deductible, $50,000 lifetime maximum	
Substance Abuse **Inpatient** **Outpatient**	 70% after deductible, $2,000 lifetime maximum 70% after deductible, $2,000 lifetime maximum	
Prescription Drug Plan **Generic** **Brand** **Non-Preferred Brand**	30 day supply $10 copay $20 copay $40 copay	
Mail Order	3 months supply for a single copay	
Lifetime Maximum	$1,000,000	

An authorized person in your organization must sign responses which will be considered binding.

Name _____ Title _____ Date _____

PLAN DESIGN DEVIATIONS

The plan design options for the County for the 2002 calendar year were detailed in Appendix A. The County's objective is to implement plans as close to these designs as possible. We are aware that systems constraints may require some modifications to these prototype plan designs. For any deviations noted, please classify the changes you require, specifying:

- which plan design features cannot be offered due to systems or provider contract constraints;
- which can be offered but require manual intervention or additional costs to administer;
- your required plan changes; and
- other recommended changes for optimal plan administration.

Please use the attached Plan Design Deviation Form to document any of these deviations and to outline any additional benefits that you will provide.

Any particulars of the plans to be implemented January 1, 2003, beyond what is provided in this request for proposal, will be defined as part of the implementation process.

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PLAN DESIGN DEVIATIONS FORM

1. Deviations due to systems or provider contract constraints:

2. Design features requiring manual intervention or additional cost (please identify features and costs):

3. Required changes to plan design due to #1 and #2 above:

4. Other recommended changes for optimal plan administration:

ADDITIONAL INFORMATION REQUESTED

This section is to request additional information for evaluation. The following information is needed to determine which network best meets the County's needs. All explanations should be labeled and tabbed in the response to the RFP.

A. ACCESS

1. What after-hours care (evenings and weekends) does your network offer?

2. Do you offer non-English speaking services for members? If yes, what languages?

3. Please list the large physician groups currently in your network, as well those with whom you are currently negotiating. If in the negotiation process, please indicate when you anticipate finalization of a contract.

4. If members are required to go to a third party facility for laboratory or radiology procedures, what are the locations and hours of operation for these facilities in Lee, Charlotte and Collier Counties?

5. Please complete the charts at the end of this section for the following: network hospitals; network primary care physicians; network specialists; and network pharmacies.

B. HEALTHCARE MANAGEMENT

1. Please explain all the following programs fully, yet concisely. Include any program materials you deem necessary to illustrate the quality and effectiveness of your outreach program(s):
   - Asthma
   - Maternity
   - Chronic Obstructive Pulmonary Disease (COPD)
   - Diabetes
   - Obesity
   - Cholesterol
   - Child Care
   - Immunizations
   - Other

2. Do your individual physicians currently receive feedback of their own patients in the following areas:
   - Resource Consumption
   - Patient Satisfaction
   - Personal Productivity
   - Patient-Centered Outcomes
   - Member Health Status Improvement
   - Guideline/Protocol Compliance

C. MEMBER SATISFACTION

1. What is the total number of complaints and/or grievances received in the past year?

2. What is your overall rate of satisfaction with your networks from the most recent network-wide survey?

3. Describe your referral and appeal processes.

D. PROGRAM MANAGEMENT

1. Is your provider credentialing process consistent with NCQA standards? If not, then briefly explain your process.

2. How often is provider re-credentialing conducted?

3. What is your current NCQA Accreditation status?

E. NETWORK INFORMATION

1. For non-network claims what is the source and percentile of the allowable amount (i.e., 70% Medicare Allowable, 80th percentile of HIAA, etc.)?

2. For network claims in Lee, Charlotte and Collier Counties

   ✓ What is the average physician reimbursement schedule based upon (i.e., 65% of Medicare Allowable, etc.)

   ✓ What is the average percent discount from billed charges or per diem amount for med/surg? Maternity? Pediatrics?

3. County employees and their dependents often travel outside of Florida. Is there coverage for conditions outside of the network service area for:

   ✓ Routine illness while on extended stay outside of the service area?

✓ Life-threatening or bodily impairment conditions outside of the service area?

4. What are your guest privilege rules for employees or dependents which may be located outside the service area?

5. Is your PPO plan filed as an HMO contract, so that service area residency requirements apply even if the intent is to use non-network benefits?

6. Are your contracted providers ever financially "at risk" for a member's care, such as global capitation, etc? Describe which provider groups, and the safeguards you have in place to assure appropriate, quality care is delivered.

7. Are there any planned major changes to your provider network in the next 18 months, such as adding or terminating provider groups?

8. Are major network changes, such as global capitation arrangements, subject to employer approval?

9. Are there any pending mergers, acquisitions, etc., within in the next 18 months, that may significantly impact policy, procedures and administration?

10. Please complete the following table for your approved organ transplant locations:

Organ	*Facility (Name, state)*
Heart	
Heart/Lung	
Lung	
Kidney	
Bone Marrow	
Liver	
Other (Identify)	
Other (Identify)	
Other (Identify)	

F. PRESCRIPTION DRUGS

1. GENERAL VENDOR INFORMATION

PBM Name	
Street Address	
City	
State	
Zip Code	
Web Address	
Contact for this Proposal	

2. PLAN DESIGN AND FINANCIALS

For purpose of this RFP, assume the following number and distribution of employees:

	Tier Structure	Active	Retiree	Leave/COBRA
Employee Tier Structure	Single	901/-0-	387/$163.50	11/$333.54
	Employee + Spouse	477/$90	147/$353.00	720.12
	Employee + Child(ren)	116/$70	0/$343	4/$699.72
	Family	884/$100	0/$358	2/$730.32
	Total	2384	534	17

Please indicate below that you have completed the "Financial Proposal" and "Unit Cost" worksheets.

	Yes	No	If No explain
The "Financial Proposal" worksheet has been completed. ***Include in your proposal in Section 3.***			
The "Unit Cost" worksheet has been completed. ***Include in your proposal in Section 3.***			
Your administrative fees quoted in the "Financial Proposal" worksheet must include, without additional charges, the following services:			

- Rx Electronic Charge for On-line
- Checks/Remittance/EOB/Processing Charge (if requested)
- Customized Messages
- Concurrent DUR
- Mail Service Integration
- Toll-Free Number for Pharmacies
- Formulary management
- Prior Authorization of Select High Cost Drugs
- Data Reporting
- Standard
- On-Line Access to Reporting
- Access Charge
- Hardware/Software
- Claim Forms
- Communication and Marketing Materials

3. RETAIL NETWORK

Provide a copy of any materials you use to communicate to the County's employees regarding pharmacy services in Section 7.

Please provide a geo-access mapping report, including summary information, based on each of the following parameters:

a. Using your broadest network, with the parameter of 2 network pharmacies within 8 miles.
b. Using your most limited network with the parameter of 2 network pharmacies within 8 miles.

Please complete the worksheet "Contracted Pharmacies" providing the number of contracted pharmacies and program members in the Lee County area. Include in Section 4.

4. MAIL SERVICE

Please provide the information regarding your mail order facility:

Mail Order Facility Location for County if successful proposal	
New Prescriptions:	
Street Address	
City	
State	
Zip Code	
Refill Prescriptions:	
Street Address	
City	
State	
Zip Code	

Services Statistics for Mail Order Facilities	New Scripts	Refills
Monthly Dispensing Capacity		
Number of Prescriptions Dispensed in the Most Recent Month		
Ratio of Pharmacists to Pharmacy Technicians		
Average Number of Prescriptions Dispensed per Pharmacist per Hour		

5. UNDERSTANDING AND AGREEMENTS

	Yes	No	If No explain
1. You will agree to invoice County monthly.			

Please review the following Hold Harmless Language:

After notification of award, the successful bidder shall Indemnify and Save Harmless the County as specified in Florida Statutes Section 725.06. Nothing in the award, resulting agreement, contract or purchase order shall be deemed to affect the rights, privileges and immunities of the County as set forth in Florida Statutes.

	Yes	No	Response
2. You agree to incorporate the hold harmless wording in the purchasing code into the agreement.			
3. You agree to guarantee all discounts for 24 months from the plan's effective date.			
4. You agree to provide 270 days notice of any fee change			
5. You will allow the County to terminate its contract, for any reason, with full accounting provided such notification is given at least 30 days in advance.			
6. In the event of a change in vendors, you agree to administer all run-out claims.			
7. You agree to transfer to the County, or the new vendor within 30 days of notice of termination, all required retail			

and mail service data and records necessary to administer the plan without a break in history.		
8. You will allow Aon Consulting, or any other party selected by the County, to audit claims at any time, including, but not limited to, rebates and AWP savings.		

6. INFORMATION REQUESTED

Please provide a copy of your company's standard contract and agreement.

The County requires that performance standards be included in the contract and be used to evaluate performance. These standards are divided into several categories. Please indicate your willingness to comply with the stated level of performance together with proposed financial penalties for failure to meet commitments. You should assume the County would work jointly with your organization to develop measurement and the methodology for each standard. Please insert explanation in the event of a "NO" answer

	Item	Performance	Yes	No	Proposed Financial Penalty
	Implementation				
1.	Program Effective date	Program will be operation by agreed to date.			
2.	ID Cards	95% of ID cards will be produced and mailed within 10 days of receipt of complete and accurate eligibility information			
3.	Client Agreement	Agreement will be provided the County at least 60 days prior to effective date.			
	Member Services				
4.	Satisfaction Survey	Satisfactory result from annual member satisfaction survey.			
5.	Call Answering	At least 95% of eligible person's calls received will be answered within 20 seconds.			
6.	Call Abandonment	Not more than 5% of eligible person's calls will be abandoned.			
7.	Written Inquiries	95% of written inquiries will be responded to within five (5) business days and 100% will be responded to within ten (10) business days.			
	Administration				
8.	Group Additions	New groups will be added to all systems			

	Item	Performance	Yes	No	Proposed Financial Penalty
		within three (3) working days of receipt of necessary documents			
9.	Eligibility Posting	98% of electronically transmitted eligibility updates posted within two (2) business days after receipt in specified format and 100% posted within five (5) business days.			
10.	Claim Payment Accuracy	Claims payment accuracy will be at least 99%			
11.	Claim Payment Turnaroud	90% or more of direct reimbursement "clean" claims will be paid within ten (10) working days after receipt and 100% of direct reimbursement claims will be paid within twenty (20) working days.			
12.	Mail Order Accuracy	99.9% of all prescriptions mailed to the County eligible persons shall be dispensed with the correct drug strength and dosage form.			
13.	Mail Order Turnaround	90% or more of all orders filled from "clean" prescriptions not requiring pharmacy intervention will be mailed within three (3) business days.			
14.	System Availability	Systems needed for access by contracted pharmacies will be available 99.5% of scheduled time.			
15.	Sytems Reponse	Systems used by contracted pharmacies will respond to electronic transactions from contracted pharmacies in two (2) seconds or less.			
	Financial				
16.	Network Reimbursement	Actual reimbursement rate to network pharmacies for pharmaceuticals will not exceed 84% of AWP, plus a dispensing fee of $1.50.			
17.	Generic Substitution	70% or more of mail order prescriptions and 35% or more of retail prescriptions for multi-source drugs will be dispensed with a generic product.			
18.	Per Claim Rebates	The County will receive net rebates not			

	Item	Performance	Yes	No	Proposed Financial Penalty
		less than a pre-negotiated amount per all paid claims during the first 12 months of the Agreement as long as the existing manufacturer programs and agreements remain in full force and effect.			
19.	Pharmacy Pricing	100% of participating pharmacies will adhere to "lesser of" pricing.			
20.	Clinical Program Savings	The County will save not less than 3% of contracted ingredient costs so long as SDHC facilitates implementation of the DUR programs			
21.	Formularies	Vendor's normal formulary will be implemented within five (5) working days after receipt of the County's formal request. Customized formularies will be implemented within ten (10) working days after receipt of the County's formal request.			
	Network				
22.	Access	98% of all participating members shall reside within ten miles of a participating retail pharmacy, if a pharmacy is located within ten (10) miles as measured on the first day of contract.			
	Reporting				
23.	Timeliness	All standard reports will be distributed to the County within 30 days of the end of the cycle.			
24.	Interpretation/Analysis	Analyze data and meet with the County on at least an annual basis.			

7. Account Management

A designated account representative must be assigned to the County who has the responsibility and authority to manage the entire range of services discussed in this RFP. This account representative must be able to directly respond to changes in plan design, changes in claims processing procedures, or general administrative problem identified by the County or its Consultant. Please complete the requested information.

Name	
Title	
Street Address	
City	
State	
Zip	
Telephone	
Fax	
E-mail	
# of accounts currently servicing	
New case responsibility	
Training Education, Experience	

8. REFERENCES AND ATTACHMENTS

KEY ACCOUNTS AND REFERENCES

For the network shown, please provide the names of the largest accounts and the number of employees

Network Name	Company Name	Number of employees

Please provide references for three of largest firms listed above that receive both your retail network and mail services.

Company	
Contact Person	
Title	
Phone	

Company	
Contact Person	
Title	
Phone	

Company	
Contact Person	
Title	
Phone	

Please complete the information requested on three organizations, having at the time at least 3,000 employees, that ceased doing business with your firm during the past two years.

Company	
Contact Person	
Title	
Phone	
Program Termination Date	

Company	
Contact Person	
Title	
Phone	
Program Termination Date	

Company	
Contact Person	
Title	
Phone	
Program Termination Date	

Describe the recommended implementation activities for the County, Please be specific about the role of client representative in this process, the role of your account management staff, the schedule of events and elapsed time, and the communication materials.

Provide a copy of your plan for managing the account, including periodic reviews of cost and utilization and recommendations for plan design changes from the County's representatives.

9. FINANCIAL PROPOSAL

Point of Service		
Type of Network:	**Most Limited**	**Broadest**
Brand Discount (AWP discount)*		
Generic Discount (AWP Discount)*		
Dispensing Fee per Script		
Administrative Fee per paid claim**		
% of Rebates Shared with The Client		

Mail Order		
Type of Network:	**Most Limited**	**Broadest**
Brand Discount (AWP discount)*		
Generic Discount (AWP Discount)*		
Dispensing Fee per Script		
Administrative Fee per paid claim**		
% of Rebates Shared with The Client		

Start-up Costs		
Type of Network:	**Most Limited**	**Broadest**
ID Card Production and Delivery *(cost per card)*		
One time Installation and Set-up Charge		
Directory Charges		

Guarantees		
Type of Network:	**Most Limited**	**Broadest**
ID Card Production and *Delivery (cost per card)*		
One time Installation and Set-up Charge		
Directory Charges		

Geo-Access Result Summary		
Type of Network:	**Most Limited**	**Broadest**
Percent with 2 pharmacies within an 8 mile radius		

* *Discount percentages must be the guaranteed minimum percentage given to the County, net of rebates. Do not report your book average.*

** *Administrative fees are assumed to include all services outlined in Section 7 of the Questionnaire.*

Fully Insured Rates – Year 1		
Tier	**Most Limited**	**Broadest**

Single		
Employee + 1		
Family		

Fully Insured Rates – Year 2		
Tier	**Most Limited**	**Broadest**
Single		
Employee + 1		
Family		

Please indicate any additional savings that may be realized by the County by the addition of various Coalition members..

Lee County Schools % Adjustment	*Lee County Sheriff % Adjustment*	*City of Ft. Myers % Adjustment*	*City of Cape Coral % Adjustment*
%	%		%
City of Sanibel % Adjustment	*Clerk of the Courts % Adjustment*	*All Coalition Members % Adjustment*	
%	%		%

- Maximum increase years 3-5

10. Unit Cost

Drug Unit Cost Information as of 6/30/02

	NDC-9	*Drug Name*	*Strength*	*100% Retail AWP*	*Average AWP Paid in Retail Network*	*Average AWP Paid in Mail Order*
1	611130742	Prilosec	20 mg			
2	007773105	Prozac	20 mg			
3	000850458	Claritin	10 mg			
4	000060740	Zocor	20 mg			
5	504190521	Betaseron	0.3 mg			
6	000494900	Zoloft	50 mg			
7	000742586	Biaxin	500 mg			
8	000060735	Zocor	10 mg			
9	000060963	Pepcid	20 mg			
10	001730460	Imitrex	25 mg			
11	000691530	Norvasc	5 mg			
12	003003046	Prevacid	30 mg			
13	001730344	Zantac	150 mg			
14	000780248	Neoral	100 mg			
15	000850635	Claritin-D 12 Hour	120 mg			
16	000460875	Prempro	.625-2.5 mg			
17	000692660	Procardia XL	60 mg			
18	001490752	Asacol	400 mg			
19	000710353	Rezulin	400 mg			
20	000293211	Paxil	20 mg			
21	000710155	Lipitor	10 mg			
22	000850640	Claritin-D 24 Hour	10 mg			
23	000268513	Cipro	500 mg			
24	000695510	Zyrtec	10 mg			
25	000251381	Daypro	600 mg			
26	000023144	Axid	150 mg			
27	000710156	Lipitor	20 mg			
28	596270001	Avonex Admin. Pack	30 mcg			
29	000060936	Fosamax	10 mg			
30	001730453	Flonase	50 mcg			
31	000494910	Zoloft	100 mg			
32	001730387	Ceftin	250 mg			
33	007773104	Prozac	10 mg			
34	000040156	Accutane	40 mg			

	NDC-9	*Drug Name*	*Strength*	*100% Retail AWP*	*Average AWP Paid in Retail Network*	*Average AWP Paid in Mail Order*
35	000060713	Vasotec	10 mg			
36	000746215	Depakote	500 mg			
37	000460867	Premarin	.625 mg			
38	504580290	Sporanox	100 mg			
39	000060712	Vasotec	5 mg			
40	000780179	Lamisil	250 mg			
41	000035178	Pravachol	20 mg			
42	000296086	Augmentin	875-125 mg			
43	001730447	Zofran	8 mg			
44	000060714	Vasotec	20 mg			
45	000692650	Procardia XL	30 mg			
46	000881797	Cardizem CD	240 mg			
47	000296080	Augmentin	500-125 mg			
48	000710352	Rezulin	200 mg			
49	000060964	Pepcid	40 mg			
50	596760310	Procrit	10000/UML			

11. Contracted Pharmacies

Number of Contracted Pharmacies		
Metropolitan Area	**Most Limited Network**	**Broadest Network**
Lee County		
Charlotte County		
Collier County		
DeSoto County		

12. Plan Design

Retail Design		
Generic	**Preferred Brand**	**Non-Preferred Brand**
$10	$20	$40

Mail Order Design (3 mos.)		
Generic	**Preferred Brand**	**Non-Preferred Brand**
$20	$40	$80

** Coverage includes Oral Contraceptives.*

1. If you use a drug formulary, is it closed or open? Voluntary or mandatory?

2. What prior authorization procedures do you require?

3. Do you have dispensing limits? If yes, what are they?

4. Attach a copy of the proposed formulary.

THE FOLLOWING APPLIES TO MEDICAL:

G. MEMBER SERVICES

1. Do you provide a member newsletter or information on seasonal health care issues (flu shots, summer heat and using sun blocks, etc.)?

2. Do you have the ability to develop specific information sheets or communication on issues of importance to the employers (stress in the workplace, low back pain, etc.)?

3. Describe your coverage of alternative therapy (i.e., hypnosis, acupuncture).

H. FINANCIAL

1. Identify trend factors:

   ✓ 2001: HMO _____ POS _____ PPO _____

   ✓ 2002: HMO _____ POS _____ PPO _____

   ✓ 2003: HMO _____ POS _____ PPO _____

LEE COUNTY

Place an "x" in the appropriate box if the following hospitals are in your network. IF YOUR POS NETWORK DIFFERS FROM YOUR HMO NETWORK, PLEASE NOTE BY EACH FACILITY

Facility	HMO	PPO
Lee County Hospitals		
Lee Memorial & HealthPark		
Cape Coral		
Southwest		
Gulf Coast		
Eastpointe/Lehigh		
Other (List)		
Charlotte County Hospitals		
Bon Secours – St. Joseph Hospital		
Charlotte Regional Medical Center		
Fawcett Memorial Hospital		
Other (List)		
Collier County Hospitals		
Naples Community		
Other (List)		
II. Lee Moffit Cancer Center (HMO & PPO)		
Shands (PPO Only)		
Other (List)		

LEE COUNTY

Network Primary Care Physicians

PCPs	Number of PCPs In Network	Accepting New Patients
Lee County		
General Practitioners		
Pediatricians		
Charlotte County		
General Practitioners		
Pediatricians		
Collier County		
General Practitioners		
Pediatricians		

LEE COUNTY

Network Specialists for Lee County

Place the number of specialists of each field in the appropriate box.

Specialist	HMO	PPO In-Network
Allergy/Immunology		
Anesthesiology		
Cardiology		
Chiropractic Physicians		
Dermatology		
Drug/Alcohol		
1) MDs		
2) PhDs		
3) MSWs		
4) Other		
Endocrinology		
Gasroenterology		
Geriatrics		
Gynecology		
Gynecologic Oncology		
Hematology/Oncology		
Infectious Diseases		
Neonatology		
Neurology		
Nuclear Medicine		
Obstetrics/Gynecology		
Oncology		
Opthamology		
Orthopedics		
Otolaryngology		

Specialist	HMO*	PPO In-Network
Pathology		
Pediatric Allergy		
Pediatric Cardiology		
Perinatology		
Pediatric Otolaryngology		
Pediatric Gastroenterology		
Physical Medicine		
Podiatry		
Psychiatry		
Psychology		
1) MDs		
2) PhDs		
3) MSWs		
4) Other		
Pulmonary Diseases		
Radiation Therapy		
Radiology		
Reproductive Endocrinology		
Rheumatology		
Surgery – Arthroscopic		
Surgery – Cardiovascular		
Surgery – Critical		
Surgery – Colon/Rectal		
Surgery - General		
Surgery – Neurological		
Surgery – Oral		
Surgery – Orthopedic		
Surgery – Pediatric		
Surgery – Plastic/Facial		
Surgery – Thoracic		

Specialist	HMO*	PPO In-Network
Surgery – Urology		
Surgery – Vascular		
Surgery – Hand		
Urology		
Other**		
Total Specialty Care		
Pediatricians		
General Practice		
Family Practice		
Internal Medicine		
Total Primary Care		

***If Network POS differs, add a column and indicate where**

LEE COUNTY

Network Specialists for Charlotte County

Place the number of specialists of each field in the appropriate box.

Specialist	HMO*	PPO In-Network
Allergy/Immunology		
Anesthesiology		
Cardiology		
Chiropractic Physicians		
Dermatology		
Drug/Alcohol		
1) MDs		
2) PhDs		
3) MSWs		
4) Other		
Endocrinology		
Gasroenterology		
Geriatrics		
Gynecology		
Gynecologic Oncology		
Hematology/Oncology		
Infectious Diseases		
Neonatology		
Neurology		
Nuclear Medicine		
Obstetrics/Gynecology		
Oncology		
Opthamology		
Orthopedics		
Otolaryngology		

Specialist	HMO*	PPO In-Network
Pathology		
Pediatric Allergy		
Pediatric Cardiology		
Perinatology		
Pediatric Otolaryngology		
Pediatric Gastroenterology		
Physical Medicine		
Podiatry		
Psychiatry		
Psychology		
1) MDs		
2) PhDs		
3) MSWs		
4) Other		
Pulmonary Diseases		
Radiation Therapy		
Radiology		
Reproductive Endocrinology		
Rheumatology		
Surgery – Arthroscopic		
Surgery – Cardiovascular		
Surgery – Critical		
Surgery – Colon/Rectal		
Surgery - General		
Surgery – Neurological		
Surgery – Oral		
Surgery – Orthopedic		
Surgery – Pediatric		
Surgery – Plastic/Facial		
Surgery – Thoracic		

Specialist	HMO*	PPO In-Network*
Surgery – Urology		
Surgery – Vascular		
Surgery – Hand		
Urology		
Other**		
Total Specialty Care		
Pediatricians		
General Practice		
Family Practice		
Internal Medicine		
Total Primary Care		

***If Network POS differs, add a column and indicate where**

THE LEE COUNTY GOVERMENT

Network Specialists for Collier County

Place the number of specialists of each field in the appropriate box.

Specialist	HMO*	PPO In-Network
Allergy/Immunology		
Anesthesiology		
Cardiology		
Chiropractic Physicians		
Dermatology		
Drug/Alcohol		
1) MDs		
2) PhDs		
3) MSWs		
4) Other		
Endocrinology		
Gasroenterology		
Geriatrics		
Gynecology		
Gynecologic Oncology		
Hematology/Oncology		
Infectious Diseases		
Neonatology		
Neurology		
Nuclear Medicine		
Obstetrics/Gynecology		
Oncology		
Opthamology		
Orthopedics		
Otolaryngology		

Specialist	HMO*	PPO In-Network
Pathology		
Pediatric Allergy		
Pediatric Cardiology		
Perinatology		
Pediatric Otolaryngology		
Pediatric Gastroenterology		
Physical Medicine		
Podiatry		
Psychiatry		
Psychology		
1) MDs		
2) PhDs		
3) MSWs		
4) Other		
Pulmonary Diseases		
Radiation Therapy		
Radiology		
Reproductive Endocrinology		
Rheumatology		
Surgery – Arthroscopic		
Surgery – Cardiovascular		
Surgery – Critical		
Surgery – Colon/Rectal		
Surgery - General		
Surgery – Neurological		
Surgery – Oral		
Surgery – Orthopedic		
Surgery – Pediatric		
Surgery – Plastic/Facial		
Surgery – Thoracic		

Specialist	HMO**	PPO In-Network
Surgery – Urology		
Surgery – Vascular		
Surgery – Hand		
Urology		
Other**		
Total Specialty Care		
Pediatricians		
General Practice		
Family Practice		
Internal Medicine		
Total Primary Care		

***If Network POS differs, add a column and indicate where**

LEE COUNTY

Network Pharmacies

Place an "x" in the appropriate box if the following pharmacies are in your network.

Facility	HMO	PPO In-Network

Facility	HMO	PPO In-Network

FINANCIAL RESPONSES

The financial response forms on the following pages should be used to respond to this RFP. Do not deviate from these required formats.

PROPRIETARY INFORMATION

Any information included in your proposal that is deemed to be legitimately proprietary or "trade secrets" may be provided under separate cover indicating its proprietary nature. This information will be retained by Aon Consulting and will remain confidential.

NOTE:

1. Confirm that the rates/fees quoted are guaranteed through December 2004. If you are unable or unwilling to guarantee rates for the three-year period, please explain why and state any alternative guarantees you propose.

2. Please indicate all additional fees that may be added that are not included in the quoted rates.

3. If capitation is included in your self-insured fee quotes, please identify all services included in the capitation fee.

An authorized person in your organization must sign responses which will be considered binding.

Name	Title	Date

Please complete the table below and illustrate the structure of your provider financial arrangements showing the percentage of dollars paid under the corresponding payment categories. Also, please indicate any significant change in reimbursement structure anticipated in 2003.

2002 Provider Financial Arrangements	Salary	Fee for Service Schedule or Discount	FFS w/ Withhold	Capitation	RBRVS	Per Diem	DRG Per Case
Request for Underwriting Information – HMO Lee County							
Provider Type:							
A. Primary Care Physician							
B. Specialist Physician							
C. Inpatient Hospital							
D. Outpatient Hospital and Other Facility							
Request for Underwriting Information – PPO Lee County							
Provider Type:							
A. Primary Care Physician							
B. Specialist Physician							
C. Inpatient Hospital							
D. Outpatient Hospital and Other Facility							

Please complete the table below and illustrate the structure of your provider financial arrangements showing the percentage of dollars paid under the corresponding payment categories. Also, please indicate any significant change in reimbursement structure anticipated in 2003.

2002 Provider Financial Arrangements	Salary	Fee for Service Schedule or Discount	FFS w/ Withhold	Capitation	RBRVS	Per Diem	DRG Per Case
Request for Underwriting Information – HMO: Charlotte County							
Provider Type:							
A. Primary Care Physician							
B. Specialist Physician							
C. Inpatient Hospital							
D. Outpatient Hospital and Other Facility							
Request for Underwriting Information – PPO: Charlotte County							
Provider Type:							
A. Primary Care Physician							
B. Specialist Physician							
C. Inpatient Hospital							
D. Outpatient Hospital and Other Facility							

Please complete the table below and illustrate the structure of your provider financial arrangements showing the percentage of dollars paid under the corresponding payment categories. Also, please indicate any significant change in reimbursement structure anticipated in 2003.

2002 Provider Financial Arrangements	Salary	Fee for Service Schedule or Discount	FFS w/ Withhold	Capitation	RBRVS	Per Diem	DRG Per Case
Request for Underwriting Information – HMO Collier County							
Provider Type:							
A. Primary Care Physician							
B. Specialist Physician							
C. Inpatient Hospital							
D. Outpatient Hospital and Other Facility							
Request for Underwriting Information – PPO Collier County							
Provider Type:							
A. Primary Care Physician							
B. Specialist Physician							
C. Inpatient Hospital							
D. Outpatient Hospital and Other Facility							

Request for Underwriting Information – Capitation

Please place an "x" in the box for each of the specialties that are capitated in Lee, Charlotte and Collier Counties.

Specialty	Lee County	Charlotte County	Collier County
Adult Primary Care			
Pediatrics			
Chiropractic			
Podiatry			
Dermatology			
Radiology			
Lab			
Other			
Other			

Request for Underwriting Information – HMO/PPO in Lee County

In order for us to assess your network arrangements, please provide the following information for your commercial book of business.

		Avg Discount 2001	Avg Discount 2002	Trend % 2000	Trend % 2001	Trend % 2002
HMO	Inpatient Hospital					
	Outpatient Hospital					
	Physician					
PPO	Inpatient Hospital					
	Outpatient Hospital					
	Physician					
		Avg Cost/Day 2001	Avg Cost/Day 2002			
HMO	Medical					
	Surgical					
	Normal Delivery					
	C-Section Delivery					
PPO	Medical					
	Surgical					
	Normal Delivery					
	C-Section Delivery					

Request for Underwriting Information – HMO/PPO in Charlotte County

In order for us to assess your network arrangements, please provide the following information for your commercial book of business.

		Avg Discount 2001	Avg Discount 2002	Trend % 2000	Trend % 2001	Trend % 2002
HMO	Inpatient Hospital					
	Outpatient Hospital					
	Physician					
PPO	Inpatient Hospital					
	Outpatient Hospital					
	Physician					
		Avg Cost/Day 2001	Avg Cost/Day 2002			
HMO	Medical					
	Surgical					
	Normal Delivery					
	C-Section Delivery					
PPO	Medical					
	Surgical					
	Normal Delivery					
	C-Section Delivery					

Request for Underwriting Information – HMO/PPO in Collier County

In order for us to assess your network arrangements, please provide the following information for your commercial book of business.

		Avg Discount 2001	Avg Discount 2002	Trend % 2000	Trend % 2001	Trend % 2002
HMO	Inpatient Hospital					
	Outpatient Hospital					
	Physician					
PPO	Inpatient Hospital					
	Outpatient Hospital					
	Physician					
		Avg Cost/Day 2001	Avg Cost/Day 2002			
HMO	Medical					
	Surgical					
	Normal Delivery					
	C-Section Delivery					
PPO	Medical					
	Surgical					
	Normal Delivery					
	C-Section Delivery					

Request for Underwriting Information – HMO/PPO

In order for us to assess your network arrangements, please provide your fee schedule (prior to calculation of withholds) for the following common CPT-4 codes. If any of these codes are included in your capitation arrangements, please indicate as "capitated".

CPT Code	Procedure	HMO		PPO	
		2002	2003 Budget	2002	2003 Budget
11750	Removal of nail bed				
12001	Repair superficial wound(s)				
19120	Removal of breast lesion				
19125	Excision, breast lesion				
19240	Removal of breast				
22842	Insert spine fixation device				
27130	Total hip replacement				
27447	Total knee replacement				
29881	Knee arthroscopy/surgery				
29888	Knee arthroscopy/surgery				
30520	Repair of nasal septum				
33512	CABG, vein, three				
33533	CABG, arterial, single				
36415	Drawing blood				
36533	Insertion of access port				
43239	Upper GI endoscopy, biopsy				
44950	Appendectomy				
45330	Sigmoidoscopy, diagnostic				
45385	Colonoscopy, lesion removal				
49505	Repair inguinal hernia				
50590	Fragmenting of kidney stone				

56340	Laparoscopic cholecystectomy				
58150	Total hysterectomy				
59400	Obstetrical care				
59510	Cesarean delivery				
62279	Inject spinal anesthetic				
63030	Low back disk surgery				
63075	Neck spine disk surgery				
66984	Remove cataract, insert lens				
69436	Create eardrum opening				
70553	Magnetic image, brain				
71020	Chest x-ray				
76091	Mammogram, both breasts				
76805	Echo exam of pregnant uterus				
76856	Echo exam of pelvis				
80019	Channel blood				
81000	Urinalysis				
84443	Assay thyroid stim hormone				
85025	Automated hemogram				
88150	Cytopathology, pap smear				
88305	Tissue exam by pathologist				
90844	Psychotherapy, 45-50 min.				
99203	Office/outpatient visit, new				
99212	Office/outpatient visit, est				
99213	Office/outpatient visit, est				
99214	Office/outpatient visit, est				

Request for Fully-Insured Rates, with Prescription Drugs – TOTAL TAKEOVER

Please complete the rate proposal form quoting premium rates inclusive of prescription drugs. Below each of the premium rates quoted, please provide the breakdown of the premium components in the spaces provided.

		HMO $10 copay	PPO $15 OV; 90%/70%	PPO 80%/60%
Employee Only				
	Administration			
	Claim Cost			
	Reserves			
Employee + Spouse				
	Administration			
	Claim Cost			
	Reserves			
Employee + Child(ren)				
	Administration			
	Claim Cost			
	Reserves			
Employee + Family				
	Administration			
	Claim Cost			
	Reserves			

Maximum % Increase 2004	%	%	%
Maximum % Increase 2005	%	%	%

Request for Self-Insured Rates with Prescription Drugs – TOTAL TAKEOVER

All fees are requested on a per employee per month (pepm) basis. If a fee cannot be quoted on a per employee per month basis, please specify upon what basis it is quoted (i.e., pmpm).

	HMO $10 copay	PPO $15 OV; 90% / 70%	PPO 80% / 60%
Administrative Fee			
Capitation Fee			
Network Access Fee			
Medical Management			
Utilization Management			
Specific Stop Loss - $150,000			
Specific Stop Loss - $200,000			
Aggregate Attachment Factor – 125%			
Aggregate Premium			
Other			

Maximum % Increase 2004	%	%	%
Maximum % Increase 2005	%	%	%

STOPLOSS SUMMARY

Complete the following chart(s) below with the rates/information for providing all the coverages/services included in your quote. Distribution of employees and dependents are to be quoted exactly as shown.

Number of Insureds:

1,082 Employee Only Units
1,250 Employee with Family Units
2,332 Total Number of Employees

EXCESS HEALTH INSURANCE	QUOTE	
SPECIFIC EXCESS ($100,000 PER COVERED PERSON)		
Limit of Liability	$900,000	
Reimbursement Factor	100%	
Monthly Premium Rate Per Covered Unit	Employee Only $_____	Family $_____
Monthly Conversion Policy Rate		
AGGREGATE EXCESS		
Limit of Liability	Unlimited	
Reimbursement Factor	100%	
Monthly Aggregate Retention Amount Factor		
Maximum Claims (Annual Aggregate Retention Amount)		
Expected Claims (Annual Aggregate Retention Amount)		
Monthly Premium Rate Per Covered Unit		

What are you willing to guarantee for the second and third year rate:
2nd year: Single_____Family_____

3rd year: Single_____Family_____

OR

What is your "not to exceed" percentage increase for year two:_____ and year three: _____

NOTE: For evaluation purposes the maximum increase will be tabulated.

QUOTE QUESTIONNAIRE

General Information

1. Location of sales office that will serve this account:_____

2. Does your company have an A.M. Best rating of "A" or better? Yes _____ No ____

3. Who will represent your company in negotiations with Lee County?

   Name: _____
   Title: _____
   Office Location: _____
   _____
   Telephone Number: _____
   Fax Number _____

4. Who will be the service account representative assigned to Lee County?
   Name: _____
   Title: _____
   Office Location: _____
   _____
   Telephone Number: _____
   Fax Number _____

5. Is your quote valid until ***1/1/2003?*** Yes_____ No_____

6. Is the purchase of this insurance contingent on the purchase of any other insurance product?
   Yes_____ **No**_____

   If yes, indicate product and purchase requirements:_____

   _____

   _____

7. Will you work with Florida 1st Health Plans Inc.? Yes____ No____

   If yes, please clearly state the reporting requirements expected of Florida 1st:

   _____

   _____

   _____

8. Is the quote subject to change at final underwriting? Yes___ No____

If yes, specify conditions:_____

_____

_____

9. Will attending physician statements (APS) be required on ongoing claims in excess of $50,000?
Yes____ No_____

If no, specify requirements for APS:_____

_____

_____

10. Where is the administration facility located?_____
If not local, how can Lee County contact the claims and/or administration departments, e.g., toll-free number?_____

_____

11. If the Specific Cap is reached, indicate (with a check) when will Lee County receive reimbursement:
Monthly _____
End of Calendar Year _____
End of Contract Year _____
Other (Explain) _____

Coverage

1. Is the scope of coverage provided by your quote more restrictive than the current plan provisions, exclusions, and/or limitations, as described in the Summary of Benefits?
Yes _____ No _____

2. Indicate (with a check) the organ transplants covered in the contract quoted: All organ transplants should be covered and if they covered under specific it should automatically be covered under aggregate. You should delete the table below.

Organ Transplant	*Specific*	*Aggregate*
Kidney		
Cornea		
Heart		

Heart and Lung		
Lung		
Pancreas		
Bone marrow (both allogenic and autologous		
Skin and Other Issues		
Other (List)		

3. List the transplant facility requirements (centers of excellence) and reimbursement procedures under the policy.

   _____
   _____
   _____

4. Recite the policy wording for the definition of experimental procedure:

   _____
   _____

5. Does this contract "carve-out" or "laser" ongoing specific claims? Yes____ No___

   If yes, explain the circumstances:_____
   _____
   _____

SECTION 4: ATTACHEMENTS

Attachments shall be provided on a CD by contacting Homero da Silva via email: Homero_a_da_Silva@aon.com or Phone at 813-966-3200.

ATTACHMENT #3

STATEMENT OF COMPLIANCE

(To be signed and included in front of Section 1 of your organization's proposal)

I/(WE) HEREBY CERTIFY, that all requirements contained in this proposal specification have been read, understood, and complied with in the attached proposal. I/(We) understand if selected, Lee County Government may select one or a combination of the items presented. My/(our) proposal as herein submitted shall be considered valid until January 1, 2003. If my/(our) proposal is accepted by the Lee County Government, I/(we) agree to abide by all requirements of this specification and to provide all reports specified on a timely basis.

Company Aetna Health, Inc.
Aetna Life Insurance Company

By Ken Billings
Signature of Company Officer

Date 08-22-2002

Ken Billings
Name (printed)

Telephone 770-346-4316

Underwriting Manager
Title

ANTI- COLLUSION STATEMENT

THE BELOW SIGNED PROPOSER HAS NOT DIVULGED TO, DISCUSSED OR COMPARED HIS PROPOSAL WITH OTHER PROPOSERS AND HAS NOT COLLUDED WITH ANY OTHER PROPOSER OR PARTIES TO A PROPOSAL WHATSOEVER. NOTE: NO PREMIUMS, REBATES OR GRATUITIES TO ANY EMPLOYEE OR AGENT ARE PERMITTED EITHER WITH, PRIOR TO, OR AFTER ANY DELIVERY OF MATERIALS. ANY SUCH VIOLATION WILL RESULT IN THE CANCELLATION AND/OR RETURN OF MATERIAL (AS APPLICABLE) AND THE REMOVAL FROM THE MASTER BIDDERS LIST.

FIRM NAME: Aetna Health Inc.
Aetna Life Insurance Company (ALIC)

BY: (Printed): Ken Billings

BY (Signature): Ken B Billings

TITLE: Underwriting Manager

FEDERAL ID # OR S.S.# Aetna Health Inc. 59-2411584
ALIC 06-6033492

ADDRESS: 11675 Great Oaks Way
Alpharetta, GA 30022

PHONE NO.: 770-346-4316

FAX NO.: 678-256-2042

CELLULAR PHONE/PAGER NO.: N/A

LEE COUNTY OCCUPATIONAL LICENSE NUMBER: N/A

E-MAIL ADDRESS: BillingsK@aetna.com

Contract Period: 01/01/2003 to 01/01/2004
Contract Period Months: 12
Contract State: Florida

Medical and Pharmacy Coverages		HMO	Choice POS	Out of Area Medical (PPO/Indemnity)	Total
Estimated Enrollment					
	Single	975	277	47	
	Family	1222	363	45	
	Total	2197	640	92	2929
Claim Costs (Mature non-pooled, PEPM)					
Estimated Medical Claim Cost		$327.92	$362.91	$362.91	$336.66
Estimated APM Card Pharmacy Claim Cost		$134.80	$134.80	$134.80	$134.80
Total Claim Costs (PEPM)		**$462.72**	**$497.71**	**$497.71**	$471.46
Contract Period Claim Cost		**$12,199,150.08**	**$3,822,412.80**	**$549,471.84**	**$16,571,034.72**
Service Fee Costs (PEPM)					
Medical Fee		$47.00	$47.00	$36.00	$46.65
Pharmacy Fee		$2.00	$2.00	$2.00	$2.00
Broker Compensation (exclude per RFP)		$0.00	$0.00	$0.00	$0.00
Total Fee (PEPM)		**$49.00**	**$49.00**	**$38.00**	**$48.65**
Contract Period Fee Cost		**$1,291,836.00**	**$376,320.00**	**$41,952.00**	**$1,710,108.00**
*Stop Loss Premium **					
Premium Fee (PEPM)		$24.65	$24.65	$24.65	$24.65
12/12 Contract Basis					
ISL @ $150,000 (Medical only)					
ASL @ 25% corridor					
Contract Period SL Premium		$649,872.60	$189,312.00	$27,213.60	**$866,398.20**
Stop Loss Aggregate Limit (PEPM)		$508.72	$508.72	$508.72	$508.72
Contract Period Stop Loss Aggregate Limit		$13,411,894.08	$3,906,969.60	$561,626.88	**$17,880,490.56**
Total Medical Package Cost					
Estimated Conventional Premium					
PEPM		**$536.37**	**$571.36**	**$560.36**	$544.77
(Mature Claim Cost+Fees+SL Premium)		**$14,140,858.68**	**$4,388,044.80**	**$618,637.44**	**$19,147,540.92**

* See Stop Loss Section of Proposal for details on this program.

Our per employee per month fees are guaranteed subject to caveats. Total retention dollars for the contract period are not guaranteed. Please refer to the caveats outlined in our proposal for conditions surrounding our quoted service fees.

We reserve the right to modify our rates or withdraw our proposal should any of the following occur:

- **Additional information becomes available or is uncovered as part of our normal underwriting and installation process.**
- **A material change under which the plan operates.**
- **Any of the conditions under the "Quotation Assumptions, Requirements and General Information" section of the Financial Information document are not met.**

Our rates exclude the following charges for COBRA Direct Billing.
If this service is elected, these charges will be billed as incurred.
For 2003, these are the individual billing services we offer for COBRA and the associated fees:

Installation or Restructure Fee **$2,600.00**
For a direct billing arrangement setup within a control number. Payable only in the first year. A full or partial charge may also be applied for restructures after the initial setup. For example, whenever new records must be established for existing continuees who are being moved to a new or revised control, suffix, or account structure.

Fee Per Participant Per Month (PPPM) **$11.00**
Monthly PPPM fee charged for each primary participant/subscriber enrolled in COBRA. Services include:
Billing and collection
Delinquent monitoring
Member record maintenance
Dedicated customer call center with toll-free number (Mon-Fri, 8 AM-9 PM ET)
Dedicated processing center
Dedicated account service representatives for plan sponsor issues
Funds distribution to insurance carriers and plan sponsor
Account maintenance
Monthly management reports
Electronic eligibility (weekly)

Initial Notification Statement (First Class Mail) **$3.00**
The plan sponsor requests that Aetna sends out notification to newly hired employees detailing COBRA rights in the event that they or a covered family member experience a COBRA event.

Qualifying Event Notification (First Class Mail)
For each qualified beneficiary, the employer has requested Aetna to send out enrollment/notification materials after a qualifying event. Fees vary based on method of Aetna receiving source information from the employer:
PC Diskette (electronic file) - Standard Format **$8.00**
Paper - Standard Format Only **$12.00**

HIPAA Certification Notices (Cost Per Certificate Mailed) **$3.00**
COBRA services are provided to both Aetna Inc. and non-Aetna Inc. covered employees. This HIPAA charge of $3.00 per certificate is applied only for non-Aetna covered employees that are being billed. Aetna covered employees are in our eligibility systems, therefore their HIPAA certificate production costs are covered by the $0.20 PEPM fee for ASC business.

Specialized Services **$3.00**
Fee for members maintained in the Individual Billing System for eligibility only.

The following tables detail each of the County's current plan designs. It is requested that you provide a rate quotation for each existing plan design for the period beginning January 1, 2003. The County's objective is to duplicate its current plan designs. Hospice benefits should be included in all plan designs. If your plan design differs, please note the deviations next to the current feature. Explain all deviations using the form in Appendix B. Please use this form when responding to the RFP.

As Aetna is providing two different plans of benefits, we determined accurately describing deviations would be too abstract. Please refer to Section 4 of the proposal binders for Aetna's proposed plan of benefits.

	Current In-Network PCP-Driven	Deviations
Annual Plan Deductible **Single** **Family**	 $300 (N/A if copay applies) $600 (N/A if copay applies)	
Annual Max Out of Pocket **Single** **Family**	 $1,000 + $300 $2,000 + $600	
Coinsurance	90% if no copay	
Physician		
Primary Care visit	$20 copay, then 100%	
Specialist visit	$20 copay, then 100%	
Hospital Inpatient		
Inpatient	$250 per admission, then 100%	
Outpatient	$100	
Emergency	$75 copay, if emergency 90% after deductible for non-emergency	
Diagnostic X ray/Lab	90% after deductible	
Other		
Preventive Care **Routine Eye Exam** **Well Woman Exam** **Well Baby Care**	$10 copay Max of $300 Routine exam every year Not covered $10 copay, then 100% $10 copay, then 100% Must follow age guidelines	

	Current In-Network	Deviations
Mental Health		
Inpatient	$250 per adm. Then 100%, $50,000 lifetime maximum	
Outpatient	$10 copay, then 100%, $50,000 lifetime maximum	
Substance Abuse		
Inpatient	$250 per adm. Then 100%, $2,000 lifetime maximum	
Outpatient	$10 copay, then 100%, $2,000 lifetime maximum	
Prescription Drug Plan	30 day supply	
Generic	$10 copay	
Brand	$20 copay	
Non-Preferred Brand	$40 copay	
Mail Order	3 months supply for a single copay	
Lifetime Maximum	$1,000,000	
Annual Plan Deductible		
Single	$300	
Family	$600	
Annual Max Out of Pocket		
Single	$1,000 + $300	
Family	$2,000 + $600	
Coinsurance	90%	
Physician		
Primary Care visit	90% after deductible	
Specialist visit	90% after deductible	
Hospital Inpatient		
Inpatient	90% after deductible	
Outpatient	90% after deductible	
Emergency	90% after deductible	
Diagnostic X ray/Lab	90% after deductible	
Other		
Preventive Care	90% no deductible every year max	
Routine Eye Exam	of $300	
Well Woman Exam	Not covered	
Well Baby Care	$10 copay	
	90% no deductible	

	Current In-Network	Deviations
Mental Health		
Inpatient	90% after deductible, $50,000 lifetime maximum	
Outpatient	90% after deductible $50,000 lifetime maximum	
Substance Abuse		
Inpatient	90% after deductible, $2,000 lifetime maximum	
Outpatient	90% after deductible, $2,000 lifetime maximum	
Prescription Drug Plan	30 day supply	
Generic	$10 copay	
Brand	$20 copay	
Non-Preferred Brand	$40 copay	
Mail Order	3 months supply for a single copay	
Lifetime Maximum	$1,000,000	
Annual Plan Deductible		
Single	$500	
Family	$1,000	
Annual Max Out of Pocket		
Single	$2,000 + $500	
Family	$4,000 + $500	
Coinsurance	70%	
Physician		
Primary Care visit	70% after deductible based on R&C	
Specialist visit	70% after deductible	
Hospital Inpatient		
Inpatient	70% after deductible	
Outpatient	70% after deductible	
Emergency	70% after deductible unless life threatening, then at in-network rate	
Diagnostic X ray/Lab	70% after deductible	

	Current In-Network	Deviations
Other		
Preventive Care **Routine Eye Exam** **Well Woman Exam** **Well Baby Care**	N/A N/A N/A 70% no deductible	
Mental Health **Inpatient** **Outpatient**	70% after deductible, $50,000 lifetime maximum 70% after deductible, $50,000 lifetime maximum	
Substance Abuse **Inpatient** **Outpatient**	70% after deductible, $2,000 lifetime maximum 70% after deductible, $2,000 lifetime maximum	
Prescription Drug Plan **Generic** **Brand** **Non-Preferred Brand**	30 day supply $10 copay $20 copay $40 copay	
Mail Order	3 months supply for a single copay	
Lifetime Maximum	$1,000,000	

An authorized person in your organization must sign responses which will be considered binding.

Ken B Mey — Name

Underwriting Manager — Title

08-21-2002 — Date

PLAN DESIGN DEVIATIONS FORM

1. *Deviations due to systems or provider contract constraints:*

The claims system supports automatic adjudication for standard plan designs. Non-standard plan designs may require the need for processor intervention.

2. *Design features requiring manual intervention or additional cost (please identify features and costs):*

While the vast majority of functions within the claims system are fully automated, there are times when processors must make decisions to properly adjudicate a claim. Examples of manual intervention include:

- The processor will override an R&C edit if it is determined that unusual circumstances warrant a benefit greater than the usual R&C level.
- On COB claims, the processor enters the amount paid by the primary carrier.
- If a previously filed expense requires an adjustment due to the arrival of new information, the processor overrides the duplicate bill edit to make the necessary adjustment.

3. Required changes to plan design due to #1 and #2 above:

Not applicable.

4. Other recommended changes for optimal plan administration:

Not applicable.

Aetna Health Inc.
Florida

Lee County

Plan Features	In Network (Referred Care)
Maximum Out of Pocket	
(includes flat-dollar and percentage copays; excludes member cost sharing for prescription drug benefits)	$1,500/$3,000
Primary Care Physician Visits	
Office Hours	$10 copay
After-Hours/Home	$15 copay
Specialty Care	
Office Visits	$10 copay
Diagnostic OP Lab/X Ray Testing (at facility)	$10 copay with PCP referral.
Diagnostic OP Lab/X Ray Testing (at specialist)	Included in Specialist Office Visit copay for visit with PCP referral.
Outpatient Therapy (speech, physical, occupational)	$10 copay. Treatment over a 60-day consecutive period per incident of illness or injury beginning with the first day of treatment.
Outpatient Dialysis/Chemotherapy	$10 copay
Allergy Testing/Treatment	$10 copay for testing by specialist. $10 copay for allergy injection in PCP office. No serum copay.
Preventive Care	
Routine Physicals	$10 copay
Routine Child and Well Baby Care; Immunizations	$10 copay.
Routine GYN Care	$10 copay. One routine GYN visit and pap smear/365 days. Direct access to participating providers.
Routine Mammography	$10 copay. Age 35-39, one low dose mammography screening; age 40 and older, one annual mammogram.
Routine Eye Exam	$10 copay. Direct access to participating providers. Frequency and age schedules may apply.
Pediatric Dental	Not covered
Hearing Exam	$10 copay. Routine hearing screenings.

Aetna Health Inc.
Florida

Plan Features	In Network (Referred Care)
Hearing Aids	Not covered
Emergency Care	$75 copay
Urgent Care	$25 copay
Ambulance	No copay
Outpatient Surgery	$100 copay
Hospitalization	$250 copay
Skilled Nursing Facility Care (in lieu of hospitalization for medically necessary covered benefits)	$250 copay
Maternity	
OB Visits	$10 copay for initial visit only.
Hospital (Includes Newborn Services)	$250 copay
Home Health Care/Hospice-Outpatient	No copay
Private Duty or Special Duty Nursing	Not covered unless pre-authorized by HMO; no copay when covered.
Hospice - Inpatient	$250 copay
Family Planning/Reproductive Services	
Sterilization Procedures	Covered with applicable specialist, outpatient surgery or inpatient hospital copay. Reversal of voluntary sterilization including related follow-up care and treatment of complications of such procedures is not covered.
Mental Health	
Inpatient	$250 copay; 30 days per calendar year
Outpatient	$25 copay, 20 visits per calendar year.
Substance Abuse Detoxification	
Inpatient Detoxification	$250 copay
Outpatient Detoxification	$10 copay
Substance Abuse Rehabilitation	
Inpatient Rehabilitation	$250 copay; 30 days per calendar year
Outpatient Rehabilitation	$10 copay; 30 visits per calendar year.
Diabetic Supplies	RX copay if RX rider purchased; otherwise PCP copay applies.
Chiropractic Care	$10 copay. Direct access subluxation benefit; 20 visits per calendar year.

Aetna Health Inc. **Lee County**
Florida

Plan Features	In Network (Referred Care)
Durable Medical Equipment	No copay
Prescription Drug Rider	$10 copay generic formulary; $20 copay brand formulary; $35 copay generic and brand non-formulary; up to 30 day supply.

No Mandatory Generics.
31 - 90 Day Supply Included for Mail Order Delivery (MOD) - 2 times the 30 day supply.
Open formulary - covers drugs on the Formulary Exclusion List.

Additional Pharmacy Options	
Contraceptives Option	Included in Prescription Drug Option.
Performance Option	Not covered
Dental	Not covered
Vision Corrective Lenses/Contacts Allowance	Not covered
Advanced Reproductive Technology (Available In-network only to groups with 500+ employees)	Not covered
Medical Spending Fund	
Individual/Family Limits	Not available

Exclusions and Limitations
This plan does not cover all health care expenses and includes exclusions and limitations.

Members should refer to the plan documents to determine which health care services are covered and to what extent. The following is a list of services and supplies that are generally *not covered*. However, the plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased by the employer.

All medical and hospital services not specifically covered in, or which are limited or excluded in the plan documents; Cosmetic surgery, including breast reduction; Custodial care; Dental care and dental X-rays; Donor egg retrieval; Durable Medical Equipment; Experimental and investigational procedures; Hearing aids; Home births; Immunizations for travel and work; Implantable drugs and certain injectible drugs including injectible infertility drugs; Infertility services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services unless specifically listed as covered in the plan documents; Long term rehabilitation therapy; Nonmedically necessary services or supplies; Orthotics; Outpatient Prescription drugs and over-the-counter medications and supplies; Radial keratotomy or related procedures; Reversal of sterilization; Services for the treatment of sexual dysfunction or inadequacies including therapy, supplies, counseling or prescription drugs; Special duty nursing; Therapy or rehabilitation other than those listed as covered; and Treatment of behavioral disorders.

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Aetna Health Inc. Lee County
Florida

Plan Features	In Network (Referred Care)

or non-group providers. Member's request will be reviewed and will require prior authorization from the system or group and/or Aetna to be a covered benefit.

Some benefits are subject to limitations or visit maximums. Members or providers may be required to precertify, or obtain prior approval of coverage for certain services such as non-emergency inpatient hospital care. Certain benefits like comprehensive infertility and advanced reproduction technology (ART) services, if covered under your plan, are subject to a select network of participating providers, from which you will be required to seek care to receive covered benefits.

Depending on the plan selected, new prescription drugs not yet reviewed by our medication review committee are either available at the highest copay under plans with an open formulary, or excluded from coverage unless a medical exception is obtained under plans that use a closed formulary. They may also be subject to precertification or step-therapy. Non-prescription drugs and drugs in the Limitations and Exclusions section of the plan documents (received upon enrollment) are not covered, and medical exceptions are not available for them.

Plans are provided by: Aetna Health Inc.
While this material is believed to be accurate as of the print date, it is subject to change.

etna Health Inc.

Lee County

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Open Access HMO

Plan Features	In Network
Referrals are not required for a member to access in-network, covered services. Pre-authorization for certain services is required. The Primary Care Physician Office Visit (PCP) copay pertains only ot a member's selected PCP; the applicable specialist copay applies to any other participating physician office visits.	
Maximum Out of Pocket (includes flat-dollar and percentage copays;	$1,500/$3,000
Primary Care Physician Visits (Selected PCP)	
Office Hours	$10 copay
After-Hours/Home	$15 copay
Specialty Care	
Office Visits	$25 copay
Diagnostic OP Lab/X Ray Testing (at facility)	$25 copay.
Diagnostic OP Lab/X Ray Testing (at specialist)	Included in Specialist Office Visit copay
Outpatient Therapy (speech, physical, occupational)	$25 copay; Treatment over a 60-day consecutive period per incident of illness or injury beginning with the first day of treatment.
^utpatient Dialysis/Chemotherapy	$25 copay
ilergy Testing/Treatment	$25 copay for testing. $10 copay for allergy injection in PCP office. No serum copay.
Preventive Care	
Routine Physicals	$10 copay
Routine Child and Well Baby Care; Immunizations	$10 copay
Routine GYN Care	$25 copay. One routine GYN visit and pap smear/365 days.
Routine Mammography	$25 copay; Age 35-39, one low dose mammography screening; age 40 and older, one annual routine mammogram.
Routine Eye Exam	$25 copay. Frequency and age schedules may apply.
Pediatric Dental	Not covered
Hearing Exam	$10 copay. Routine hearing screenings.
Hearing Aids	Not covered
.mergency Care	$50 copay

etna Health Inc.
lorida
Open Access HMO

Lee County

Plan Features	In Network
Urgent Care	$25 copay
Ambulance	No copay
Outpatient Surgery	$100 copay
Hospitalization	$250 copay
Skilled Nursing Facility Care (in lieu of hospitalization for medically necessary covered benefits)	$250 copay
Maternity	
OB Visits	$25 copay for initial visit only.
Hospital (Includes Newborn Services)	$250 copay
Home Health Care/Hospice-Outpatient	No copay
Private Duty or Special Duty Nursing	*Not covered unless pre-authorized by HMO; no copay when covered.*
Hospice - Inpatient	$250 copay
Family Planning/Reproductive Services	Covered with applicable specialist, outpatient surgery or inpatient hospital copay. Reversal of voluntary sterilization including related follow-up care and treatment of complications of such procedures is not covered.
Sterilization Procedures	
Mental Health	
Inpatient	$250 copay; 30 days per calendar year.
Outpatient	$25 copay, 20 visits per calendar year.
Substance Abuse Detoxification	
Inpatient Detoxification	$250 copay
Outpatient Detoxification	$25 copay
Substance Abuse Rehabilitation	
Inpatient Rehabilitation	$250 copay; 30 days per calendar year
Outpatient Rehabilitation	$25 copay; 30 visits per calendar year.
Diabetic Supplies	RX copay if RX rider purchased; otherwise PCP copay applies
hiropractic Care	$25 copay. Direct access to subluxation benefits. 20 visits per calendar y
Durable Medical Equipment	No copay

etna Health Inc. Lee County
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Open Access HMO

Plan Features	**In Network**
Prescription Drug Rider	$10 copay generic formulary; $20 copay brand formulary; $35 copay generic and brand non-formulary; up to 30 day supply.

No Mandatory Generics.
31 - 90 Day Supply Included for Mail Order Delivery (MOD) - 2 times the 30 day supply.
Open formulary - covers drugs on the Formulary Exclusion List.

Additional Pharmacy Options	
Contraceptives Option	Included in Prescription Drug Option.
Performance Option	Not covered
Dental	Not covered
Vision Corrective Lenses/Contacts Allowance	Not covered

etna Health Inc.
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Open Access HMO

Lee County

Plan Features	**In Network**

Exclusions and Limitations
This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer to the plan documents to determine which health care services are covered and to what extent. The following is a list of services and supplies that are generally *not covered*. However, the plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased by the employer.

All medical and hospital services not specifically covered in, or which are limited or excluded in the plan documents; Cosmetic surgery, including breast reduction; Custodial care; Dental care and dental X-rays; Donor egg retrieval; Durable Medical Equipment; Experimental and investigational procedures; Hearing aids; Home births; Immunizations for travel and work; Implantable drugs and certain injectible drugs including injectible infertility drugs; Infertility services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services unless specifically listed as covered in the plan documents; Long term rehabilitation therapy; Nonmedically necessary services or supplies; Orthotics; Outpatient Prescription drugs and over-the-counter medications and supplies; Radial keratotomy or related procedures; Reversal of sterilization; Services for the treatment of sexual dysfunction or inadequacies including therapy, supplies, counseling or prescription drugs; Special duty nursing; Therapy or rehabilitation other than those listed as covered; and Treatment of behavioral disorders.

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Some benefits are subject to limitations or visit maximums. Members or providers may be required to precertify, or obtain prior approval of coverage for certain services such as non-emergency inpatient hospital care. Certain benefits like comprehensive infertility and advanced reproduction technology (ART) services, if covered under your plan, are subject to a select network of participating providers, from which you will be required to seek care to receive covered benefits.

Depending on the plan selected, new prescription drugs not yet reviewed by our medication review committee are either available at the highest copay under plans with an open formulary, or excluded from coverage unless a medical exception is obtained under plans that use a closed formulary. They may also be subject to precertification or step-therapy. Non-prescription drugs and drugs in the Limitations and Exclusions section of the plan documents (received upon enrollment) are not covered, and medical exceptions are not available for them.

Plans are provided by: Aetna Health Inc.
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'etna Health Inc.
.dministered by Corporate Health Insurance Company
Florida
Choice POS OON Plan (stacked)

Plan Features	Out of Network ***
Financial	
Deductible (Individual/Family)	$500-Individual/$1,000-Family
Coinsurance Benefit Percentage Paid by Plan	*70%*
Coinsurance Limit: Individual/Family	$2,000-Individual/$4,000-Family
Lifetime Maximum Benefit	*$1,000,000 per member*
Primary Care Physician Visits (for illness and injury only)	
Office Hours	70% after deductible
After-Hours/Home	70% after deductible
Specialty Care	
Office Visits	70% after deductible
Diagnostic OP Lab/X Ray Testing (at facility)	70% after deductible
Diagnostic OP Lab/X Ray Testing (at specialist)	70% after deductible
Outpatient Therapy (speech, physical, occupational)	70% after deductible. 60 days per calendar year.
ıtpatient Dialysis/Chemotherapy	70% after deductible
Allergy Testing/Treatment	70% after deductible
Preventive Care	
Routine Physicals	70%, deductible waived, children through age 16 only.
Routine Child and Well Baby Care; Immunizations	70%, deductible waived, children through age 16 only.
Routine GYN Care	Not covered unless optional preventive care rider is purchased.
Routine Mammography	100%, no deductible. Age 35 and older, one annual mammogram.

*** Member precertification required or benefits will be substantially reduced. Precertification requirements may vary. See your plan documents for a complete list of medical services that require precertification.

Aetna Health Inc.
dministered by Corporate Health Insurance Company
Florida
Choice POS OON Plan (stacked)

Plan Features	Out of Network ***
Routine Eye Exam	Not covered
Pediatric Dental	Not covered
Hearing Exam	70% after deductible for illness or injury.
Hearing Aids	Not covered
Emergency Care	(Same as in-network coverage)
Urgent Care Out-of-Area	(Same as in-network coverage)
Ambulance	(Same as in-network coverage)
Outpatient Surgery	70% after deductible
Hospitalization	70% after deductible
Skilled Nursing Facility Care (in lieu of hospitalization for medically necessary covered benefits)	70% after deductible 240 days per calendar year.
Maternity	
OB Visits	70% after deductible
Hospital (Includes Newborn Services)	70% after deductible
Home Health Care	70% after deductible 120 visits per year.
Private Duty or Special Duty Nursing	70% after deductible (Same limitations as in-network)
Hospice - Inpatient	70% after deductible 30 day lifetime maximum.
Hospice - Outpatient	70% after deductible $10,000 lifetime maximum

*** Member precertification required or benefits will be substantially reduced. Precertification requirements may vary. See your plan documents for a complete list of medical services that require precertification.

Aetna Health Inc.
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Choice POS OON Plan (stacked)

Plan Features	Out of Network ***
Family Planning/Reproductive Services	70% after deductible
Sterilization Procedures	Certain services are covered. Same limitations as in-network.
Mental Health	
Inpatient	70% after deductible; 30 days per calendar year.
Outpatient	50% after deductible; 20 visits per calendar year.
Substance Abuse Detoxification	
Inpatient Detoxification	70% after deductible. 30 days per calendar year, combined with inpatient rehabilitation.
Outpatient Detoxification	70% after deductible
Substance Abuse Rehabilitation	
Inpatient Rehabilitation	70% after deductible. 30 days per calendar year, combined with inpatient detoxification.
Outpatient Rehabilitation	70% after deductible 44 visits per calendar year.
Diabetic Supplies and Equipment	70% after deductible.
Durable Medical Equipment	70% after deductible., Must precertify if over $1,500.
Chiropractic Care	70% after deductible. $1,000 annual maximum.
Out-of-Network All Preventive Care Rider (excluding mandated benefits)	Not covered

*** Member precertification required or benefits will be substantially reduced. Precertification requirements may vary. See your plan documents for a complete list of medical services that require precertification.

Exclusions and Limitations

This plan does not cover all health care expenses and includes exclusions and limitations.
Members should refer to the plan documents to determine which health care services are covered and to what extent.
The following is a list of services and supplies that are generally *not covered*. However, the plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased by the employer.

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smetic surgery, including breast reduction; Custodial care; Dental care and dental X-rays; Donor egg retrieval;
rable Medical Equipment; Experimental and investigational procedures; Hearing aids; ; Home births; Immunizations

Aetna Health Inc.
dministered by Corporate Health Insurance Company
rlorida
Choice POS OON Plan (stacked)

Plan Features	Out of Network ***

for travel and work; Implantable drugs and certain injectible drugs including injectible infertility drugs; Infertility services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services unless specifically listed as covered in the plan documents; Long term rehabilitative therapy; Nonmedically necessary services or supplies; Orthotics; Outpatient Prescription drugs and over-the-counter medications and supplies; Radial keratotomy or related procedures; Reversal of sterilization; Services for the treatment of sexual dysfunction or inadequacies including therapy, supplies, counseling or prescription drugs; Special duty nursing; Therapy or rehabilitation other than those listed as covered; and Treatment of behavioral disorders.

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. Aetna does not provide health care services and therefore, cannot guarantee any results or outcomes. Consult your plan documents (i.e. Schedule of Benefits, Certificate of Coverage, Evidence of Coverage, Group Agreement, Group Insurance Certificate and/or Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to the plan. The availability of a plan or provisionmay vary by geographic service area. Participating providers and vendors are independent contractors in private practice and are neither employees nor agents of Aetna or its affiliates. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. Notice of the change shall be provided in accordance with applicable state law. Certain primary care providers are affiliated with integrated delivery systems or other provider groups (such as independent practice associations and physician-hospital organizations), and members who select these providers will generally be referred to specialists and hospitals within those systems or groups. However, if a system or group does not include a provider qualified to meet member's medical needs, member may request to have services provided by a non-system or non-group providers. Member's request will be reviewed and will require prior authorization from the system or group and/or Aetna to be a covered benefit.

me benefits are subject to limitations or visit maximums. Certain services require precertification, or prior approval of coverage. Failure to precertify for these services may lead to substantially reduced benefits or denial of coverage. Some of the benefits requiring precertification may include, but are not limited to, inpatient hospital, inpatient mental health, inpatient skilled nursing, outpatient surgery, substance abuse (detoxification), inpatient and outpatient rehabilitation). When the Member's PCP is coordinating care, the PCP will obtain the precertification. When the Member self-refers to a nonparticipating provider, Member must obtain the precertification. Precertification requirements may vary. Members may refer to their plan documents for a complete list of medical services that require precertification. Certain benefits like comprehensive infertility and advanced reproductive technology (ART) services, if covered under your plan, are subject to a select network of participating providers, from which you will be required to seek care to receive covered benefits.

Depending on the plan selected, new prescription drugs not yet reviewed by our medication review committee are either available at the highest copay under plans with an open formulary, or excluded from coverage unless a medical exception is obtained under plans that use a closed formulary. They may also be subject to precertification or step-therapy. Non-prescription drugs and drugs in the Limitations and Exclusions section of the plan documents (received upon enrollment) are not covered, and medical exceptions are not available for them.

Plans are provided by: Aetna Health Inc. or Corporate Health Insurance Company. While this material is believed to be accurate as of the print date, it is subject to change.

Aetna U.S. Healthcare
Open Choice® Plan
Lee County - Out of Area Employees/Retirees Only

Benefit Differentials

For Open Choice to successfully control costs, it must create significant benefit incentives for plan members to seek care in-network. To maximize the plan's impact on the customer's cost savings, our plans include:

- **A reasonable level of employee cost sharing,** even for preferred benefits.
- **A meaningful differential between deductibles and coinsurance** for the preferred benefits for in-network services and the non-preferred benefits for out-of-network services.
- **Coverage for preventive services** (physical exams and immunizations) when received in-network or out-of-network.
- **Aetna Navigator™,** a powerful, web-based tool designed to help members access and navigate Aetna U.S. Healthcare's wide range of health information and programs.

The plan design reflected on the following pages is the basis for our quotation. It is subject to modification in response to state or federal legislation. Its intent is to highlight some of the main features of the plan of benefits. In case of a conflict between the Group Contract and this plan design, the Group Contract will govern.

The availability of any particular provider can not be assured. While Aetna US Healthcare operates a system of medical delivery founded in quality and cost effectiveness, it can not guarantee any medical results or outcomes.

All benefits of the plan are subject to coordination of benefits and the terms (including exclusions) of the Group Contract. Open Choice® PPO, is underwritten or administered by Aetna Life Insurance Company.

The information herein is believed to be accurate as of the date of this document and is subject to change without notice.

Aetna U.S. Healthcare
Open Choice® Plan
Lee County - Out of Area Employees/Retirees Only

Plan Features	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-Of-Network)
Plan Deductible (per calendar year; applies to all covered services; excludes deductible carryover.)	$300 Individual $600 Family	$ 500 Individual $1,000 Family
Deductible Carryover	None	None
Coinsurance Limit (excludes deductible; once Family Coinsurance Limit is met, all family members will be considered as having met their coinsurance for the remainder of the calendar year.)	$1,000 Individual $2,000 Family	$2,000 Individual $4,000 Family
Lifetime Maximum	Unlimited except where otherwise indicated.	Unlimited except where otherwise indicated.
Physician Services (except Mental Health/Alc/Drug)		
Office Visits (non-surgical) to Non-Specialist (Internist, General Physician, Family Practitioner or Pediatrician)	100% after $10 office visit copay; deductible waived	70% after deductible
Specialist (office visits)	100% after $25 specialist office visit copay; deductible waived	70% after deductible
Routine Physicals/Immunizations **Children**: 6 exams in first 12 months of life, 2 exams in the 13th – 24th months of life, 1 exam every 12 months of life thereafter up to age 18, 1 exam every 24 months for children age 18 and older. Includes coverage for immunizations. **Adults**: 1 exam every 24 months up to age 65 and 1 exam every 12 months for adults age 65 and older. Includes coverage for immunizations.	100% after $10 applicable office visit copay; deductible waived	70% after deductible

Aetna U.S. Healthcare
Open Choice® Plan
Lee County - Out of Area Employees/Retirees Only

Plan Features	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-Of-Network)
Routine Ob/Gyn Exam (1 routine exam per calendar year; including 1 pap smear and related fees)	100% after $10 applicable office visit copay; deductible waived	70% after deductible
Routine Mammography One mammogram per calendar year for covered females age 40 and above	100%; deductible waived	70% after deductible
Routine Annual Digital Rectal Exam (DRE) and Prostate Antigen Test (PSA) for covered males age 40 and older	100% after $10 applicable office visit copay; deductible waived	70% after deductible
Routine Eye Exam (1 routine exam per 12 months on a self-referred basis to a network provider)	100% after $25 specialist office visit copay	70% after deductible
Routine Hearing Exam (1 routine exam per 24 months)	100% after $25 specialist office visit copay	70% after deductible
Surgery	90% after deductible	70% after deductible
Physician In-Hospital Services	90% after deductible	70% after deductible
Allergy Testing	100% after $25 specialist office visit copay; deductible waived	70% after deductible
Allergy Injections	90% after deductible	70% after deductible
Other Physician Services	90% after deductible	70% after deductible
Hospital Services Inpatient coverage	90% after deductible	70% after deductible and $250 per confinement deductible
Outpatient coverage	90% after deductible	70% after deductible

Aetna U.S. Healthcare
Open Choice® Plan
Lee County - Out of Area Employees/Retirees Only

Plan Features	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-Of-Network)
Emergency Room	90% after $75 Emergency Room copay (waived if confined); calendar year deductible waived	Same as preferred coinsurance after $75 Emergency Room deductible (Emergency Room deductible waived if confined); calendar year deductible waived
Non-emergency use of the Emergency Room	50% after deductible	50% after deductible
Diagnostic X-ray & Laboratory (If performed as a part of a physician's office visit and billed by the physician; expenses are covered at 100% subject to the physician's office visit copay.)	90% after deductible	70% after deductible
Convalescent Facility	90% after deductible up to 90 days per calendar year*	70% after deductible up to 90 days per calendar year*
Home Health Care (Each visit by a nurse or therapist is one visit. Each visit of up to 4 hours by a home health care aide is one visit)	90% after deductible up to 120 visits per calendar year*	70% after deductible up to 120 visits per calendar year*
Private Duty Nursing – Outpatient (Benefits will not be paid during a calendar year for private duty nursing for any shifts in excess of the Private Duty Nursing Care maximum shifts. Each period of private duty nursing of up to 8 hours will be deemed to be one private duty nursing shift.)	90% after deductible up to 70 eight-hour shifts per calendar year*	70% after deductible up to 70 eight-hour shifts per calendar year*
Hospice Care		
Inpatient Coverage	100%	100%
Outpatient Coverage	100%	100%
Maximum	None	None

*Maximums are a combined limit for preferred and non-preferred services

Aetna U.S. Healthcare
Open Choice® Plan
Lee County - Out of Area Employees/Retirees Only

Plan Features	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-Of-Network)
Ambulance	90% after deductible	70% after deductible
Durable Medical Equipment	90% after deductible	70% after deductible
Contraceptive drugs and devices not obtainable at a pharmacy. Also includes coverage for contraceptive associated office visits	Payable as any other covered expense	Payable as any other covered expense
Maternity (Coverage includes voluntary sterilization and voluntary abortion.)	Payable as any other covered expense	Payable as any other covered expense
Infertility Services • Diagnosis and treatment of the underlying cause of infertility; • Artificial Insemination (limited to 6 courses of treatment in members lifetime*); • Ovulation Induction (limited to 6 courses of treatment in members lifetime*);	Payable as any other expense	Payable as any other expense

*Lifetime maximum applies to all procedures covered by any Aetna U. S. Healthcare Plan except where prohibited by law

Aetna U.S. Healthcare
Open Choice® Plan
Lee County - Out of Area Employees/Retirees Only

Plan Features	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
Prescription Drug		
Three Tiered Copay No Mandatory Generic (Member is responsible to pay the applicable copay only.) Contraceptive drugs and devices obtainable from a pharmacy Fertility drugs (oral and injectable) included Diabetic supplies included	**Retail** 100% after $10 copay for generic drugs, $20 copay for formulary brand name drugs and $35 copay for non formulary brand name drugs, up to 30 day supply at participating pharmacies **Mail Order** 100% after 2 times retail generic copay for generic drugs, 2 times retail formulary brand name copay for formulary brand name drugs or 2 times retail non formulary brand name copay for non formulary brand name drugs, for a 31-90 day supply from participating Mail Order vendor	**Retail** 70% of submitted cost after $10 for generic drugs, $20 for formulary brand name drugs and $35 for non formulary brand name drugs, up to 30 day supply **Mail Order** No Coverage

Aetna U.S. Healthcare
Open Choice® Plan
Lee County - Out of Area Employees/Retirees Only

Plan Features	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-Of-Network)
Mental Health Services		
Inpatient coverage	90% after deductible up to 30 days per calendar year**	70% after deductible and $250 per confinement deductible up to 30 days per calendar year**
Outpatient coverage	90% after deductible up to 45 visits per calendar year**	70% after deductible up to 45 visits per calendar year**
Alcohol/Drug Abuse		
Inpatient coverage	90% after deductible up to 30 days per calendar year**	70% after deductible and $250 per confinement deductible up to 30 days per calendar year**
Outpatient coverage	90% after deductible up to 45 visits per calendar year**	70% after deductible up to 45 visits per calendar year**

**Combined Mental Nervous and Alcohol/Drug maximum for preferred and non-preferred services

Aetna U.S. Healthcare
Open Choice® Plan
Lee County - Out of Area Employees/Retirees Only

Plan Features	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-Of-Network)
National Advantage Program	Not Applicable	Included
National Medical Excellence Program® (NME) A program to help eligible members access covered treatment for solid organ and bone marrow transplants and coordinate arrangements for treatment of members with certain rare or complicated conditions at certain tertiary care facilities across the country when those services are not available locally. May also include travel expenses for the member and a companion.	Included	Not Applicable
Moms-to-Babies Maternity Management Program™ Features include a pregnancy risk survey, case management by registered obstetrical nurses, comprehensive educational materials for pregnant members and their partners, and a personalized drug-free smoking cessation program, Smoke-free Moms-to-be™, designed specifically for pregnant women.	Included	Included
Healthy Outlook Program A disease management program for covered persons with one or more of the following chronic conditions: ▪ Low Back Pain ▪ Asthma ▪ Diabetes ▪ Congestive Heart Failure ▪ Coronary Artery Disease	100%; after applicable office visit copay; deductible waived	100%; deductible waived

Aetna U.S. Healthcare
Open Choice® Plan
Lee County - Out of Area Employees/Retirees Only

Plan Features	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-Of-Network)
External Review Program (Permits members to request external review after first and second level internal appeals have been completed. Cost of service or treatment must exceed $500. Claim denial must be based on medical necessity or because proposed service or treatment is considered experimental or investigational.)	Included	Included
Inpatient precertification and concurrent review	Provider initiated	Member initiated
Penalty to employee for failure to precertify Applies to inpatient hospital, treatment facility, skilled nursing facility, home health care, hospice care, & private duty nursing care	None	$500 penalty. Applies per occurrence
Claim Submission	Provider initiated	Member initiated

Aetna U.S. Healthcare
Open Choice® Plan
Lee County - Out of Area Employees/Retirees Only

Plan Feature	

Value-Added Programs
Members have access to the following special programs:
 	
• Vision One®[4] program for discounts on eyeglasses, contact lenses, Lasik – the laser vision corrective procedure and nonprescription eyewear.
 	
• Alternative Health Care Programs are made up of three distinct segments.
 	
  • Natural Alternatives - offers special rates on alternative therapies, including visits to acupuncturists, chiropractors, massage therapist and nutritional counselors.[5]
 	
  • Vitamin Advantage™ a savings program for over-the-counters vitamins as well as nutritional supplements
 	
  • Natural Products – a savings program for many health-related products.
 	
• Fitness program for savings on health club memberships and home exercise equipment.
	Included

[4] Vision One is a registered trademark of Cole Vision.
[5] Availability varies by service area.

Aetna U.S. Healthcare
Open Choice® Plan
Lee County - Out of Area Employees/Retirees Only

Eligibility	All employees
Dependents Eligibility	Spouse, children from birth to 19 or 25 if in school
Private Room Limit	Semi-Private
Employee Actively-At-Work/Dependent Non-Confinement Rules	Do not apply
Pre-Existing Conditions Rule	**On Effective Date** - Waived **After Effective Date** - Full Postponement The Pre-Existing Conditions Rule is waived for individuals who become covered under this Plan, exclusive of any probationary period, within 90 days following their termination of coverage under a prior plan of "creditable" coverage. Does not apply t pregnancies, newborns covered within 31 days of birth, and adopted children covered within 31 days of placement for adoption. Lookback period for determining a pre-existing condition (conditions for which diagnosis, care or treatment was recommend or received) is 90 days prior to the enrollment date. Prior carrier issuance of certifica of "creditable" coverage to be performed by the customer. Maximum exclusion peric 365 days after enrollment date.
Conversion	Standard conversion privilege applies
Continuation	Standard continuation applies - COBRA or state mandated. (There is no medical continuation for surviving dependents.)
Extension of Benefits	12 months extension if totally disabled when coverage ceases – extension applies to all covered expenses
Medicare	Government Exclusion - Medicare eligible benefits are subtracted from Covered Medical Expenses before secondary Aetna benefits are calculated.
Coordination with Other Benefits	Up to 100% of Allowable Expenses per year
Order of Benefit Determination	Standard rules apply. (Parent birthday, divorced or separated parent, retired or laid off, continuation, cost containment).
Subrogation	Third party liability claims with recovery potential will be forwarded to the designated subrogation vendor for pursuit.

Aetna U.S. Healthcare
Open Choice® Plan
Lee County - Out of Area Employees/Retirees Only

Aetna contractual definitions will apply to treatment received in-as well as out-of-network.

Copay
A copay is an out-of-pocket expense applicable to "preferred" benefits. The copay is collected at the time the service is rendered. Out-of-pocket expenses applicable to preferred benefits (except those resulting from application of a coinsurance percentage, e.g., 90%, 80%, etc.), are referred to as copays.

Deductible
A deductible is an out-of-pocket expense applicable to both "preferred" and "non-preferred" benefits. Covered expenses are reduced by the amount of the deductible at the time of claim adjudication by the claim processor. Out-of-pocket expenses applicable to preferred and non-preferred benefits (except those resulting from application of a coinsurance percentage, e.g., 90%, 80%, etc.) are referred to as deductibles. Calendar year deductibles are individual and family, with family limits equal to none, 2x or 3x the individual deductible.

All covered expenses accumulate toward both the preferred deductible and the non-preferred deductible. Once the non-preferred deductible is met, the preferred deductible will have been considered to be met for that calendar year. The total deductible amount for the calendar year will not exceed the non-preferred deductible amount.

There is no cross application between the calendar year deductibles and the inpatient per confinement hospital deductibles. There is no deductible carryover provision.

Coinsurance Limits
Coinsurance limits are the maximum amount of out-of-pocket expenses (other than copays and deductibles) that an employee/family will have to pay in a calendar year. Coinsurance limits apply on a calendar year basis only. Coinsurance limits are individual and family, with family limits equal to none, 2x or 3x the individual limit.

Expenses applicable to coinsurance limit - Only those out-of-pocket expenses resulting from the application of coinsurance percentage (except deductibles, copays and any penalty amounts) may be used to satisfy the coinsurance limit. All covered expenses accumulate towards both the preferred coinsurance limit (if included) and the non-preferred coinsurance limit. Once the preferred coinsurance limit is met, all expenses, except those for non-preferred care, will be payable at 100%. Once the non-preferred coinsurance limit is met, all expenses will be payable at 100%.

Coinsurance - "Other" Health Care
Open Choice includes an "other" level of coinsurance. "Other" health care is defined as a health care service or supply that is neither "preferred" nor "non-preferred" care. This includes care given by a provider who is not in a category represented in the network and care given out of the service area. This "other" level of care will be reimbursed at an 80% coinsurance level after the preferred calendar year deductible. These expenses will accumulate toward the preferred coinsurance limit.

Aetna U.S. Healthcare
Traditional Choice® Plan
Lee County - Out of Area Employees/Retirees Only

Benefit

Traditional Choice plans are offered to customers who have employees located in areas other than in the service areas of our Open Choice and Managed Choice plans. Traditional Choice is an indemnity plan permitting freedom of choice of providers. Claim reimbursement is based upon reasonable and customary limits, rather than negotiated discounts.

The plan design reflected on the following pages contains the basic provisions of our Traditional Choice product. It is subject to modification in response to state or federal legislation.

Aetna Navigator™, a powerful, web-based tool designed to help members access and navigate Aetna U.S. Healthcare's wide range of health information and programs.

All benefits of the plan are subject to coordination of benefits and the terms (including exclusions) of the Group Contract. Traditional Choice, is underwritten or administered by Aetna Life Insurance Company.

The information herein is believed to be accurate as of the date of this document and is subject to change without notice.

Aetna U.S. Healthcare
Traditional Choice® Plan
Lee County - Out of Area Employees/Retirees Only

Plan Features	
Plan Deductible (per calendar year; applies to all covered services)	$300 Individual $600 Family
Deductible Carryover	None
Coinsurance Limit (excludes deductible; once Family Coinsurance Limit is met, all family members will be considered as having met their coinsurance for the remainder of the calendar year.)	$1,000 Individual $2,000 Family
Lifetime Maximum	Unlimited except where otherwise indicated.
Physician Services (except Mental Health/Alc/Drug)	80% after deductible
Routine Physicals/Immunizations	100%; deductible waived

Children: 6 exams in first 12 months of life, 2 exams in the 13^{th} – 24^{th} months of life, 1 exam every 12 months of life thereafter up to age 18, 1 exam every 24 months for children age 18 and older. Includes coverage for immunizations. **Adults**: 1 exam every 24 months up to age 65 and 1 exam every 12 months for adults age 65 and older. Includes coverage for immunizations. The following procedures are included (but not limited to) under this benefit:

- Routine Mammography -One mammogram per calendar year for covered females age 40 and over.
- Routine Ob/Gyn Exam - 1 routine exam per calendar year, including 1 Pap smear and related fees.
- Routine Annual Digital Rectal Exam (DRE) and Prostate Specific Antigen Test (PSA) for covered males age 40 and above.

Aetna U.S. Healthcare
Traditional Choice® Plan
Lee County - Out of Area Employees/Retirees Only

Plan Features	
Routine Eye Exam (1 exam every 12 months)	100% after deductible
Routine Hearing Exam (1 exam every 24 months)	100% after deductible
Hospital Services	
Inpatient coverage	80% after deductible and $250 per confinement deductible
Outpatient coverage	80% after deductible
Non-emergency use of the Emergency Room	50% after deductible
Convalescent Facility	80% after deductible; up to 90 days per calendar year.
Home Health Care (Each visit by a nurse or therapist is one visit. Each visit of up to 4 hours by a home health care aide is one visit)	80% after deductible; up to 120 visits per calendar year.
Private Duty Nursing – Outpatient (Benefits will not be paid during a calendar year for private duty nursing for any shifts in excess of the Private Duty Nursing Care maximum shifts. Each period of private duty nursing of up to 8 hours will be deemed to be one private duty nursing shift.)	80% after deductible; up to 70 eight-hour shifts per calendar year
Hospice Care	100% ; calendar year deductible waived
Inpatient coverage	No Maximum
Outpatient coverage	No Maximum

Aetna U.S. Healthcare
Traditional Choice® Plan
Lee County - Out of Area Employees/Retirees Only

Plan Features	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
Prescription Drug		
Three Tiered Copay No Mandatory Generic (Member is responsible to pay the applicable copay only.) Contraceptive drugs and devices obtainable from a pharmacy Fertility drugs (oral and injectable) included Diabetic supplies included	**Retail** 100% after $10 copay for generic drugs, $20 copay for formulary brand name drugs and $35 copay for non formulary brand name drugs, up to 30 day supply at participating pharmacies **Mail Order** 100% after 2 times retail generic copay for generic drugs, 2 times retail formulary brand name copay for formulary brand name drugs or 2 times retail non formulary brand name copay for non formulary brand name drugs, for a 31-90 day supply from participating Mail Order vendor	**Retail** 70% of submitted cost after $10 for generic drugs, $20 for formulary brand name drugs and $35 for non formulary brand name drugs, up to 30 day supply **Mail Order** No Coverage

Aetna U.S. Healthcare
Traditional Choice® Plan
Lee County - Out of Area Employees/Retirees Only

Plan Features	
Ambulance	80% after deductible
Durable Medical Equipment	80% after deductible
Contraceptive drugs and devices not obtainable at a pharmacy. Also includes coverage for contraceptive associated office visits	Payable as any other covered expense
Maternity (Coverage includes voluntary sterilization and voluntary abortion.)	80% after deductible
Infertility Services • Diagnosis and treatment of the underlying cause of infertility; • Artificial Insemination and Ovulation Induction (limited to 6 courses of treatment in members lifetime*);	Payable as any other covered expense
Mental Health Services and Alcohol/Drug Abuse	
Inpatient coverage	80% after deductible and $250 per confinement deductible up to 30 days per calendar year**
Outpatient coverage	80% after deductible up to 45 visits per calendar year**.

*Lifetime maximum applies to all procedures covered by any Aetna U. S. Healthcare Plan except where prohibited by law.
** Combined maximum for mental health and alcohol/drug abuse.

Aetna U.S. Healthcare
Traditional Choice® Plan
Lee County - Out of Area Employees/Retirees Only

Plan Features

National Advantage Program	Included
National Medical Excellence Program® (NME) A program to help eligible members access covered treatment for solid organ and bone marrow transplants and coordinate arrangements for treatment of members with certain rare or complicated conditions at certain tertiary care facilities across the country when those services are not available locally. May also include travel expenses for the member and a companion.	Included
Moms-to-Babies Maternity Management Program™ Features include a pregnancy risk survey, case management by registered obstetrical nurses, comprehensive educational materials for pregnant members and their partners, and a personalized drug-free smoking cessation program, Smoke-free Moms-to-be™, designed specifically for pregnant women.	Included
Healthy Outlook Program A disease management program for covered persons with one or more of the following chronic conditions: ▪ Low Back Pain ▪ Asthma ▪ Diabetes ▪ Congestive Heart Failure ▪ Coronary Artery Disease	100%; deductible waived
External Review Program (Permits members to request external review after first and second level internal appeals have been completed. Cost of service or treatment must exceed $500. Claim denial must be based on medical necessity or because proposed service or treatment is considered experimental or investigational.)	Included

Aetna U.S. Healthcare
Traditional Choice® Plan
Lee County - Out of Area Employees/Retirees Only

Plan Features

Inpatient Precertification and Concurrent Review	Members are responsible for obtaining precertification for inpatient hospital confinements; a **$500** penalty will apply per occurrence, for failure to obtain precertification.
Eligibility	All employees
Dependents Eligibility	Spouse, children from birth to 19 or **25** if in school
Private Room Limit	Semi-Private
Employee Actively-At-Work / Dependent Non-Confinement Rules	Do not apply
Pre-Existing Conditions Rule	**On Effective Date** - Waived **After Effective Date** - Full Postponement The Pre-Existing Conditions Rule is waived for individuals who become covered under this Plan, exclusive of any probationary period, within 90 days following their termination of coverage under a prior plan of "creditable" coverage. Does not apply to pregnancies, newborns covered within 31 days of birth, and adopted children covered within 31 days of placement for adoption. Lookback period for determining a pre-existing condition (conditions for which diagnosis, care or treatment was recommended or received) is 90 days prior to the enrollment date. Prior carrier issuance of certificates of "creditable" coverage to be performed by the customer. Maximum exclusion period is 365 days after enrollment date.
Conversion	Standard conversion privilege applies
Continuation	Standard continuation applies – COBRA or state mandated (There is no medical continuation for surviving dependents.)
Extension of Benefits	12 months extension if totally disabled when coverage ceases - extension applies to all covered expenses

Aetna U.S. Healthcare
Traditional Choice® Plan
Lee County - Out of Area Employees/Retirees Only

Order of Benefit Determination	Standard rules apply. (Parent birthday, divorced or separated parent, retired or laid off, continuation, cost containment).
Medicare	Government Exclusion - Medicare eligible benefits are subtracted from Covered Medical Expenses before secondary Aetna benefits are calculated.
Coordination with Other Benefits	Up to 100% of Allowable Expenses per year
Subrogation	Third party liability claims with recovery potential will be forwarded to the designated subrogation vendor for pursuit.

Aetna U.S. Healthcare
Traditional Choice® Plan
Lee County - Out of Area Employees/Retirees Only

Aetna contractual definitions will apply to all treatment.

Deductible

Deductible - an out-of-pocket expense applicable to all benefits. Calendar year deductibles are individual and family, with family limits equal to none, 2x or 3x the individual deductible.

Covered expenses are reduced by the amount of the deductible at the time of claim adjudication by the claim processor.

All out-of-pocket expenses (except those resulting from application of a coinsurance percentage, e.g., 80%) are referred to as deductibles.

Deductibles apply independently (i.e., no cross application between calendar year and per confinement deductibles). There is no deductible carryover provision.

Coinsurance Limits

Coinsurance limits are the maximum amount of out-of-pocket expenses (other than copays and deductibles) that an employee/family will have to pay in a calendar year. Expenses are reimbursed at 100% once these limits are met. Coinsurance limits apply on a calendar year basis only. Coinsurance limits are individual and family, with family limits equal to none, 2x or 3x the individual limit.

Expenses applicable to coinsurance limit - Only those out-of-pocket expenses resulting from the application of a coinsurance percentage (except outpatient mental disorders and alcoholism and drug expenses and any penalty amounts) may be used to satisfy the coinsurance limit.

Claims Submission

Members are responsible for submission of claims under Traditional Choice.

Benefit Summary for
Lee County

This is a Benefit summary of the Aetna's Preferred Provider Organization (PPO). Under this plan, you may choose at the time of service either a PPO participating dentist or any non-participating dentist. With the PPO Plan, savings are possible because the PPO participating dentists have agreed to provide care at a negotiated fee schedule.

	Passive PPO Plan
Annual Deductible*	
Individual	**$50**
Family	**$100**
Preventive Service Covered Percent	**100%**
Basic Service Covered Percent	**80%**
Major Service Covered Percent	**50%**
Annual Benefit Maximum	**$1,000**

The deductible applies to: Basic & Major services only.

Covered Dental Services

The coverage levels for some common dental services are shown below. Non-participating benefits are subject to reasonable and customary charge limits.

	Passive PPO Plan
Visits and Exams	
Visit for oral examination (a)	100%
Prophylaxis, including scaling and polishing (a)	
Adult	100%
Child	100%
Fluoride (a)	100%
Oral hygiene instruction	Not Covered
Sealants (permanent molars only) (a)	100%
X-rays	
Bitewing X-rays (a)	100%
Full mouth series (a)	100%
Periapical X-rays	80%
Endodontics	
Pulpotomy	80%
Root canal therapy, with X-rays and cultures	
Anterior	80%
Bicuspid	80%
Apicoectomy	80%
Root canal therapy, molar teeth, with X-rays and cultures	50%
Minor Restorations	
Amalgam (silver) fillings	80%
Composite fillings (anterior teeth only)	80%
Stainless steel crowns	80%
Periodontics	
Scaling and root planing (a)	80%
Subgingival curettage (a)	80%
Gingivectomy (per tooth)	80%
Osseous surgery (a)	50%

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

	Passive PPO Plan
Oral Surgery	
Incision and drainage of abscess	80%
Uncomplicated extractions	80%
Surgical removal of erupted tooth	80%
Surgical removal of impacted tooth (soft tissue)	80%
Surgical removal of impacted tooth (partial bony)	50%
Surgical removal of impacted tooth (full bony)	50%
Prosthodontics/Major Restorations	
Inlays	50%
Onlays	50%
Crowns	50%
Full & partial dentures	50%
Denture repairs	50%
Pontics	50%
Anesthesia	
General Anesthesia/IV Sedation	50%
Space Maintainers	100%
Orthodontics	
Coinsurance	50%
Orthodontic Deductible	$0
Lifetime Maximum	$1,000
Orthodontia applies to children up to age 19 only.	

Emergency Dental Care*

Under the PPO dental plan, you may choose at the time of service either a Preferred Provider Organization (PPO) participating dentist or any non-participating dentist. Under the PPO dental plan, the benefits payable, when services are provided by a PPO participating dentist, are based on a negotiated fee schedule. When services are provided by a non-participating provider, the benefits payable are limited to the reasonable and customary charges, as determined by Aetna Dental. *Covered emergency services may vary, based on state law.

Some of the Services not covered under the plan are:

1. Those for services or supplies which are covered in whole or in part:
   (a) Under any other part of this Dental Care Plan; or
   (b) Under any other plan of group benefits provided by or through your employer.
2. Those for services and supplies to diagnose or treat a disease or injury that is not:
   (a) A non-occupational disease; or
   (b) A non-occupational injury.
3. Those for services not listed in the Dental Care Schedule that applies unless otherwise specified in the Booklet-Certificate.
4. Those for replacement of a lost, missing, or stolen appliance, and those for replacement of appliances that have been damaged due to abuse, misuse, or neglect.
5. Those for: plastic, reconstructive, or cosmetic surgery, or other dental services or supplies which are primarily intended to improve, alter, or enhance appearance. This applies whether or not the services and supplies are for psychological or emotional reasons. Facings on molar crowns and pontics will always be considered cosmetic.
6. Those for or in connection with: services, procedures, drugs, or other supplies that are determined by Aetna to be experimental or still under clinical investigation by health professionals.
7. Those for: dentures, crowns, inlays, onlays, bridgework, or other appliances or services used for the purpose of splinting, to alter vertical dimension, to restore occlusion, or correcting attrition, abrasion, or erosion.
8. Those for any of the following services:
   (a) An appliance or modification of one if an impression for it was made before the person became a covered person;
   (b) A crown, bridge, or cast or processed restoration if a tooth was prepared for it before the person became a covered person;
   (c) Root canal therapy if the pulp chamber for it was opened before the person became a covered person.

9. Those for services that Aetna defines as not necessary for the diagnosis, care, or treatment of the condition involved. This applies even if they are prescribed, recommended, or approved by the attending physician or dentist.
10. Those for services intended for treatment of any Jaw Joint Disorder unless otherwise specified in the Booklet-Certificate.
11. Those for space maintainers except when needed to preserve space resulting from the premature loss of deciduous teeth.
12. Those for orthodontic treatment unless otherwise specified in the Booklet-Certificate.
13. Those for general anesthesia and intravenous sedation unless specifically covered. For plans that cover these services, they will not be eligible for benefits unless done in conjunction with another necessary covered service.
14. Those for treatment by other than a dentist; except that scaling or cleaning of teeth and topical application of fluoride may be done by a licensed dental hygienist. In this case, the treatment must be given under the supervision and guidance of a dentist.
15. Those in connection with a service given to a person age 5 or older if that person becomes a covered person other than: (a) during the first 31 days the person is eligible for this coverage; or (b) as prescribed for any period of open enrollment agreed to by the employer and Aetna. This does not apply to charges incurred:
    (a) After the end of the twelve month period starting on the date the person became a covered person; or
    (b) As a result of accidental injuries sustained while the person was a covered person; or
    (c) For a primary care service in the Dental Care Schedule that applies shown under the headings Visits and Exams, and X-rays and Pathology.
16. Those for services given by a non-participating dental provider to the extent that the charges exceed the amount payable for the services shown in the Dental Care Schedule that applies.
17. Those for a crown, cast or processed restoration unless:
    (a) It is treatment for decay or traumatic injury and teeth cannot be restored with a filling material; or
    (b) The tooth is an abutment to a covered partial denture or fixed bridge.
18. Those for pontics, crowns, cast or processed restorations made with high noble metals unless otherwise specified in the Booklet-Certificate.
19. Those for surgical removal of impacted wisdom teeth only for orthodontic reasons unless otherwise specified in the Booklet-Certificate.
20. Those for services needed solely in connection with non-covered services.
21. Those for services done where there is no evidence of pathology, dysfunction, or disease other than covered preventive services.

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

Dental Care Plan coverage is subject to the following rules:

Replacement Rule: The replacement of, addition to, or modification of: existing dentures, crowns, casts or processed restorations, removable bridges, or fixed bridgework is covered only if one of the following terms is met:

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

(b) The existing denture, crown, cast or processed restoration, removable bridge, or bridgework cannot be made serviceable, and was installed at least 8 years under the PPO Dental Plan before its replacement.

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

Tooth Missing But Not Replaced Rule: Coverage for the first installation of removable dentures, removable bridges, and fixed bridgework is subject to the requirements that such dentures, removable bridges, and fixed bridgework are (i) needed to replace one or more natural teeth that were removed while this policy was in force for the covered person; and (ii) are not abutments to a partial denture, removable bridge, or fixed bridge installed during the prior 8 years under the PPO Dental Plan.

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

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

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

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

Consult Aetna's Dental on-line provider directory for the most current provider listings. Participating providers are independent contractors in private practice and are neither employees nor agents of Aetna Dental or its affiliates. The availability of any particular provider cannot be guaranteed and provider network composition is subject to change without notice. For the most current information, please contact the selected provider or member services at the toll-free number on your ID card or use our Internet based provider directory DocFind®.

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan or program benefits and does not constitute a contract or any part of one. For a complete description of the benefits available to you, including procedures, exclusions and limitations, please request a copy of your specific plan documents, which may include the Group Insurance Certificate or Booklet, Group Insurance Policy and any applicable riders to your plan. All the terms and conditions of your plan or program are subject to and governed by applicable contracts, laws, regulations and policies. The availability of a plan or program may vary by geographic service area, and not all plans or programs are available in all areas. All benefits are subject to coordination of benefits.

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

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

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

Dental benefits are provided or administered by: Aetna Life Insurance Company, Aetna U.S. Healthcare Dental Plan of California Inc., Aetna U.S. Healthcare Dental Plan Inc. (NJ), Aetna U.S. Healthcare Dental Plan Inc. (TX) and the following Aetna U.S. Healthcare affiliates: Prudential Dental Maintenance Organization, Inc., Prudential Health Care Plan of California, Inc., Aetna U.S. Healthcare of Georgia, Inc. and Aetna U.S. Healthcare, Inc. (AZ).

Georgia residents may contact us at Aetna U.S. Healthcare, 11675 Great Oaks Way, Alpharetta, GA 30022, (770) 346-4300.

Enrollees on their own behalf or on behalf of their covered family members may request an independent medical review when the enrollee believes that health care services have been improperly denied, modified or delayed either by a participating dentist, by Aetna U.S. Healthcare Dental Plan of California Inc. or by its affiliate, Prudential Health Care Plan of California, Inc. (the "Plans"). Please contact the Plan for additional details and instructions.

Stop Loss

AETNA STOP LOSS PRODUCT SUMMARY

Stop Loss is written over any full-scale medical plan of a comprehensive nature by one of two companies: Aetna Insurance Company of Connecticut as a casualty product or Aetna Life Insurance Company as an accident and health product.

Individual and Aggregate Stop Loss Product Features

- Immediate Reimbursement for ISL Claims - Claims for all plans (except QPOS, HMO or USAccess written with a Dental Rider) that exceed the Individual Stop Loss limit are eligible for immediate reimbursement
- Monthly Budget Feature for ASL Claims - This feature provides a limit on the dollar amount of claims that a plan sponsor is responsible for funding during any month. This feature is not available to customers whose Stop Loss policies cover HMO, QPOS or USAccess plans when written with a Dental Rider.
- Aetna conducts regular Stop Loss claim auditing and medical management programs to ensure catastrophic claims are managed to an appropriate level.
- Aetna's Stop Loss product does not laser additional claims at renewal unless requested by the plan sponsor.
- Stop Loss covers transplant claims (see excluded claims below).
- Stop Loss covers mental/nervous and substance abuse claims at the request of the plan sponsor.
- Stop Loss and claim administration are fully integrated, eliminating the need for Stop Loss claims submissions.

Eligibility - Stop Loss is available to cover claims of all eligible members of the Plan Sponsor who are enrolled on a timely basis, are covered under the ASC plan and who satisfy the definition of an Employee as stated in the Stop Loss policy. Please reference the General Underwriting/Late Enrollee section under the Stop Loss tab in the proposal.

Individual Stop Loss (ISL) - Aetna assumes the financial responsibility for any claim that exceeds the mutually agreed upon ISL level up to the Individual Lifetime maximum of the base ASC plan. We require specific claimant and census information to write the ISL. Please reference the Individual Stop Loss Underwriting section under the Stop Loss tab in the proposal.

Aggregate Stop Loss (ASL) - Aetna will pay the balance of the claims in excess of the ASL limit up to the maximum annual payout amount in accordance with the terms of the Stop Loss policy. Claims over the ISL limit do not count toward meeting the ASL limit. We require specific claim, plan design and census information to write the ASL. Please reference the Aggregate Stop Loss Underwriting section under the Stop Loss tab in the proposal.

Stop Loss

Underwriting Rules (may apply to Stop Loss even when waived on the ASC plan)

- Pre-Existing Conditions Rule (PEC) - Our quotation for Stop Loss coverage includes a PEC rule for a member who became enrolled after the original effective date of the Stop Loss policy (even when the PEC rule is waived after the effective date on the underlying ASC plan).

- Actively-At-Work (AAW) and Dependent Non-Confinement (DNC) Rules - The AAW/DNC rules apply only on the effective date of the Stop Loss policy but may be waived after a review of the specific claimant information provided.

Rates - First year Stop Loss rates are guaranteed during the first policy year provided there are no significant changes from our quote assumptions, either as of the effective date or at any time during the policy year. The section titled Changes to Stop Loss Rates and Factors under the Stop Loss tab provides detailed information regarding risk change tolerance.

Excluded Claims

- Claims that Aetna determines are not payable under the Contract in accordance with its current standard claim practices established for insured Group Accident and Health plans will be excluded from Stop Loss.
- Capitation payments are excluded from the Individual Stop Loss.
- New York Health Care Reform Act - 1997 - any excess or punitive payments made on behalf of a plan sponsor as a result of that sponsor's decision not to pay directly into the New York State Pool will not be covered by Stop Loss.
- The ISL level is per claimant on a policy period paid claim basis. It standardly applies to Medical coverage only and excludes any ancillary benefits.

For more information, please reference the material provided under the Stop Loss tab in the proposal package provided.

Aetna

DATE: 08/20/2002
SUBJECT: Illustrative Quote For Lee County Government
New Business

Please refer to the Stop Loss tab in the proposal and the caveat document attached for detailed Stop Loss information.

	Option 1	Option 2
Stop Loss Coverage Effective Date:	**01/01/2003**	**01/01/2003**
Policy Period Length (months):	12	12
Number of Employees:	2,929	2,929
HMO:	2,197	2,197
Open Access QPOS:	732	732
Contract Type:	**12/12**	**12/12**
ISL COVERAGE SPECIFICATIONS		
ISL Level:	**$150,000**	**$200,000**
Coinsurance:	100%	100%
M/N Claims Apply to ISL:	Yes	Yes
Runout Provision:	No Extension (N/A)	No Extension (N/A)
Individual Specific Stop Loss Limits: *(See Attached)*	**TBD**	**TBD**
ASL COVERAGE SPECIFICATIONS		
ASL Percentage:	**125%**	**125%**
Total Claims Applied to ASL:	$14,304,292	$14,457,001
Medical W/Capitations:	$9,614,381	$9,614,381
Drug:	$4,453,673	$4,453,673
Pooling and Coinsurance:	$236,238	$388,947
Total Premium:	**$866,425**	**$668,899**
PEPM Single Rate:	**$12.91**	**$9.97**
PEPM Family Rate:	**$35.28**	**$27.24**
PEPM Composite Rate:	**$24.65**	**$19.03**
ISL premium as % of Total Premium:	**93.73%**	**91.79%**
Aggregate Limit:	**$17,880,364**	**$18,071,251**
PEPM Single Aggregate Factor:	**$309.03**	**$312.33**
PEPM Family Aggregate Factor:	**$689.61**	**$696.97**
PEPM Composite Aggregate Factor:	**$508.72**	**$514.15**

Stop Loss premium rates are billed on a composite basis.
Stop Loss aggregate factors are administered on a composite basis.

Stop Loss Caveats

This caveat document outlines specific information for the quotation provided on August 20, 2002. All other Stop Loss product descriptions are included under the Stop Loss tab in the proposal.

Stop Loss is available to cover claims for all of the Plan Sponsor's eligible employees and their dependents who are enrolled on a timely basis and are covered under the ASC plan, provided the employee satisfies the following definition: an employee means an employee of the Insured who Aetna determines is physically able to perform all regular duties of employment, is regularly working at least 25 hours per week and for whom the Insured is deducting any required U.S. FICA taxes. Retirees under 65/over 65 have been included in this quotation at the Plan Sponsor's request.

Licensing and appointment laws require the producer be casualty licensed and appointed to Aetna Insurance Company of Connecticut. This should be done as soon as possible.

This is a conditional quote.

Stop Loss Policy Year - The Stop Loss Policy year must agree with the ASC contract year, both of which must end on the customer's standard renewal date.

Stop Loss Situs Requirements - This quote assumes that the customer has a situs other than Vermont, Hawaii or Puerto Rico as we do not have regulatory approval to write Stop Loss in these jurisdictions.

Stop Loss Contract State Requirements - The assumed Stop Loss Contract State is **Florida**.

We must receive the information listed below no later than 30 days prior to the effective date. Stop Loss coverage for participants covered under the Plan on the Effective Date of the Stop Loss Policy will not be subject to the Actively-At-Work (AAW), Dependent Non-Confinement (DNC) or Preexisting Conditions underwriting rules provided Aetna has had the opportunity to review the claim information below. If this requirement is not met, the Actively-At-Work and Dependent Non-confinement rules will apply for all Stop Loss coverage on the Stop Loss effective date.

Underwriting rules may still apply to the underlying Medical plan(s).

As to the Individual Stop Loss:
To underwrite the plan we require information about high-risk individuals. Using this information, we may establish specific, higher deductibles for individuals of extraordinary risk (lasering). Specifically we require the following information current to within 120 days of the effective date:

- paid claims for the last 12 consecutive months (or alternatively, for both the current

Stop Loss Caveats

partial policy year and the prior complete policy year),
- diagnosis for any of the following individuals:
  - individuals who have paid claims exceeding the lesser of 50% of the ISL limit, or $25,000, in the last 12 consecutive months,
  - **employees who are disabled and not actively at work, and dependents who are currently confined (in hospital, non-hospital facility, or at home)**
  - individuals who have conditions for which there is the potential for high claims.

If lasering is required on any claimant(s), we reserve the right to increase the Aggregate trigger factor.

As to the Aggregate Stop Loss:
We require documented monthly paid claim experience and exposures on a rolling 12-month basis current to within 120 days of the effective date to verify the adequacy of the Aggregate trigger factor.

Family Participation - This quotation assumes **58.5%** family participation. Upon receipt of actual enrollment, we reserve the right to adjust the composite Stop Loss premium rate and Aggregate trigger factor, if necessary. Billing will be on a composite rate basis.

Coverages Excluded from Individual Stop Loss - Non-integrated (APM, PCS) drug benefits will not apply to the Individual Stop Loss limit, nor will separate ancillary benefits such as: Dental, Vision and Temporary Disability.

Multiple Individual Stop Loss levels are provided. Due to concerns about anti-selection, once an Individual Stop Loss amount is chosen, it cannot be decreased at a future renewal.

Coverages included in Aggregate Stop Loss - Aggregate Stop Loss coverage includes the following benefits: Medical and Prescription Drug

Mental/Nervous and Substance Abuse Claims - will be covered by both Individual and Aggregate Stop Loss only when Aetna's vendor provides these benefits. If these benefits are provided by an outside vendor, the claims resulting from these services will be excluded from both Individual and Aggregate Stop Loss.

Prior Carrier Runoff Excluded - This Stop Loss quotation assumes prior carrier claims are excluded from the Individual and Aggregate Stop Loss coverage. This is a 12/12 contract The quoted premium rate includes a .25 discount for a 12/12 contract. This discount will be fully removed from the rates and the mature renewal year rates will increase 33.3% since the contract will be renewed on a paid basis. Renewal rates can also be expected to increase for leveraged catastrophic medical trend each year.

Stop Loss Caveats

Capitation Payments - Estimated capitation payments are included in both the projected paid claim base and the Aggregate Stop Loss corridor. Actual capitation payments will accumulate towards Aggregate Stop Loss.

Capitation Payments - Actual capitation payments do not accumulate towards Individual Stop Loss.

This quote assumes **$3,000,000** Maximum Annual Aggregate Stop Loss Payment Amount.

Individual Lifetime Stop Loss Payment Amount - This quote assumes an unlimited Individual Lifetime Stop Loss Payment Amount. The Individual Lifetime Stop Loss Payment Amount will be capped to be no greater than the underlying lifetime medical plan maximum, for a given Participant, minus the Individual Stop Loss Amount in effect for each policy period.

There are no producer commissions included for Stop Loss.

Premium and Factor Adjustments - We reserve the right to adjust the premium rate and Aggregate factor during the policy year if there are a) changes to the medical plan, b) deviations from any of our quote assumptions (e.g. policy period, type of Stop Loss coverage, prior carrier runoff coverage provided for employees who terminated prior to the Stop Loss effective date, etc.), or c) changes in other factors bearing on the Stop Loss risk that result in a combined manual change of 10% or more (e.g., single/family split, age/gender mix, etc.).

However, we will not change the rate or factor based on changes in the make-up of the group unless the number of covered employees (either in total, by type of medical plan, by single/family split, by age/gender or by location) changes by more than 10% from the number assumed in the quote. We also will not change the rate or aggregate factor based on actual Stop Loss claim experience after the effective date.

Large Group Acquisition - In the event that a large group (in excess of 10% of total covered lives) is acquired after the original effective date and is covered under the Stop Loss policy, we reserve the right to underwrite the individuals within this group based on current large claim data provided by the customer. If this information is not forthcoming, we will apply the Actively-at-Work and Dependent Non-Confinement underwriting rules to those in the new group on the effective date of their coverage under Stop Loss.

Reimbursement for Individual Stop Loss Claims – Stop Loss reimbursement will be immediate for all plans administered on Aetna Life Insurance Company (ALIC) claim systems as long as the Stop Loss policy remains in effect.
When a Home Host plan is written with draft suppression, Individual Stop Loss will not cover the suppressed drafts. Aggregate Stop Loss coverage will not be written over an IDS plan with draft suppression.

Stop Loss Caveats

Reimbursement for Aggregate Stop Loss Claims – The monthly budget feature standardly applies to Aggregate Stop Loss claims as long as the Stop Loss policy remains in effect; however, this feature is not available under the following conditions: 1) when customers choose to fund claims through multiple primary wire lines; or 2) when customers choose to fund claims through one primary wire line and report through one or more internal wire lines. For these plans, reimbursement will be made within 120 days after policy year-end.

The Aggregate liability limit will equal the sold trigger factor times the number of months in the policy year times the total number of covered Stop Loss lives reported for that policy year (exception: when a customer drops in size during the policy year, the actual enrolled lives at the start of the policy year will be utilized to determine the liability limit for that policy year).

New York S.7954 Health Care Reform Act and its impact on Stop Loss: Aetna will provide Stop Loss protection on any portion of a claim (or claims) which reflects the 8.18% indigent care and per covered life graduate medical education (GME) assessments as mandated by the State of New York. These assessments assume selection to pay directly into the New York State pool. Any excess or punitive payments made on behalf of a plan sponsor to fund indigent care and graduate medical education as a result of that plan sponsor's decision not to pay directly into the New York State Pool will not be covered under Stop Loss.

HIPAA - Stop Loss coverage for new entrants (those who become covered after the plan effective date) are subject to HIPAA's preexisting conditions limitation in accordance with Aetna Life Insurance Company's then current standard underwriting practices established for applying preexisting condition limitations to group accident and health insured plans in accordance with HIPAA, Public Law No. 104-191.

Prior to acceptance of this proposal, we reserve the right to withdraw or modify it for any reason. However, in no event may this proposal, as it pertains to Stop Loss, be accepted after the earlier of: a) 90 days from the date of this proposal, or b) the proposed effective date for Stop Loss coverage.

ATTACHMENT # 4

September 12, 2002

Charlotte Veaux
Benefits Manager
Lee County BOCC
P.O. Box 398
Fort Myers, Florida 33902-0398

RE: Medical Proposals

Dear Charlotte:

The following is an initial summary of the medical proposals received as Lee County attempts to control rising health care expenditures while providing a competitive, attractive benefit program to its employees and their dependents.

At present the County has separate contracts with its network and administrator with different proposal cycles. This has prevented the County from considering any self-funded proposals from insurance carriers who also function as a TPA.

Medical proposals were received from:

Vendor	Services Proposed
Aetna	Bundled ASO
BCBS	Bundled ASO
CIGNA	Bundled ASO
Employers Mutual	TPA with Network
Florida First	TPA with Network
Harrington	TPA with PHO Network left to County's discretion
Lee PHO	Network Only
Self Insured Benefit Administrators	TPA with Network
United Group Programs	TPA without Network
United Healthcare	Bundled ASO

From a cost perspective, two items must be kept in mind:

1) Some of the TPAs proposed paying the run-in and having that as part of their aggregate attachment point, known as a 15/12 contract.
2) The TPAs essentially all said they would match the current benefit plan design, while the vendors who are referred to as a bundled ASO type (Aetna, BCBS, CIGNA, and United Healthcare) all require some plan modification.

All of the proposers had adequate network coverage for employees, with the majority having both the Lee Memorial/Cape Coral and Southwest/GulfCoast hospitals in their network.

The vendors were asked to provide confidential physician cost data which would be kept "out of the Sunshine." This reflected the following in terms of lowest physician costs:

Lowest Marketbasket Cost (ordered lowest to highest):	**HMO or Gatekeeper**	**PPO**
	• Aetna	• BCBS (only quoted a PPO for in & out network)
	• United	• United
	• CIGNA	• CIGNA
	• Lee PHO	• Aetna
	• Florida First/CCN	• Lee PHO

AETNA proposed four plans:
- Plan 1 is a gatekeeper HMO, copay-driven.
- Plan 2 is a POS with in-network copayments and 70% out of network reimbursement.
- Plan 3 is a 90%/70% PPO for employees and retirees living outside of Aetna's southwest Florida service area.
- Plan 4 is an out-of-area indemnity plan for those living outside of all Aetna service areas.

BCBS proposed one plan:
- A PPO with all services subject to an initial deductible, network services subject to either a copayment or 90%. Non-network services at 70%.

CIGNA proposed two plans:
- Plan 1 is an HMO, copay-driven, with no out-of-network benefits.
- Plan 2 is a 90%/70% PPO.

UNITED HEALTHCARE proposed three plans which attempt to mirror the current triple option single plan in effect.
- Plan 1 is copay-driven, with no out-of-network benefits.
- Plan 2 is an open access POS, with copayments for network services, with a 70% out-of-network benefit.
- Plan 3 is a 90%/70% PPO.

Unlike at present, a member would not have the ability to migrate within options. The employee would have to remain in a delivery model until open enrollment.

The proposed MAXIMUM cost per employee, assuming the 125% of expected claims is met, (including all dependents) is as follows (Current Maximum liability is $6,441):

Attachment Point on a 15/12 basis (includes run-in claims)	
Vendor	
• Florida First	$8,981
• Employers Mutual	$8,929 - $9,023

Attachment Point on a 12/12 basis	
Vendor	
• Aetna	$7,041
• BCBS	$6,552
• CIGNA	$9,129 - $9,167
• Harrington [1]	$7,240
• SIBA	$9,116
• United Healthcare	$7,272 - $7,780

(1) Harrington's quote is not firm, as the network is left to the County's discretion.

Based upon the above, and assuming that the County would entertain modifying and simplifying its plan design, we would recommend the following vendors be short-listed:

- Aetna
- BCBS
- United

NEXT STEPS
We recommend undertaking negotiations with the finalists and scheduling site visits. Detailed comparisons and deviations from the current program will be provided shortly.

Sincerely,

Ray Reed
Vice President

Plan Comparison
Blue Cross

	Lee County Current Plan			Blue Cross PPO	
	In Network PCP-Driven	In Network	Out Of Network	In Network	Out Of Network
Annual Plan Deductible					
Single	$300 (N/A if copay applies)	$300	$500	$300	$500
Family	$600 (N/A if copay applies)	$600	$1,000	$600	$600
Annual Max Out of Pocket					
Single	$1,000 + $300	$1,000 + $300	$2,000 + $500	$1,000	$1,000 *
Family	$2,000 + $600	$2,000 + $600	$4,000 + $500	$2,000	$2,000 *
Coinsurance	None	90%	70%	90%	70%
Physician					
Primary Care visit	$10 copay, then 100%	90% after deductible	70% after deductible based on R&C	$10 copay	70% after CYD based on RBRVS
Specialist visit	$10 copay, then 100%	90% after deductible	70% after deductible	$10 copay	70% after CYD
Hospital					
Inpatient	$250 per admission, then 100%	90% after deductible	70% after deductible	100% after $250 PAD, CYD	70% after $500 PAD, CYD
Outpatient	$100, then 100%	90% after deductible	70% after deductible	90% after CYD	70% after CYD
Emergency	$75 copay, if emergency 90% after deductible for non-emergency	90% after deductible	70% after deductible unless life threatening, then at in-network rate	90% after CYD, CYD waived for accident	70% after CYD; CYD waived for accident
Diagnostic X ray/Lab	100% after deductible	90% after deductible	70% after deductible	90% after CYD Note: CYD waived for Independent Clinical Laboratory Services	70% after CYD Note: CYD waived for Independent Clinical Laboratory Services
Other					
Preventive Care	$10 copay Max of $300 Routine exam every year	90% no deductible every year max of $300	N/A	$10 copay CYM $300, waived CYD	70% CYM $300, wavied CYD
Routine Eye Exam	Not covered	Not covered	N/A	Not covered	Not covered
Well Woman Exam	$10 copay, then 100%	$10 copay	N/A	Included in preventive care above	Included in preventive care above
Well Baby Care	$10 copay, then 100% *Must follow age guidelines*	90%, no deductible	70%, no deductible	$10 copay CYD waived birth to age 18, 18 visits	70% CYD waived *Birth to age 18* 18 visits
Mental Health					
Inpatient	$250 per admission, then 100%, $50,000 lifetime maximum	90% after deductible, $50,000 lifetime maximum	70% after deductible, $50,000 lifetime maximum	100% after $250 PAD, CYD, 30 days PCY	70% after $500 PAD, CYD 30 days PCY
Outpatient	$10 copay, then 100%, $50,000 lifetime maximum	90% after deductible, $50,000 lifetime maximum	70% after deductible, $50,000 lifetime maximum	$10 copay, 20 visits PCY	70% after CYD 20 visits PCY
Substance Abuse					
Inpatient	$250 per admission, then 100%, $2,000 lifetime maximum	90% after deductible, $2,000 lifetime maximum	70% after deductible, $2,000 lifetime maximum	100% after $250 PAD, CYD, $5,000 LTM (inpatient, or any combination	70% after $500 PAD, CYD $5,000LTM (inpatient, outpatient, or any combination)
Outpatient	$10 copay, then 100%, $2,000 lifetime maximum	90% after deductible, $2,000 lifetime maximum	70% after deductible, $2,000 lifetime maximum	$10 copay	70% after CYD
Prescription Drug Plan	30 day supply	30 day supply	30 day supply	30 day supply	30 day supply
Generic	$10 copay	$10 copay	$10 copay	$10 copay	80% after $10 copay
Brand	$20 copay	$20 copay	$20 copay	$25 copay	80% after $25 copay
Non-Preferred Brand	$40 copay	$40 copay	$40 copay	$40 copay	80% after $40 copay
Mail Order	*3 months supply for a single copay*	*3 months supply for a single copay*	*3 months supply for a single copay*	*$20 generic, $50 brand and $80 Non-preferred* 90 day supply	*Not available*
Lifetime Maximum	$1,000,000	$1,000,000	$1,000,000	$1,000,000	$1,000,000

* Does not include any deductible, copayments, non-covered charges, penalty reductions or charge in excess of Allowed amount

Plan Comparison
Blue Cross

	Lee County			Aetna					
	Current Plan - Florida First			HMO	POS		PPO		Indemnity
	In Network PCP-Driven	In Network	Out Of Network	In Network	In Network	Out Of Network	In Network	Out Of Network	OOA
Annual Plan Deductible									
Single	$300 (N/A if copay applies)	$300	$500	None	None	$500	$300	$500	$300
Family	$600 (N/A if copay applies)	$600	$1,000	None	None	$1,000	$600	$1,000	$600
Annual Max Out of Pocket									
Single	$1,000 + $300	$1,000 + $300	$2,000 + $500	$1,500	$1,500	$2,000	$1,000	$2,000	$1,000
Family	$2,000 + $600	$2,000 + $600	$4,000 + $500	$3,000	$3,000	$4,000	$2,000	$4,000	$2,000
Coinsurance	None	90%	70%	None	None	70%	**90%**	70%	80%
Physician									
Primary Care visit	$10 copay, then 100%	90% after deductible	70% after deductible based on R&C	$10 copay	$10 copay	70% after deductible	$10 copay	70% after deductible	80% after deductible
Specialist visit	$10 copay, then 100%	90% after deductible	70% after deductible	$10 copay	$25 copay	70% after deductible	$25 copay	70% after deductible	80% after deductible
Hospital									
Inpatient	$250 per admission, then 100%	90% after deductible	70% after deductible	$250 copay	$250 copay	70% after deductible	90% after deductible	**70% after deductible & $250 IPD**	80% after deductible and $250 per confinement deductible
Outpatient	$100, then 100%	90% after deductible	70% after deductible	$100 copay	$100 copay	70% after deductible	**90% after deductible**	70% after deductible	80% after deductible
Emergency	$75 copay, if emergency 90% after deductible for non-emergency	90% after deductible	70% after deductible unless life threatening, then at in-network rate	$75 copay	**$50 copay**	**$50 copay**	90% after $75 copay	**90% after $75 copay**	**80% after deductible**
Diagnostic X ray/Lab	100% after deductible	90% after deductible	70% after deductible	$10 copay	$25 copay	70% after deductible	90% after deductible	70% after deductible	70% after deductible
Other									
Preventive Care	$10 copay Max of $300 Routine exam every year	90% no deductible every year max of $300	N/A	$10 copay	$10 copay	70% after deductible deductible waived, children through age 16 only	100% after $10 copay, deductible waived	70% after deductible	100%; deductible waived
Routine Eye Exam	Not covered	Not covered	N/A	$10 copay	$25 copay	Not covered	100% after $25 copay, deductible wai	70% after deductible	100% after deductible
Well Woman Exam	$10 copay, then 100%	$10 copay	N/A	$10 copay	$25 copay	Not covered	**100% after $25 copay, deductible waived**	70% after deductible	100%; deductible waived
Well Baby Care	$10 copay, then 100% Must follow age guidelines	90%, no deductible	70%, no deductible	$10 copay	$10 copay	70% after deductible deductible waived, children through age 16 only	100% after $10 copay, deductible waived	70% after deductible	100%; deductible waived
Mental Health									
Inpatient	$250 per admission, then 100%, $50,000 lifetime maximum	90% after deductible, $50,000 lifetime maximum	70% after deductible, $50,000 lifetime maximum	$250 copay; 30 days per calendar year	$250 copay; 30 days per calendar year	70% after deductible, 30 days per calencar yer	90% after deductible up to 30 days per calendar year, combined MH/SA maximum	**70% after deductible & $250 IPD, 30 days per calendar yer**	80% after deductible, $250 per confinement up to 30 days per calendar year
Outpatient	$10 copay, then 100%, $50,000 lifetime maximum	90% after deductible, $50,000 lifetime maximum	70% after deductible, $50,000 lifetime maximum	$25 copay, 20 visits per calendar year	$25 copay, 20 visits per calendar year	50% after deductible, 30 visits per calencar yer	90% after deductible up to 45 visits per calendar year, *combined MH/SA maximum*	**70% after deductible, 30 visits per calencar yer**	80% after deductible up to 45 visits per calendar year, *combined MH/SA maximum*
Substance Abuse									
Inpatient	$250 per admission, then 100%, $2,000 lifetime maximum	90% after deductible, $2,000 lifetime maximum	70% after deductible, $2,000 lifetime maximum	**$250 copay; 30 days per calendar year**	$250 copay; 30 days per calendar year	70% after deductible, 30 days per calencar yer combined with inpatient detoxication	90% after deductible up to 30 days per calendar year, combined MH/SA maximum	**70% after deductible & $250 IPD, 30 days per calendar yer combined with inpatient detoxication**	80% after deductible, $250 per confinement up to 30 days per calendar year
Outpatient	$10 copay, then 100%, $2,000 lifetime maximum	90% after deductible, $2,000 lifetime maximum	70% after deductible, $2,000 lifetime maximum	**$10 copay, 30 visits per calendar year**	$25 copay, 30 visits per calendar year	70% after deductible, 44 visits per calencar yer	90% after deductible up to 45 visits per calendar year, combined MH/SA maximum	**70% after deductible, 45 visits per calencar yer**	80% after deductible up to 45 visits per calendar year, combined MH/SA maximum
Prescription Drug Plan	30 day supply	30 day supply	30 day supply	30 day supply	30 day supply	Not covered	30 day supply	30 day supply	30 day supply
Generic	$10 copay	$10 copay	$10 copay	$10 copay	$10 copay	Not covered	$10 copay	70% after $10 copay	70% after $10 copay
Brand	$20 copay	$20 copay	$20 copay	$20 copay	$20 copay	Not covered	$20 copay	70% after $20 copay	70% after $20 copay
Non-Preferred Brand	$40 copay	$40 copay	$40 copay	$35 copay	$35 copay	Not covered	$35 copay	70% after $35 copay	70% after $35 copay
Mail Order	3 months supply for a single copay	3 months supply for a single copay	3 months supply for a single copay	90 day supply	90 day supply	Not covered	90 day supply	90 day supply	No coverage
Lifetime Maximum	$1,000,000	$1,000,000	$1,000,000	**unlimited**	**unlimited**	$1,000,000	**unlimited**	**unlimited**	**unlimited**

ATTACHMENT #5

LEE COUNTY
SOUTHWEST FLORIDA

MEMORANDUM FROM THE DEPARTMENT OF HUMAN RESOURCES

DATE: October 2, 2002

TO: Earl Pflaumer
Purchasing Department

FROM: Bill Hammond
Deputy County Manager
239-335-2221

RE: HEALTH PLAN 2003

The Selection Committee for the above, which consists of George Williams, Human Resources Director, Charlotte Veaux, Benefits Manager, and me, met this morning to discuss specifics of the final selection of the provider of the complete package of network, pharmacy, dental, stop-loss, and ASO services for the next five years, beginning January 1, 2003.

The decision is that Aetna Health, Inc./Aetna Life Insurance Company will be awarded the contract. This recommendation will go to the Board of County Commissioners on October 15, 2002.

Health Plan Proposals

Chronology

Committee to review health plan bids consists of William H. Hammond, Deputy County Manager; George A. Williams, Human Resources Director; and Charlotte G. Veaux, Benefits Manager.

Health plan proposals were received either as bundled ASO and/or separate pieces.

⇒ July 22, 2002 there was a pre bid conference where all potential bidders had the opportunity to ask Lee County Purchasing and Benefits questions regarding the current health plan, expectations, and procedures.

⇒ September 12, 2002. Received from Aon Consulting analysis of cost data and plan types.

⇒ Committee met 9/16/02. After consideration of all bids and Aon's analysis, chose two bids for further consideration: Blue Cross and Aetna. Also requested that Aon examine Walgreen's pharmacy only bid and compare to the pharmacy piece of the two bidders.

⇒ Committee met again with Don Stilwell, County Manager; Bruce Loucks, Assistant County Manager; and Lynne Jones, Human Resources Fiscal Officer on 9/18/02 to discuss the choices of bids for further consideration and to consider the fiscal impact on the County, and the effect each plan would have on employees and their dependents.

⇒ On 10/1/02 All entity representatives, possible co-purchasers committee members, County Administration, and benefits staff were invited to meet with representatives from Aon consulting, and from the two selected bidders.

Ray Reed and Homero DaSilva from Aon Consulting explained to everyone how we arrived at this point.

In addition to their marketing agent, Aetna brought representatives from networking, customer service, physician relations, and implementation teams to discuss their roles and how Aetna would serve as our ASO. They discussed the four choice plan. There was a question and answer period. In addition, they discussed their role in wellness and disease management. Aetna has offered to assume fiduciary claim responsibility. The point was made the pharmacy piece was a critical part of the disease management program.

Later in the afternoon, Blue Cross was represented by its marketing agent and an underwriter. He answered the questions which were emailed to him prior to the meeting as well as any questions from the floor.

On the afternoon of 10/1/02 after the presentations, the selection committee, with George Williams absent, met with Bruce Loucks and the Aon representatives to discuss the information presented. The consensus was that Aetna would serve the needs of Lee County employees better. It was decided that further discussion should be held the following day with the entire committee.

On 10/2/02 the selection committee met again. Also present were Bruce Loucks and Lynne Jones. After considering aspects of the plans, it was decided unanimously to award the contract to Aetna.