



**THE ESCAMBIA COUNTY SCHOOL DISTRICT**

**PURCHASING DEPARTMENT  
215 WEST GARDEN STREET  
PENSACOLA, FL 32502**

**REQUEST FOR PROPOSAL (RFP) & PROPOSAL ACKNOWLEDGEMENT**

POSTING DATE:

**October 18, 2010**

PURCHASING CONTACT & TELEPHONE:

**John Dombroskie (850) 469-6120**

RFP TITLE:

**Individual Specific Stop - Loss Insurance**

RFP NUMBER:

**111101**

RFP OPENING DATE & TIME:

**November 5, 2010, 2:00PM Central Standard Time**

**NOTE: PROPOSALS RECEIVED AFTER THE OPENING DATE AND TIME WILL NOT BE ACCEPTED.**

The School District of Escambia County, Florida, solicits your company to submit a proposal on the above referenced goods or services. All terms, specifications and conditions set forth in this request are incorporated by this reference into your response. Proposals will not be accepted unless all conditions have been met. All proposals must have an authorized signature in the space provided below. All proposals must be sealed and received in the School District's Purchasing Office at 215 West Garden Street, Pensacola, Florida, by the "RFP Opening Date & Time referenced above. All envelopes containing sealed proposals must reference the "RFP Title", "RFP Number" and the "RFP Opening Date & Time". The School District is not responsible for lost or late delivery of Proposals by the U.S. Postal Service or other delivery services used by the Bidder. Proposals may not be withdrawn for a period of sixty (60) days after the bid opening unless otherwise specified.

**THE FOLLOWING MUST BE COMPLETED, SIGNED, AND RETURNED AS PART OF YOUR PROPOSAL. PROPOSALS WILL NOT BE ACCEPTED WITHOUT THIS FORM, SIGNED BY AN AUTHORIZED AGENT OF THE BIDDER.**

COMPANY NAME:

MAILING ADDRESS:

CITY, STATE, ZIP:

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN):

TELEPHONE NUMBER:

( EXT: )

FACSIMILE NUMBER:

EMAIL:

HOW DID YOU FIND OUT ABOUT THIS RFP? SCHOOL DISTRICT WEBSITE\_\_\_ BIDNET\_\_\_ DEMAND STAR\_\_\_ PRIME VENDOR\_\_\_  
OTHER\_\_\_ (PLEASE SPECIFY\_\_\_\_\_)

I CERTIFY THAT THIS PROPOSAL IS MADE WITHOUT PRIOR UNDERSTANDING, AGREEMENT, OR CONNECTION WITH ANY OTHER BIDDER SUBMITTING A PROPOSAL FOR THE SAME MATERIALS, SUPPLIES, EQUIPMENT OR SERVICES, AND IS IN ALL RESPECTS FAIR AND WITHOUT COLLUSION OR FRAUD. I AGREE TO ABIDE TO ALL TERMS AND CONDITIONS OF THIS RFP AND CERTIFY THAT I AM AUTHORIZED TO SIGN THIS RFP FOR THE BIDDER.

AUTHORIZED SIGNATURE:

TYPED OR  
PRINTED NAME:

TITLE:

DATE:

## I. INTRODUCTION & GENERAL INFORMATION

The School District of Escambia County, Florida (hereinafter referred to as "ECSD" or "The School District") desires to receive proposals to provide Individual Specific Stop-loss insurance at the current deductible amount of \$275,000 and with Alternates of a deductible of \$250,000, \$300,000 and \$350,000.

The objective of this RFP is to determine and secure the highest quality Program for the School District of Escambia County.

ECSD currently has a self-funded program health insurance program that offers a Preferred Provider (PPO) and two (2) Managed Choice (MCP/POS) plans. The health insurance program has been administered through United HealthCare.

## II. GENERAL TERMS AND CONDITIONS

**NOTE: The terms "Bidder" or "Proposer" as used within this Request For Proposal (RFP) refers to the person, company or organization responding to this RFP. The Bidder/Proposer is responsible for understanding and complying with the terms and conditions herein.**

- A. **GENERAL:** Upon an RFP award, the terms and conditions of this RFP or any portion thereof, may upon mutual agreement of the parties be extended for an additional term(s) or for additional quantities (all original terms and conditions will remain in effect). Subject to the mutual consent of the parties, the pricing, terms and conditions of this RFP, for the products or services specified herein, may be extended to other municipal, city or county government agencies, school boards, community or junior colleges, or state universities within the State of Florida.
- B. **RFP OPENING AND FORM:** Proposal openings will be public on the date and time specified on the Proposal Acknowledgement form. All proposals received after the time indicated will be rejected as non-responsive and returned unopened to sender. Proposals by Email, fax, telegram, or verbally by telephone or in person will not be accepted. The public opening will acknowledge receipt of the Proposals only; details concerning pricing or the offering will not be announced. All proposals submitted shall become public record upon an announcement of a recommended award or ten days after the opening date whichever occurs first. To protect any confidential information contained in their Proposal, companies must invoke the exemptions to disclosure provided by law in response to the RFP, and must identify the data and other material to be protected, and must state the reasons why such exclusion from public disclosure is necessary.
- C. **WARRANTY:** All goods and services furnished by the Bidder, relating to and pursuant to this RFP will be warranted to meet or exceed the Specifications contained herein. In the event of breach, the Bidder will take all necessary action, at Bidder's expense, to correct such breach in the most expeditious manner possible.
- D. **PRICING:** All pricing submitted will include all packaging, handling, shipping charges, and delivery to any point within Escambia County, Florida to a secure area or inside delivery. The School Board is exempt and does not pay Federal Excise and State of Florida Sales taxes.
- E. **TERMS OF PAYMENT / INVOICING:** The normal terms of payment will be Net 30 Days from receipt and acceptance of goods or services and Bidder's invoice. Itemized invoices, each bearing the Purchase Order Number must be mailed on the day of shipment. Invoicing subject to cash discounts will be mailed on the day that they are dated.
- F. **TRANSPORTATION AND TITLE:** (1) Title to the goods will pass to the School District upon receipt and acceptance at the destination indicated herein. Until acceptance, the Bidder retains the sole insurable interest in the goods. (2) The shipper will prepay all transportation charges. The School District will not accept collect freight charges. (3) No premium carriers will be used for the School District's account without prior written consent of the Director of Purchasing.

- G. **PACKING:** All shipments will include an itemized list of each package's content, and reference the School District's Purchase Order Number. No charges will be allowed for cartage or packing unless agreed upon by the School District prior to shipment.
- H. **INSPECTIONS AND TESTING:** The School District will have the right to expedite, inspect and test any of the goods or work covered by this RFP. All goods or services are subject to the School District's inspection and approval upon arrival or completion. If rejected, they will be held for disposal at the Bidder's risk. Such inspection, or the waiver thereof, however, will not relieve the Bidder from full responsibility for furnishing goods or work conforming to the requirements of this RFP or the RFP Specifications, and will not prejudice any claim, right, or privilege the School District may have because of the use of defective or unsatisfactory goods or work.
- I. **STOP WORK ORDER:** The School District may at any time by written notice to the Bidder stop all or any part of the work for this RFP award. Upon receiving such notice, the Bidder will take all reasonable steps to minimize additional costs during the period of work stoppage. The School District may subsequently either cancel the stop work order resulting in an equitable adjustment in the delivery schedule and/or the price, or terminate the work in accordance with the provisions of the RFP terms and conditions.
- J. **INSURANCE AND INDEMNIFICATION:** The Bidder agrees to indemnify and save harmless the School District, its officers, agents and employees from and against any and all claims and liabilities (including expenses) for injury or death of persons or damage to any property which may result, in whole or in part, from any act or omission on the part of the Bidder, its agents, employees, or representatives, or are arising from any Bidder furnished goods or services, except to the extent that such damage is due solely and directly to the negligence of the School District. The Bidder will carry comprehensive general liability insurance, including contractual and product liability coverage, with minimum limits acceptable to the School District. The Bidder will, at the request of the School District, supply certificates evidencing such coverage.
- K. **RISK OF LOSS:** The Bidder assumes the following risks: (1) all risks of loss or damage to all goods, work in process, materials and equipment until the delivery thereof as herein provided; (2) all risks of loss or damage to third persons and their property until delivery of all goods as herein provided; (3) all risks of loss or damage to any property received by the Bidder or held by the Bidder or its suppliers for the account of the School District, until such property has been delivered to the School District; (4) all risks of loss or damage to any of the goods or part thereof rejected by the School District, from the time of shipment thereof to Bidder until redelivery thereof to the School District.
- L. **LAWS AND REGULATIONS:** Bidders will comply with all applicable Federal, State and Local laws, statutes and ordinances including, but not limited to the rules, regulations and standards of the Occupational Safety and Health Act of 1970, the Federal Contract Work Hours and Safety Standards Act, and the rules and regulations promulgated under these Acts. Bidders agree not to discriminate against any employee or applicant for employment because of race, sex, religion, color, age or national origin.

All agreements as a result of an award hereto and all extensions and modifications thereto and all questions relating to its validity, interpretation, performance or enforcement shall be governed and construed in conformance to the laws of the State of Florida.

- M. **PUBLIC ENTITY CRIMES:** A Bidder, 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 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 State Statute, Section 287.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

- N. **PATENTS:** Bidders agree to indemnify and save harmless the School District, its officers, employees, agents, or representatives using the goods specified herein from any loss, damage or injury arising out of a claim or suit at law or equity for actual or alleged infringement of letters of patent by reason of the buying, selling or using the goods supplied under this bid, and will assume the defense of any and all suits and will pay all costs and expenses thereto.
- O. **CONFLICT OF INTEREST:** The award hereunder is subject to the provisions of Chapter 112 Florida Statutes. All Bidders must disclose the name of any company owner, officer, director or agent who is an employee of the School District and/or is an employee of the School District and owns, directly or indirectly, an interest of five percent or more of the company.
- P. **TERMINATION: DEFAULT.** The School District may terminate all or any part of a subsequent award by giving notice of default to Bidder, if Bidder: (1) refuses or fails to deliver the goods or services within the time specified; (2) fails to comply with any of the provisions of this RFP or so fails to make progress as to endanger performances, hereunder, or; (3) becomes insolvent or subject to proceedings under any law relating to bankruptcy, insolvency, or relief of debtors. In the event of termination for default, the School District's liability will be limited to the payment for goods and services delivered and accepted as of the date of termination. **CONVENIENCE.** The School District may terminate for its convenience at any time, in whole or in part any subsequent award. In which event of termination for convenience, the School District's sole obligations will be to reimburse Bidder for (1) those goods or services actually shipped/performed and accepted up to the date of termination, and (2) costs incurred by Bidder for unfinished goods, which are specifically manufactured for the School District and which are not standard products of the Bidder, as of the date of termination, and a reasonable profit thereon. In no event is the School District responsible for loss of anticipated profit nor will reimbursement exceed the RFP value.
- Q. **DRUG-FREE WORKPLACE:** Whenever two or more RFPs are equal with respect to price, quality, and service, an RFP received from a business that certifies that it has implemented a drug-free workplace program as defined by Section 287.087 Florida Statutes, will be given preference in the award process.
- R. **PERFORMANCE:** In an effort to reduce the cost of doing business with the School District, and unless indicated elsewhere, no bid or performance bond is required. However, upon award and subsequent default by Bidder, the School District reserves the right to pursue any or all of the following remedies: (1) to accept the next lowest available RFP price or to purchase materials or services on the open market, and to charge the original awardees for the difference in cost via a deduction to any outstanding or future obligations; (2) the Bidder in default will be prohibited from activity for a period of time determined by the severity of the default, but not exceeding two years; (3) any other remedy available to the School District in tort or law.
- S. **AUDIT AND INSPECTION:** The District or its representative reserves the right to inspect and/or audit all the Bidder's documents and records as they pertain to the products and services delivered under this agreement. Such rights will be exercised with notice to the Bidder to determine compliance with and performance of the terms, conditions and specifications on all matters, rights and duties, and obligations established by this agreement. Documents/records in any form shall be open to the District's representative and may include but are not limited to all correspondence, ordering, payment, inspection and receiving records, and contracts or sub-contracts that directly or indirectly pertain to the transactions between the District and the Bidder.
- T. **SAMPLES AND BRAND NAMES: BRAND NAMES.** Specifications referencing specific brand names and models are used to reflect the kind and type of quality in materials and workmanship,

and the corresponding level of performance the School District expects to receive as a minimum. Bidders offering equivalents or superior products to the brand/model referenced will: (1) reference on the RFP in the space provided the manufacturer's name, brand name, model and/or part number; (2) next to the price Bidder will indicate "ALT" to reflect an alternate offering; (3) where no sample is provided with the RFP, Bidders will enclose sufficient technical specification sheets and literature to enable the School District to reach a preliminary evaluation; (4) the School District may request and Bidder agrees to submit a sample or to provide its product on-trial or demonstration, whichever the School District may deem appropriate, at no charge to the District; (5) the School District reserves the right to determine the acceptability of any alternatives offered. **SAMPLES.** Any sample requested by this RFP or to be provided at the Bidder's option, should be forwarded under separate cover to the attention of the Purchasing Office of the School District. The package or envelope will reference the RFP Number, RFP Title, and RFP Item Number and clearly marked "Samples". All samples will be provided free of charge, including transportation charges. Bidders are responsible for notifying and making arrangements for pick up from the School District if a return of samples is expected. All samples unclaimed for thirty (30) days will be disposed of at the discretion of the School District.

- U. **EVALUATION CRITERIA:** Primary factors used to decide the award hereunder will be price, quality, availability, and responsiveness. Other factors that may be used in the evaluation of this bid will be: (1) administrative costs incurred by the School District in association with the discharge of any subsequent award; (2) alternative payment terms; (3) Bidder's past performance. The School District reserves the right to evaluate by lot, by partial lot, or by item, and to accept or reject any proposal in its entirety or in part, and to waive minor irregularities if the proposal is otherwise valid. In the event of a price extension error, the unit price will be accepted as correct. The School District has sole discretion in determining testing and evaluation methods. The School District may consider in conjunction to any award hereunder, those products, services and, prices available to them through contracts from state, federal, and local government agencies or other school districts within the State of Florida.
- V. **CLARIFICATIONS AND INTERPRETATIONS:** The School District reserves the right to allow for clarification of questionable entries, and for the Bidder to withdraw items with obvious mistakes. Any questions concerning terms, conditions or specifications will be directed to the designated Purchasing Agent referenced on the RFP Acknowledgement. Any ambiguities or inconsistencies shall be brought to the attention of the designated Purchasing Agent in writing at least seven workdays prior to the opening date of the proposals. Failure to do so, on the part of the bidder will constitute an acceptance by the bidder of consequent decision. An addendum to the RFP shall be issued and posted for those interpretations that may affect the eventual outcome of this bid. It is the bidder's responsibility to assure the receipt of all addendum issued. No person is authorized to give oral interpretations of, or make oral changes to the RFP. Therefore oral statements given before the RFP opening date will not be binding. The School District will consider no interpretations binding unless provided for by issuance of an addendum. Addenda will be posted to the School District's Purchasing website address at "<http://old.escambia.k12.fl.us/adminoff/finance/purchasing/>" at least five workdays prior to the opening date. The bidder shall acknowledge receipt of all addenda by signing and enclosing said addenda with their proposal.
- W. **RFP TABULATIONS, RECOMMENDATIONS, AND PROTEST:** RFP tabulations with award recommendations are posted for 72 hours in the Purchasing Office and are also posted to the School District's Purchasing website address at "<http://old.escambia.k12.fl.us/adminoff/finance/purchasing/>". Failure to file a protest within the time prescribed in Section 120.57(3) Florida State Statutes will constitute a waiver of proceedings under Chapter 120, Florida State Statutes and School Board Rules. RFP tabulations, recommendations or notices will not be automatically mailed.
- X. **CONTACT:** All questions for additional information regarding this RFP **must be directed to the designated Purchasing Agent noted on page one.** Prospective bidders shall not contact any

member of the Escambia County School Board, Superintendent, or staff regarding this bid prior to posting of the final tabulation and award recommendation on the website and in the Purchasing Office. Any such contact shall be cause for rejection of your proposal.

- Y. **PROPOSAL PREPARATION COSTS:** Neither the School District nor its representatives shall be liable for any expenses incurred in connection with the preparation of a response to this proposal.
- Z. **AGREEMENT FORM:** All subsequent agreements as a result of an award hereunder, shall incorporate all terms, conditions and specifications contained herein, and in response hereto, unless mutually amended in writing.

### III. SPECIAL CONDITIONS

These "SPECIAL CONDITIONS" are in addition to or supplement Section II GENERAL TERMS AND CONDITIONS. In the event of a conflict these SPECIAL CONDITIONS shall have precedence.

- A. **CONTRACT TERM:** The purpose of this RFP is to establish a contract **beginning January 1, 2011 through December 31, 2011**. The term of the contract may, by mutual written agreement between The Board and the awardee, be renewed for two additional one-year periods and, if needed, extended 90 days beyond the expiration date of the final renewal period. The District, through its Purchasing Department, will, if considering renewing, request a letter of intent to renew from each awardee, prior to the end of the current contract period. The awardee will be notified when the Board has acted upon the recommendation. All prices shall be firm for the term of the contract. The successful awardee(s) agrees to this condition by signing its proposal.
- B. **EXTENSION:** In addition to any renewal options contained herein, ECSD is granted the right to extend any award resulting from this RFP for the period of time necessary for ECSD to release, award and implement a replacement RFP for the goods, products and/or services provided through this RFP. Such extension shall be upon the same prices, terms and conditions as existing at the time of ECSD exercise of this extension right. The period of any extension under this provision shall not be for a period in excess of six months from (a) the termination date of a contract entered into as a result of this RFP or (b) the termination date under any applicable period of renewal under a contract entered into as a result of this RFP.
- C. **IRREVOCABILITY OF PROPOSAL:** A proposal may not be withdrawn before the expiration of 180 days from the date of proposal opening.
- D. **INFORMATION NOT IN RFP:** No verbal or written information which is obtained other than by information in this document or Addenda to this Request for Proposal shall be binding on ECSD.
- E. **PROPOSAL PUBLIC RECORD:** Proposer acknowledges that all information contained within their proposal is part of the public domain as defined by the State of Florida Sunshine and Public Record Laws.
- F. **PREPARATION COST OF PROPOSAL:** Proposer is solely responsible for any and all costs associated with responding to this RFP. ECSD will not reimburse any proposer for any costs associated with the preparation and submittal of any proposal or for any travel and per diem costs that are incurred by any proposer.
- G. **NONCONFORMANCE TO CONTRACT CONDITIONS:** Goods and/or services offered shall be in compliance with RFP conditions and specifications and any resulting agreement at all times. Goods and/or services not conforming to RFP conditions, specifications or time frames may result in default of contract and the awardee shall pay ECSD, as liquidated damages, an amount equal to 25% of the value of contract or \$50.00, whichever amount is larger.

- H. **APPLICABLE LAW:** This RFP and any agreement resulting from it shall be interpreted and construed according to the laws of the State of Florida.
- I. **LEGAL REQUIREMENTS:** Federal, state, county and local laws, ordinances, rules and regulations that in any manner affect the goods or services covered herein apply. Lack of knowledge by the proposer will in no way be a cause for relief from responsibility.
- J. **ADVERTISING:** In submitting an RFP, proposer agrees not to use the results there from as a part of any commercial advertising without prior written approval of ECSD.
- K. **EXPENDITURE:** No guarantee is given or implied as to the total dollar value or work as a result of this RFP. ECSD is not obligated to place any order for services performed with any awardee(s) as a result of this award. Order placement will be based upon the needs and in the best interest of ECSD.
- L. **CONFLICT OF INTEREST:** The award of this RFP is subject to the provisions of Chapter 112, Florida Statutes, as currently enacted or as amended from time to time. All proposers must disclose with their proposal the name of any officer, director or agent who is also an employee of ECSD. In addition, *Gallagher Benefit Services, Inc.* will be providing consultant services to ECSD in relation to this RFP. All proposers must disclose with their proposal the name of any officer, director or agent who is also an employee of *Gallagher Benefit Services, Inc.*
- M. **DISPUTES:** In the event of a conflict between the documents, the order of priority of the documents shall be as follows:  
Any agreement resulting from the award of this RFP (if applicable); then Addenda released for this RFP, with the latest Addendum taking precedence; then the RFP; then awardee's proposal. In case of any other doubt or difference of opinion, the decision of ECSD shall be final and binding on both parties.
- N. **ANTI-DISCRIMINATION:** The Vendor certifies that he or she is in compliance with the non-discrimination clause contained in Section 202, Executive Order 11246, as amended by Executive Order 11375, relative to equal employment opportunity for all persons without regard to race, color, religion, sex or national origin. ECSD prohibits any policy or procedure, which results in discrimination on the basis of age, color, disability, gender, national origin, marital status, race, religion or sexual orientation.
- O. **LIABILITY, INSURANCE, LICENSES AND PERMITS:** Where proposers are required to enter or go onto ECSD property to deliver materials or perform work or services as a result of award, the proposer agrees to The Hold Harmless Agreement stated herein and will assume the full duty obligation and expense of obtaining all necessary licenses, permits and insurance. The proposer shall be liable for any damages or loss to the Board occasioned by negligence of the proposer (or agent) or any person the proposer has designated in the completion of the contract.
- P. **PUBLIC ENTITY CRIMES:** Section 287.133(2)(a), Florida Statutes, as currently enacted or as amended from time to time, states that a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a proposal on a contract to provide any goods or services to a public entity, may not submit a proposal on a contract with a public entity for the construction or repair of a public building or public work, may not submit a proposal on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017 for CATEGORY TWO [currently \$35,000] for a period of 36 months from the date of being placed on the convicted vendor list.

- Q. **USE OF CONTRACT/OTHER CONTRACTS:** ECSD reserves the right to utilize any other ECSD contract, any State of Florida Contract, any contract awarded by any other city or county governmental agencies, other ECSD, other community college/state university system cooperative agreements, or to directly negotiate/purchase per ECSD policy and/or State Board Rule 6A-1.012, as currently enacted or as amended from time to time, in lieu of any offer received or award made as a result of this RFP if it is in its best interest to do so. Additionally, ECSD will allow other city or county governmental agencies, other ECSD entities, and other community college/state university system cooperative agreements to piggyback onto an agreement resulting from this RFP.
- R. **SELLING, TRANSFERRING OR ASSIGNING CONTRACT:** No contract awarded under these terms, conditions and specifications shall be sold, transferred or assigned without prior written approval of ECSD.
- S. **CANCELLATION:** In the event any of the provisions of this RFP are violated by the proposer, ECSD shall give written notice to the proposer stating the deficiencies and unless deficiencies are corrected within five days, recommendation will be made to The Board for immediate cancellation. ECSD reserves the right to terminate any contract resulting from this RFP at any time and for no reason, upon giving 30 days prior written notice to the other party.
- T. **INDEMNIFICATION:** Provision stated herein will assume the full duty obligation and expense of obtaining all necessary licenses, permits and insurance. The proposer shall be liable for any damages or loss to ECSD occasioned by negligence of the proposer (or agent) or any person the proposer has designated in the completion of the contract.
- U. **CONTACT AFTER PROPOSER'S SUBMITTAL:** Any proposer or a lobbyist for a proposer is prohibited from having any communication concerning this RFP or any correspondence with any School Board Member, Insurance Task Force Member or the Superintendent of Schools after the submittal of their proposal and prior to the contract being awarded with the exception of communications with the office of the Director of Purchasing, unless so notified by the Purchasing Department. A proposal from any firm will be disqualified when the proposer or a lobbyist for the proposer violates this condition of the RFP.
- V. **GRATUITIES:** Proposers shall not offer any gratuities, favors, or anything of monetary value to any official, employee, or agent of ECSD; including any School Board Member, Insurance Task Force Member, and/or Superintendent of Schools, for the purpose of influencing consideration of this proposal.
- W. **ACCEPTANCE AND REJECTION OF PROPOSALS:**  
**Acceptance:** All proposals properly completed and submitted will be considered by ECSD. However, ECSD reserves the right to request additional information, reject any or all proposals that do not meet all mandatory requirements, or reject all proposals received.

ECSD also reserves the right to waive irregularities in any proposal received if such action is in the best interest of ECSD. However, such a waiver shall in no way modify the RFP requirements or excuse the proposer from full compliance with the RFP specifications and other contract requirements if the proposer is awarded the contract.

**Rejection:** A proposal may be rejected if it does not conform to the rules or the requirements contained in this RFP. Examples for rejection include, but are not limited to, the following:

The proposal is time-stamped at the Purchasing Department after the deadline specified in the RFP.

Failure to execute and return the enclosed original **Request For Proposal (RFP) & Proposal Acknowledgement** form (Page 1 of RFP) as defined in Section IV, Paragraph F.4.



Failure to respond to all subsections within the RFP.

Proof of collusion among proposers, in which case all suspected proposals involved in the alleged collusive action shall be rejected, and any participants to such collusion shall be barred from future procurement opportunities until reinstated.

The proposal shows non-compliance with applicable laws or contains any unauthorized additions or deletions, is a conditional proposal, is an incomplete proposal, or contains irregularities of any kind which make the proposal incomplete, indefinite, or ambiguous as to its meaning.

The proposer adds provisions reserving the right to accept or reject an award or to enter into a contract pursuant to an award or adds provisions contrary to those in the RFP.

- X. **INSURANCE REQUIREMENTS:** Proof of the following insurance will be furnished by any awardee to ECSD by Certificate of Insurance within 15 days of notification by ECSD. Such certificate shall contain a provision for notification to the ECSD 30 days in advance of any material change in coverage or cancellation. **ECSD shall be named as an additional insured under the Commercial General Liability policy.** The insurance information shall be submitted on an insurance carrier's Certificate of Insurance.

Commercial General Liability Insurance, including Contractual Liability to cover the "Hold Harmless Agreement" set forth in the Indemnification herein, with bodily injury limits of not less than \$1,000,000 per occurrence combined single limit for bodily injury and property damage.

Professional Liability insurance with limits of not less than \$2,000,000 per occurrence.

Auto Liability Insurance covering all owned, non-owned and hired vehicles used in connection with this RFP, with bodily injury limits of liability of not less than \$1,000,000 per person; and \$1,000,000 per occurrence and property damage limits of not less than \$1,000,000.

Worker's Compensation in accordance with Florida Statutory limits and Employer's Liability Insurance.

Prior to the commencement of any work the awardee shall provide ECSD Purchasing Department with a Certificate of Insurance, which is evidence of the above coverage, and with ECSD named as an additional insured.

- Y. **RE-RATING ENDORSEMENT:** Notwithstanding any provision in the Contract to the contrary, the proposer may not effect any increase of rates or other consideration applicable to this Contract prior to the latest of:

1. The end of any applicable rate guarantee period(s); or
2. One year after the effective date of the last change in rates or other consideration; or
3. At least 120 calendar days during the first year of the contract and 180 calendar days after receipt by ECSD of valid written notice from the proposer, stating specifically the amount of change proposed. Notice that a change in rates or consideration is proposed, without stating clearly the exact amount and the effect of the proposed change on the overall consideration of this Contract shall not constitute a valid notice.

A written notice of any change in rates or other change in consideration, shall be delivered by certified mail to:

Kevin Windham, Director of Risk Management  
The School District of Escambia County  
215 W. Garden Street  
Pensacola, Florida 32502

Notice by a successful proposer of intent to effect any change in consideration shall thereby entitle ECSD to cancel the Contract without penalty.

- Z. **PERFORMANCE STANDARDS GUARANTEES:** ECSD may negotiate performance standards and performance guarantees with the selected proposer(s).
- AA. **CHANGES TO SPECIFICATIONS:** Changes in the specifications contained in this RFP will be made by Addenda. Any Addenda issued on this RFP will be posted on the Purchasing Department's web pages no later than 5:00PM CST, October 26, 2010. PRIOR TO SUBMITTING THE PROPOSAL, it shall be the sole responsibility of each proposer to contact the Purchasing Department's Director, John Dombroskie, or visit the Purchasing Department's web pages: [http://old.escambia.k12.fl.us/adminoff/finance/purchasing/current\\_bid\\_activity.html](http://old.escambia.k12.fl.us/adminoff/finance/purchasing/current_bid_activity.html) to determine if any Addenda was issued and, if so, to obtain such Addenda.
- BB. **SUBMISSION OF QUESTIONS:** Any questions concerning conditions and specifications shall be *submitted on or before October 22, 2010 in writing* to **Chuck Tobin, Gallagher Benefits Services, Inc., 4904 Eisenhower Blvd, Suite 250, Tampa, Florida 33634, Fax No.: 727-791-1513, Telephone No.: 727-796-6185, e-mail: chuck\_tobin@ajg.com**, who is authorized only to direct the attention of prospective proposers to various portions of the RFP so they may read and interpret such for themselves. Neither **Chuck Tobin** nor any employee of the School District of Escambia County is authorized to interpret any portion of this RFP or give information as to the requirements of the RFP in addition to that contained in the written RFP document.
- CC. **AGENTS: The District intends to work directly with the carriers and vendors.** In the event an agent must be selected, it is the District's intention that Gallagher Benefit Services be named agent of record. Please do not include any agent commissions as part of your proposal. **If due to your company's state filing an agent must be paid a commission please disclose that amount.**
- DD. **EMPLOYEE SCREENINGS:** All employees that will service the District account will be fingerprinted with a criminal background check conducted. Vendor will comply with all requirements of Sections 1012.32 and 1012.465, Florida Statutes, by certifying that the vendor and all of its employees who provide services under this contract have completed the background screening required by the referenced statutes and meet the standards established by the statutes. This certification will be provided to the school in advance of the vendor providing any services on campus while students are present. The vendor will bear the cost of acquiring the background screening required by Section 1012.32, F.S., and any fee imposed by the Florida Department of Law Enforcement to maintain the fingerprints provided with respect to vendor and its employees. The vendor will follow the procedures for obtaining employee background screening as outlined on the Escambia County School District Website: <http://www.old.ecambia.k12.fl.us/adminoff/finance/purchasing/> Vendor will provide school a list of its employees who have completed background screening as required by the referenced statutes and meet the statutory requirements. Vendor will update these lists in the event that any employee listed fails to meet the statutory standards or new employees who have completed the background check and meet standards are added. Vendor employees will be required to wear security badges at all times while performing district services.

## IV. RESPONSE

**NOTE: One complete, original proposal (clearly identified as the original proposal), 6 additional copies and one electronic version in Word 6.0 or higher, including the Required Response Form: (Page 1 of RFP) shall be fully executed and returned on or before 2:00 P.M. CST on date due to the Purchasing Department in accordance with the submittal requirements. All proposals shall be submitted in sealed packaging with RFP number and the proposers firm name clearly marked on the exterior of package. It is the sole responsibility of the proposer to assure they have received the entire proposal and any and all Addenda. Proposal shall contain all information required to be included in the proposal as described herein.**

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**A. ATTACHMENTS:**

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| Attachment A | Large Claim reports  |
| Attachment B | Financial Response Forms   |
| Attachment C | Claim Experience   |
| Attachment D | Drug-Free Workplace Form   |
| Attachment E | Census Data  |
| Attachment F | Statement of No Bid Form   |
| Attachment G | Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions |
| Attachment H | Questionnaire  |
| Attachment I | Summary Plan Descriptions  |

**B. CALENDAR:**

|                      |  |
|----------------------|--|
| October 18, 2010     | Release of RFP   |
| October 22, 2010     | Written questions due to Chuck Tobin at Gallagher Benefit Services, Inc.   |
| November 5, 2010     | Proposals due on or before 2:00PM to ECSD Purchasing Department, 215 W. Garden Street, Pensacola, FL 32502. Proposal opening will be at that time.   |
| November 10-12, 2010 | Proposal evaluations. Scheduled meetings will be published on Purchasing Department's web pages. ( <a href="http://old.escambia.k12.fl.us/adminoff/finance/purchasing/current_bid_activity.html">http://old.escambia.k12.fl.us/adminoff/finance/purchasing/current_bid_activity.html</a> ) |
| TBD                  | School Board Action  |

C. **INTERPRETATIONS:** Any questions concerning any condition or requirement of this RFP shall be received by **Chuck Tobin, Gallagher Benefit Services in writing on or before October 22, 2010.** Submit all questions to the attention of the individual stated in Section III, Paragraph BB of this RFP. If necessary, an Addendum will be issued. Any verbal or written information which is obtained other than by information in this RFP document or by Addenda shall not be binding on The School District of Escambia County.

D. **MINIMUM ELIGIBILITY CRITERIA:** In order to be considered eligible for this assignment, proposer shall meet or exceed the following criteria:

1. Insurance carriers must be licensed in the State of Florida to conduct health insurance business and/or be a non-profit health care corporation licensed to transact business in Florida. Provide a copy of your license and/or certificate.
2. Insurance carriers must have a minimum size category of VI and a financial rating of A- from A.M. Best.
3. Limited health service providers and non-insurance companies must provide three years of audited financials.

E. **INFORMATION TO BE INCLUDED IN THE SUBMITTED PROPOSAL:** In order to maintain comparability and facilitate the review process, it is requested that proposals be organized in the manner specified below. Include all information in your proposal.

1. **Title Page:** Show the RFP number, subject, the name of the proposer, address, telephone number and the date.
2. **Table of Contents:** Include a clear identification of the material by section and by page number.
3. **Letter of Transmittal:** Give the names of the persons who will be authorized to make representations for the proposer, their titles, addresses and telephone numbers.
4. **Required Response Form:** (Page 1 of RFP) with all required information completed, and all signatures as specified. Any modifications or alterations to this form shall not be accepted and proposal will be rejected. The enclosed original Required Response Form will be the only acceptable form.
5. **Notice Provision:** When any of the parties desire to give notice to the other, such notice shall be in writing, sent by US Mail, postage prepaid, addressed to the party for whom it is intended at the place last specified; the place for giving notice shall remain such until it is changed by written notice in compliance with the provisions of the paragraph. **This information shall be submitted with the proposal or within three days of request.** For the present, the parties designate the following as the respective places for giving notice:

To Client Name:

Kevin Windham, Director of Risk Management  
The School District of Escambia County  
215 W. Garden Street  
Pensacola, Florida 32502

Name of Proposer:

\_\_\_\_\_  
(Name of Proposer, Corporation and Agency)

\_\_\_\_\_  
(Address)

With a Copy to:

\_\_\_\_\_  
(Name and Position of Designee of Proposer,  
Corporation and Agency)

\_\_\_\_\_  
\_\_\_\_\_  
(Address)

6. **Addenda:** Proposer has determined that their firm has received all Addenda released prior to their firm's proposal submittal.

7. **Experience and Qualifications of the Proposer:**

7.1 State under what other or former name(s) the proposer is currently operating under or has operated under.

7.1.1 State whether proposer's firm(s) is local (Escambia County), regional, or national.

7.1.2 Give the location of the office from which service is to be performed and the number of partners, managers, supervisors, senior managers and other professional staff employed at that office and the name of each individual in charge.

7.2 Provide a statement that no litigation or regulatory action has been filed against your firm(s) or any subcontractors, which may provide services under the scope of this contract in the last three years. If an action has been filed against your firm(s) within the last three years, state and describe the litigation or regulatory action filed against your firm, and identify the named party, the court or agency before which the action was instituted, the location, the applicable case or file number, and the status or disposition for such reported action.

7.3 Proposer shall be in compliance with Section 624.428, Florida Statute. If any commissions and/or service fees are included in your rate quotation, you shall specify the amount of the commissions and/or service fees, to whom they may be paid and your reason(s) for including them.

7.3 Proposer shall complete Attachment G, Questionnaire Form. No deviations from this format are permitted.

8. **Cost of Services:** Proposer shall complete Attachment B, Financial Response Form. No deviations from this format are permitted. No conditions or qualifications (e.g., participation requirement) to the quoted rates are acceptable.

F. **EVALUATION OF PROPOSALS:**

1. The District will evaluate proposals and make an award to the companies whose proposals conform most closely to the solicitation, and are most advantageous to the District with respect to cost, services, and other factors.

2. The District reserves the right to further assess the capabilities of the individual proposers and to contact references provided with the proposals.

2.1 All proposals should be submitted initially with the most complete and favorable terms. If additional information or proposal clarification is required, the proposer shall be prepared to submit such information in a timely manner when so requested.

2.2 Award of contracts is subject to negotiation and approval by the School Board of Escambia County who may, at its option, undertake simultaneous negotiations with those companies that have submitted proposals.

2.3 The District reserves the right to waive informalities in any proposal, to reject any or all proposals in whole or in part, with or without cause, to re-advertise, or to accept the proposal which, in its judgment, will be in its best interest.

**G. REQUIREMENTS OF AGREEMENT:** Proposer agrees, by submission of their proposal, that any agreement resulting from this RFP will include the following provisions, which are not subject to negotiation.

Proposer agrees to the following:

- The District's plan document is the overriding agreement. No other exclusions or limitations are to be placed on the District. Claims and eligibility status will be determined by the claim administrator, currently United Healthcare.
- The stop-loss carrier will accept the reports generated by the claim administrator for determining reimbursement under the stop-loss insurance contract.

**ATTACHMENT A**  
**Large Claim Reports**



# Escambia County Schools

## CY 2008 - Claims over \$200,000

| Claimant     | Relationship             | Employment Status | Medicare Status     | Payments              |
|--------------|--------------------------|-------------------|---------------------|-----------------------|
| 1            | Spouse                   | Active            | Non-Medicare        | \$340,183.90          |
|              |                          |                   |                     | \$163,063.91          |
|              | Retired                  | Non-Medicare      | \$349,638.14        |                       |
|              | <b>Total</b>             |                   |                     | <b>\$45,966.50</b>    |
|              |                          |                   |                     | <b>\$898,852.45</b>   |
| 2            | Subscriber               | Active            | Non-Medicare        | \$472,753.44          |
|              | Retired Subscriber       | Active            | Non-Medicare        | \$1,246.64            |
|              |                          | Retired           | Non-Medicare        | \$31.07               |
| <b>Total</b> |                          |                   | <b>\$474,031.15</b> |                       |
| 3            | Spouse                   | Active            | Non-Medicare        | \$412,426.65          |
|              | <b>Total</b>             |                   |                     | <b>\$412,426.65</b>   |
| 4            | Child                    | Active            | Non-Medicare        | \$408,067.48          |
|              | <b>Total</b>             |                   |                     | <b>\$408,067.48</b>   |
| 5            | Subscriber               | Active            | Non-Medicare        | \$343,583.52          |
|              | <b>Total</b>             |                   |                     | <b>\$343,583.52</b>   |
| 6            | Subscriber               | Active            | Non-Medicare        | \$312,675.06          |
|              | <b>Total</b>             |                   |                     | <b>\$312,675.06</b>   |
| 7            | Spouse                   | Active            | Non-Medicare        | \$287,947.03          |
|              | <b>Total</b>             |                   |                     | <b>\$287,947.03</b>   |
| 8            | Subscriber               | Active            | Non-Medicare        | \$250,164.65          |
|              | <b>Total</b>             |                   |                     | <b>\$250,164.65</b>   |
| 9            | Child                    | Active            | Non-Medicare        | \$205,756.58          |
|              | Handicapped<br>Dependent | Active            | Non-Medicare        | \$1,476.38            |
|              | <b>Total</b>             |                   |                     | <b>\$207,232.96</b>   |
| <b>Total</b> |                          |                   |                     | <b>\$3,594,980.95</b> |

# Escambia County Schools

## CY 2009 - Claim over \$200,000

| Claimant     | Relationship       | Employment Status | Medicare Status | Payments              |
|--------------|--------------------|-------------------|-----------------|-----------------------|
| 1            | Retired Subscriber | Retired           | Non-Medicare    | \$313,300.02          |
|              | <b>Total</b>       |                   |                 | <b>\$313,300.02</b>   |
| 2            | Retired Subscriber | Retired           | Non-Medicare    | \$454,523.38          |
|              |                    |                   | Medicare        | \$8,195.32            |
|              | <b>Total</b>       |                   |                 | <b>\$463,101.02</b>   |
| 3            | Spouse             | Active            | Non-Medicare    | \$328,557.51          |
|              |                    |                   | Medicare        | \$5,046.16            |
|              | <b>Total</b>       |                   |                 | <b>\$333,603.67</b>   |
| 4            | Subscriber         | Active            | Non-Medicare    | \$255,102.22          |
|              | Retired Subscriber | Active            | Non-Medicare    | \$1,415.69            |
|              |                    | Retired           | Non-Medicare    | \$6,210.75            |
|              | <b>Total</b>       |                   |                 | <b>\$262,728.66</b>   |
| 5            | Spouse             | Active            | Non-Medicare    | \$586,176.18          |
|              |                    |                   | Medicare        | \$1,810.57            |
|              | <b>Total</b>       |                   |                 | <b>\$587,986.75</b>   |
| 6            | Spouse             | Active            | Non-Medicare    | \$237,232.84          |
|              | <b>Total</b>       |                   |                 | <b>\$237,232.84</b>   |
| 7            | Subscriber         | Active            | Non-Medicare    | \$205,924.93          |
|              | <b>Total</b>       |                   |                 | <b>\$205,924.93</b>   |
| <b>Total</b> |                    |                   |                 | <b>\$1,779,331.42</b> |

# Escambia County Schools

## 1/10 - 8/10 Claims over \$150,000

| Claimant     | Relationship       | Employment Status | Medicare Status | Payments              |
|--------------|--------------------|-------------------|-----------------|-----------------------|
| 1            | Subscriber         | Active            | Non-Medicare    | \$217,864.39          |
|              |                    | Retired           | Non-Medicare    | \$15,823.43           |
|              | Retired Subscriber | Active            | Non-Medicare    | \$65.80               |
|              |                    | Retired           | Non-Medicare    | \$1,816.31            |
|              | <b>Total</b>       |                   |                 | <b>\$235,569.93</b>   |
| 2            | Spouse             | Active            | Non-Medicare    | \$221,768.47          |
|              | <b>Total</b>       |                   |                 | <b>\$221,768.47</b>   |
| 3            | Spouse             | Active            | Non-Medicare    | \$221,596.11          |
|              |                    |                   | Medicare        | \$99.25               |
|              | <b>Total</b>       |                   |                 | <b>\$221,695.36</b>   |
| 4            | Subscriber         | Active            | Non-Medicare    | \$218,383.80          |
|              | <b>Total</b>       |                   |                 | <b>\$218,383.80</b>   |
| 5            | Spouse             | Active            | Non-Medicare    | \$186,967.44          |
|              | <b>Total</b>       |                   |                 | <b>\$186,967.44</b>   |
| 6            | Spouse             | Active            | Non-Medicare    | \$178,487.12          |
|              |                    |                   | Medicare        | \$2,303.83            |
|              | <b>Total</b>       |                   |                 | <b>\$180,790.95</b>   |
| 7            | Child              | Active            | Non-Medicare    | \$161,255.28          |
|              | <b>Total</b>       |                   |                 | <b>\$161,255.28</b>   |
| <b>Total</b> |                    |                   |                 | <b>\$1,426,431.23</b> |

# High Cost Claimant Diagnosis Report

THE SCHOOL DISTRICT OF ESCAMBIA COUNTY  
Total

Service Dates: July 1, 2009 through June 30, 2010  
Paid Dates: July 1, 2009 through July 31, 2010

High Cost Claimant Threshold: \$50,000  
Claimants Exceeding Threshold: 75  
Total Net Payments: \$7,617,974  
Average High Cost Claim Liability: \$101,573

Age is calculated based on the claimant's age as of 06/30/2010

| Active, Male, Spouse, Age 62       |                            |                            |                               | \$397,138 |
|------------------------------------|----------------------------|----------------------------|-------------------------------|-----------|
| ICD9 Code                          | Diagnosis Description      | AHRQ Diagnostic Chapter    | AHRQ Diagnostic Category      |           |
| 70703                              | DECUBITUS ULCER LOWER BAC  | SKIN & SUBCUTANEOUS TISSUE | CHRONIC ULCER OF SKIN         | \$90,992  |
| V5789                              | REHABILITATION PROC NEC    | OTHER CONDITIONS           | REHAB CARE/PROSTHESES FIT     | \$86,590  |
| 99669                              | INFECT DUE TO DEVICE NEC   | INJURY AND POISONING       | DEVICE/IMPLANT/GRAFT COMPL    | \$82,880  |
| V5878                              | AFTERCARE FLW SURG MS SYS  | OTHER CONDITIONS           | OTHER AFTERCARE               | \$48,340  |
| 0389                               | SEPTICEMIA NOS             | INFECTIOUS & PARASITIC DIS | SEPTICEMIA (EXCEPT IN LABOR)  | \$38,747  |
| 486                                | PNEUMONIA, ORGANISM UNSPE  | RESPIRATORY SYSTEM         | PNEUMONIA NOT TD/STD          | \$7,005   |
| 70705                              | DECUBITUS ULCER BUTTOCK    | SKIN & SUBCUTANEOUS TISSUE | CHRONIC ULCER OF SKIN         | \$5,887   |
| 70704                              | DECUBITUS ULCER HIP        | SKIN & SUBCUTANEOUS TISSUE | CHRONIC ULCER OF SKIN         | \$5,602   |
| 340                                | MULTIPLE SCLEROSIS         | NERVOUS SYS SENSE ORGANS   | MS                            | \$4,988   |
| V4589                              | POSTSURGICAL STATES NEC    | OTHER CONDITIONS           | RESIDUAL CODES UNCLASSIFIED   | \$3,085   |
| 70700                              | DECUBITUS ULCER UNSPECIFIE | SKIN & SUBCUTANEOUS TISSUE | CHRONIC ULCER OF SKIN         | \$2,751   |
| 04185                              | INFECTION-GRAM NEG NEC     | INFECTIOUS & PARASITIC DIS | BACTERIAL INFECTION UNSP SITE | \$2,553   |
|                                    | ALL OTHER DIAGNOSES        |                            |                               | \$17,717  |
| Active, Female, Subscriber, Age 49 |                            |                            |                               | \$376,504 |
| ICD9 Code                          | Diagnosis Description      | AHRQ Diagnostic Chapter    | AHRQ Diagnostic Category      |           |
| 99883                              | NON-HEALING SURGICAL WOUN  | INJURY AND POISONING       | SURGICAL/MEDICAL CARE COMPL   | \$80,412  |
| 99674                              | COMP NEC D/T VAS DEV NEC   | INJURY AND POISONING       | DEVICE/IMPLANT/GRAFT COMPL    | \$66,539  |
| 6826                               | CELLULITIS OF LEG          | SKIN & SUBCUTANEOUS TISSUE | SKIN AND SQ TISSUE INFECTION  | \$43,784  |
| V5789                              | REHABILITATION PROC NEC    | OTHER CONDITIONS           | REHAB CARE/PROSTHESES FIT     | \$36,263  |
| 04104                              | STREPTOCOCCUS GROUP D      | INFECTIOUS & PARASITIC DIS | BACTERIAL INFECTION UNSP SITE | \$30,123  |
| 99662                              | INFEC DUE TO VASC DEVICE   | INJURY AND POISONING       | DEVICE/IMPLANT/GRAFT COMPL    | \$26,986  |
| 44023                              | ATHEROSCLER-LIMB W ULCER   | CIRCULATORY SYSTEM         | PERI/VISCERAL ATHEROSCLEROSIS | \$24,812  |
| 44022                              | ATHEROSCL-LIMB&REST PAIN   | CIRCULATORY SYSTEM         | PERI/VISCERAL ATHEROSCLEROSIS | \$10,656  |
| 6829                               | CELLULITIS NOS             | SKIN & SUBCUTANEOUS TISSUE | SKIN AND SQ TISSUE INFECTION  | \$9,325   |
| 99652                              | OTH TISSUE GRAFT MALFUNC   | INJURY AND POISONING       | DEVICE/IMPLANT/GRAFT COMPL    | \$9,118   |
| 44021                              | ATHEROSCLER-LIMB&CLAUDIC   | CIRCULATORY SYSTEM         | PERI/VISCERAL ATHEROSCLEROSIS | \$5,375   |
| 44422                              | LOWER EXTREMITY EMBOLISM   | CIRCULATORY SYSTEM         | ARTERIAL EMBOLISM/THROMBOS    | \$4,059   |
| 70719                              | ULCER-OTH PART LOWR LIMB   | SKIN & SUBCUTANEOUS TISSUE | CHRONIC ULCER OF SKIN         | \$3,196   |
|                                    | ALL OTHER DIAGNOSES        |                            |                               | \$25,855  |
| Active, Female, Subscriber, Age 41 |                            |                            |                               | \$263,791 |
| ICD9 Code                          | Diagnosis Description      | AHRQ Diagnostic Chapter    | AHRQ Diagnostic Category      |           |
| 5551                               | REG ENTERITIS LG INTEST    | DIGESTIVE SYSTEM           | ENTERITIS/ULCERATIVE COLITIS  | \$89,921  |
| 5559                               | REGIONAL ENTERITIS NOS     | DIGESTIVE SYSTEM           | ENTERITIS/ULCERATIVE COLITIS  | \$71,366  |
| 56961                              | COLO/ENTERSTMY INFECTION   | INJURY AND POISONING       | DEVICE/IMPLANT/GRAFT COMPL    | \$48,549  |
| 6826                               | CELLULITIS OF LEG          | SKIN & SUBCUTANEOUS TISSUE | SKIN AND SQ TISSUE INFECTION  | \$23,474  |
| 68601                              | PYODERMA GANGRENOSUM       | SKIN & SUBCUTANEOUS TISSUE | SKIN AND SQ TISSUE INFECTION  | \$12,910  |

# High Cost Claimant Diagnosis Report

THE SCHOOL DISTRICT OF ESCAMBIA COUNTY  
Total

Service Dates: July 1, 2009 through June 30, 2010

Paid Dates: July 1, 2009 through July 31, 2010

| Active, Female, Subscriber, Age 41 |                              |                                |                                 | \$263,791 |
|------------------------------------|------------------------------|--------------------------------|---------------------------------|-----------|
| <u>ICD9 Code</u>                   | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |           |
| 6829                               | CELLULITIS NOS               | SKIN & SUBCUTANEOUS TISSUE     | SKIN AND SQ TISSUE INFECTION    | \$4,085   |
|                                    | ALL OTHER DIAGNOSES          |                                |                                 | \$13,486  |
| Active, Male, Spouse, Age 58       |                              |                                |                                 | \$227,782 |
| <u>ICD9 Code</u>                   | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |           |
| 03843                              | PSEUDOMONAS SEPTICEMIA       | INFECTIOUS & PARASITIC DIS     | SEPTICEMIA (EXCEPT IN LABOR)    | \$83,989  |
| 1478                               | MAL NEO NASOPHARYNX NEC      | NEOPLASMS                      | CA OF HEAD AND NECK             | \$55,524  |
| V5789                              | REHABILITATION PROC NEC      | OTHER CONDITIONS               | REHAB CARE/PROSTHESES FIT       | \$17,000  |
| 1479                               | MAL NEO NASOPHARYNX NOS      | NEOPLASMS                      | CA OF HEAD AND NECK             | \$15,169  |
| 42789                              | OTH CARDIAC DYSRHYTHMIAS     | CIRCULATORY SYSTEM             | CARDIAC DYSRHYTHMIAS            | \$15,100  |
| 5130                               | ABSCESS OF LUNG              | RESPIRATORY SYSTEM             | PNEUMONIA NOT TD/STD            | \$9,476   |
| 99591                              | SEPSIS                       | INJURY AND POISONING           | INJ/COND DUE TO EXT CAUSES      | \$3,557   |
| 28800                              | NEUTROPENIA UNSPECIFIED      | BLOOD & BLOOD FORM ORGANS      | DISEASE OF WHITE BLOOD CELLS    | \$3,507   |
| 7840                               | HEADACHE                     | NERVOUS SYS SENSE ORGANS       | HA INCLUDING MIGRAINE           | \$2,669   |
|                                    | ALL OTHER DIAGNOSES          |                                |                                 | \$21,792  |
| Active, Male, Subscriber, Age 60   |                              |                                |                                 | \$211,687 |
| <u>ICD9 Code</u>                   | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |           |
| 41041                              | INFER AMI NEC-INIT EPISD     | CIRCULATORY SYSTEM             | ACUTE MYOCARDIAL INFARCTION     | \$149,478 |
| 57400                              | CHOLELITH / AC CHOLECYST     | DIGESTIVE SYSTEM               | BILIARY TRACT DISEASE           | \$16,456  |
| 41400                              | CORNARY ATHERO-VESL NOS      | CIRCULATORY SYSTEM             | CORONARY ATHEROSCLEROSIS        | \$6,706   |
| 4111                               | INTERMED CORONARY SYND       | CIRCULATORY SYSTEM             | CORONARY ATHEROSCLEROSIS        | \$5,326   |
| 5770                               | ACUTE PANCREATITIS           | DIGESTIVE SYSTEM               | PANCREATIC DIS NOT DIABETES     | \$4,682   |
| 07054                              | CHR HEPATITIS C W/O COMA     | INFECTIOUS & PARASITIC DIS     | HEPATITIS                       | \$4,366   |
| 57420                              | CHOLELITHIASIS S OBSTRU      | DIGESTIVE SYSTEM               | BILIARY TRACT DISEASE           | \$2,893   |
| 78900                              | ABDOMINAL PAIN-SITE NOS      | OTHER CONDITIONS               | ABDOMINAL PAIN                  | \$2,516   |
|                                    | ALL OTHER DIAGNOSES          |                                |                                 | \$19,263  |
| Active, Female, Subscriber, Age 60 |                              |                                |                                 | \$201,987 |
| <u>ICD9 Code</u>                   | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |           |
| 1623                               | MAL NEO UPPER LOBE LUNG      | NEOPLASMS                      | CA OF BRONCHUS LUNG             | \$112,574 |
| 51881                              | AC RESPIRATORY FAILURE       | RESPIRATORY SYSTEM             | RESPIRATORY INSUFFICIENCY       | \$62,139  |
| 1629                               | MAL NEO BRONCH/LUNG NOS      | NEOPLASMS                      | CA OF BRONCHUS LUNG             | \$11,555  |
| 496                                | CHR AIRWAY OBSTRUCT NEC      | RESPIRATORY SYSTEM             | COPD AND BRONCHIECTASIS         | \$4,234   |
| 7931                               | ABN FINDINGS-LUNG FIELD      | RESPIRATORY SYSTEM             | OTHER LOWER RESPIRATORY DIS     | \$2,993   |
|                                    | ALL OTHER DIAGNOSES          |                                |                                 | \$8,491   |
| Active, Male, Spouse, Age 59       |                              |                                |                                 | \$181,207 |
| <u>ICD9 Code</u>                   | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |           |

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| Active, Male, Spouse, Age 59              |   |                                |                                 | \$181,207            |
|---|---|--------------------------------|---------------------------------|----------------------|
| <u>ICD9 Code</u>                          | <u>Diagnosis Description</u>                    | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |                      |
| V5789                                     | REHABILITATION PROC NEC                         | OTHER CONDITIONS               | REHAB CARE/PROSTHESES FIT       | \$162,491            |
| 43491                                     | CEREBR ART OCC W INFARCT<br>ALL OTHER DIAGNOSES | CIRCULATORY SYSTEM             | ACUTE CVD                       | \$9,518<br>\$9,198   |
| Active, Male, Spouse, Age 59              |   |                                |                                 | \$165,715            |
| <u>ICD9 Code</u>                          | <u>Diagnosis Description</u>                    | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |                      |
| 5109                                      | EMPYEMA W/O FISTULA<br>ALL OTHER DIAGNOSES      | RESPIRATORY SYSTEM             | PLEURISY/PNEUMOTHORAX/PULM      | \$161,732<br>\$3,983 |
| Active, Male, Spouse, Age 60              |   |                                |                                 | \$165,251            |
| <u>ICD9 Code</u>                          | <u>Diagnosis Description</u>                    | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |                      |
| V5811                                     | ENCNTR FOR ANTINEOPLAST C                       | NEOPLASMS                      | MAINT CHEMO/RADIOTHERAPY        | \$132,249            |
| 2859                                      | ANEMIA NOS                                      | BLOOD & BLOOD FORM ORGANS      | ANEMIA                          | \$19,120             |
| 1640                                      | MALIGNANT NEOPL THYMUS                          | NEOPLASMS                      | CA OTHER PRIMARY                | \$4,501              |
| 45981                                     | VENOUS INSUFFICIENCY NOS                        | CIRCULATORY SYSTEM             | OTHER DISEASE VEINS/LYMPHATICS  | \$3,444              |
| 78906                                     | EPIGASTRIC ABD PAIN<br>ALL OTHER DIAGNOSES      | OTHER CONDITIONS               | ABDOMINAL PAIN                  | \$3,016<br>\$2,921   |
| Active, Male, Spouse, Age 61              |   |                                |                                 | \$163,060            |
| <u>ICD9 Code</u>                          | <u>Diagnosis Description</u>                    | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |                      |
| 5856                                      | END STAGE RENAL DISEASE                         | GENITOURINARY SYSTEM           | CHRONIC RENAL FAILURE           | \$77,935             |
| 44023                                     | ATHEROSCLER-LIMB W ULCER                        | CIRCULATORY SYSTEM             | PERI/VISCERAL ATHEROSCLEROSIS   | \$23,341             |
| 44422                                     | LOWER EXTREMITY EMBOLISM                        | CIRCULATORY SYSTEM             | ARTERIAL EMBOLISM/THROMBOS      | \$22,141             |
| 70715                                     | ULCER-OTH PART OF FOOT                          | SKIN & SUBCUTANEOUS TISSUE     | CHRONIC ULCER OF SKIN           | \$10,878             |
| 7963                                      | LOW BLOOD PRESS READING                         | OTHER CONDITIONS               | RESIDUAL CODES UNCLASSIFIED     | \$8,854              |
| 7802                                      | SYNCOPE AND COLLAPSE                            | OTHER CONDITIONS               | SYNCOPE                         | \$4,987              |
| 7854                                      | GANGRENE  | OTHER CONDITIONS               | GANGRENE                        | \$3,744              |
| V7283                                     | PREOP EXAMINATION NEC<br>ALL OTHER DIAGNOSES    | OTHER CONDITIONS               | MEDICAL EXAMINATION/EVALU       | \$2,894<br>\$8,286   |
| Retired, Male, Retired Subscriber, Age 64 |   |                                |                                 | \$142,988            |
| <u>ICD9 Code</u>                          | <u>Diagnosis Description</u>                    | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |                      |
| 99679                                     | COMPL NEC D/T DEVICE NEC                        | INJURY AND POISONING           | DEVICE/IMPLANT/GRAFT COMPL      | \$80,320             |
| 56213                                     | DIVRTICULIT-COLON/HEMOR                         | DIGESTIVE SYSTEM               | DIVERTICULOSIS/DIVERTICULITIS   | \$37,535             |
| 5789                                      | GASTROINTEST HEMORR NOS                         | DIGESTIVE SYSTEM               | GI HEMORRHAGE                   | \$4,070              |
| 56210                                     | DIVERTICULOSIS OF COLON                         | DIGESTIVE SYSTEM               | DIVERTICULOSIS/DIVERTICULITIS   | \$3,047              |
| 51881                                     | AC RESPIRATORY FAILURE<br>ALL OTHER DIAGNOSES   | RESPIRATORY SYSTEM             | RESPIRATORY INSUFFICIENCY       | \$3,014<br>\$15,001  |

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| Active, Female, Child, Age 0       |                              |                                |                                 | \$140,917 |
|------------------------------------|------------------------------|--------------------------------|---------------------------------|-----------|
| <u>ICD9 Code</u>                   | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |           |
| 7455                               | SECUNDUM ATRIAL SEPT DEF     | CONGENITAL ANOMALIES           | CIRCULATORY CONG ANOMALIES      | \$65,125  |
| 74569                              | ENDOCARD CUSHION DEF NEC     | CONGENITAL ANOMALIES           | CIRCULATORY CONG ANOMALIES      | \$28,569  |
| V3001                              | SINGLE LB/BY C-SECTION       | PERINATAL PERIOD               | LIVEBORN                        | \$20,819  |
| 76516                              | PRETERM NB NEC/1.5-1.75K     | PERINATAL PERIOD               | LBW/SHORT GEST/GROWTH RETARD    | \$13,975  |
| 7580                               | DOWN'S SYNDROME              | CONGENITAL ANOMALIES           | OTHER CONG ANOMALIES            | \$5,302   |
| V7283                              | PREOP EXAMINATION NEC        | OTHER CONDITIONS               | MEDICAL EXAMINATION/EVALU       | \$2,825   |
|                                    | ALL OTHER DIAGNOSES          |                                |                                 | \$4,302   |
| Active, Female, Subscriber, Age 56 |                              |                                |                                 | \$139,982 |
| <u>ICD9 Code</u>                   | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |           |
| 1749                               | MALIGN NEOPL BREAST NOS      | NEOPLASMS                      | CA OF BREAST                    | \$76,021  |
| V580                               | RADIOTHERAPY ENCOUNTER       | NEOPLASMS                      | MAINT CHEMO/RADIOTHERAPY        | \$17,914  |
| V5811                              | ENCNTR FOR ANTINEOPLAST C    | NEOPLASMS                      | MAINT CHEMO/RADIOTHERAPY        | \$15,455  |
| 41519                              | PUL EMBOLISM/INFARCT NEC     | CIRCULATORY SYSTEM             | PULMONARY HEART DISEASE         | \$9,629   |
| 1742                               | MAL NEO BREAST UP-INNER      | NEOPLASMS                      | CA OF BREAST                    | \$7,253   |
| 41401                              | CORNARY ATHERO-NATV VESL     | CIRCULATORY SYSTEM             | CORONARY ATHEROSCLEROSIS        | \$4,804   |
| V5861                              | LONG-TERM ANTICOAG USE       | OTHER CONDITIONS               | OTHER AFTERCARE                 | \$2,808   |
|                                    | ALL OTHER DIAGNOSES          |                                |                                 | \$6,099   |
| Active, Female, Subscriber, Age 54 |                              |                                |                                 | \$133,720 |
| <u>ICD9 Code</u>                   | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |           |
| 56211                              | DIVERTICULITIS OF COLON      | DIGESTIVE SYSTEM               | DIVERTICULOSIS/DIVERTICULITIS   | \$53,299  |
| 99859                              | OTHER POSTOPERATIVE INFEC    | INJURY AND POISONING           | SURGICAL/MEDICAL CARE COMPL     | \$21,168  |
| 5849                               | ACUTE RENAL FAILURE NOS      | GENITOURINARY SYSTEM           | ACUTE/UNSP RENAL FAILURE        | \$16,022  |
| 56722                              | PERITONEAL ABSCESS           | DIGESTIVE SYSTEM               | PERITONITIS/INTESTINAL ABSCESS  | \$8,278   |
| 95901                              | HEAD INJURY NOS              | INJURY AND POISONING           | INJ/COND DUE TO EXT CAUSES      | \$7,946   |
| 29680                              | MANIC-DEPRESSIVE NOS         | MENTAL DISORDERS               | AFFECTIVE DISORDERS             | \$6,878   |
| 5856                               | END STAGE RENAL DISEASE      | GENITOURINARY SYSTEM           | CHRONIC RENAL FAILURE           | \$4,479   |
| 78097                              | ALTERED MENTAL STATUS        | OTHER CONDITIONS               | RESIDUAL CODES UNCLASSIFIED     | \$3,526   |
|                                    | ALL OTHER DIAGNOSES          |                                |                                 | \$12,125  |
| Active, Female, Subscriber, Age 58 |                              |                                |                                 | \$130,749 |
| <u>ICD9 Code</u>                   | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |           |
| 20960                              | BENIGN CARCINOID TUMR UNK    | NEOPLASMS                      | OTHER BENIGN NEOPLASM           | \$32,864  |
| 20929                              | MALIG CARCINOID TUMOR OTHE   | NEOPLASMS                      | CA OTHER PRIMARY                | \$14,601  |
| 99669                              | INFECT DUE TO DEVICE NEC     | INJURY AND POISONING           | DEVICE/IMPLANT/GRAFT COMPL      | \$13,131  |
| 1574                               | MAL NEO ISLET LANGERHANS     | NEOPLASMS                      | CA OF PANCREAS                  | \$11,707  |
| 5772                               | PANCREAT CYST/PSEUDOCYST     | DIGESTIVE SYSTEM               | PANCREATIC DIS NOT DIABETES     | \$10,499  |
| 6829                               | CELLULITIS NOS               | SKIN & SUBCUTANEOUS TISSUE     | SKIN AND SQ TISSUE INFECTION    | \$7,656   |
| 5762                               | OBSTRUCTION OF BILE DUCT     | DIGESTIVE SYSTEM               | BILIARY TRACT DISEASE           | \$6,374   |
| V6759                              | FOLLOW-UP EXAM NEC           | OTHER CONDITIONS               | OTHER AFTERCARE                 | \$5,018   |

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| Active, Female, Subscriber, Age 58          |                              |                                |                                 | \$130,749 |
|---|------------------------------|--------------------------------|---------------------------------|-----------|
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |           |
| 57440                                       | CHOLEDOCHLITH/OTH GB INF     | DIGESTIVE SYSTEM               | BILIARY TRACT DISEASE           | \$3,804   |
| 57450                                       | CHOLEDOCHOLITHIASIS/NOS      | DIGESTIVE SYSTEM               | BILIARY TRACT DISEASE           | \$3,079   |
| 78079                                       | MALAISE & FATIGUE NEC        | OTHER CONDITIONS               | MALAISE AND FATIGUE             | \$2,740   |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$19,276  |
| Active, Female, Spouse, Age 38              |                              |                                |                                 | \$130,172 |
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |           |
| 0389  | SEPTICEMIA NOS               | INFECTIOUS & PARASITIC DIS     | SEPTICEMIA (EXCEPT IN LABOR)    | \$18,156  |
| 34690                                       | MIGRAINE NOS/NOT INTRCBL     | NERVOUS SYS SENSE ORGANS       | HA INCLUDING MIGRAINE           | \$17,947  |
| 5990  | URIN TRACT INFECTION NOS     | GENITOURINARY SYSTEM           | UTI                             | \$15,903  |
| 78900                                       | ABDOMINAL PAIN-SITE NOS      | OTHER CONDITIONS               | ABDOMINAL PAIN                  | \$12,068  |
| 7840  | HEADACHE                     | NERVOUS SYS SENSE ORGANS       | HA INCLUDING MIGRAINE           | \$11,419  |
| 78909                                       | ABDOMINAL PAIN-SITE NEC      | OTHER CONDITIONS               | ABDOMINAL PAIN                  | \$7,904   |
| 2189  | UTERINE LEIOMYOMA NOS        | NEOPLASMS                      | BENIGN NEOPLASM OF UTERUS       | \$5,571   |
| 59080                                       | PYELONEPHRITIS NOS           | GENITOURINARY SYSTEM           | UTI                             | \$4,462   |
| 6826  | CELLULITIS OF LEG            | SKIN & SUBCUTANEOUS TISSUE     | SKIN AND SQ TISSUE INFECTION    | \$3,689   |
| 6822  | CELLULITIS OF TRUNK          | SKIN & SUBCUTANEOUS TISSUE     | SKIN AND SQ TISSUE INFECTION    | \$3,110   |
| 37752                                       | OPT CHIASM DIS/NEOPL NEC     | NERVOUS SYS SENSE ORGANS       | OTHER EYE DISORDERS             | \$2,832   |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$27,111  |
| Retired, Female, Retired Subscriber, Age 65 |                              |                                |                                 | \$124,267 |
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |           |
| 40491                                       | HTN H & CKD UNS HF&CKD S     | CIRCULATORY SYSTEM             | HTN COMP/SECONDARY              | \$122,800 |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$1,467   |
| Active, Male, Spouse, Age 60                |                              |                                |                                 | \$120,154 |
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |           |
| 40391                                       | HTN CKD UNSPEC W/CKD STA     | CIRCULATORY SYSTEM             | HTN COMP/SECONDARY              | \$74,733  |
| V420  | KIDNEY TRANSPLANT STATUS     | GENITOURINARY SYSTEM           | CHRONIC RENAL FAILURE           | \$12,591  |
| 5856  | END STAGE RENAL DISEASE      | GENITOURINARY SYSTEM           | CHRONIC RENAL FAILURE           | \$10,043  |
| V594  | KIDNEY DONOR                 | OTHER CONDITIONS               | RESIDUAL CODES UNCLASSIFIED     | \$9,006   |
| V5844                                       | AFTERCARE FLOWING ORGAN      | OTHER CONDITIONS               | OTHER AFTERCARE                 | \$5,976   |
| V703  | MED EXAM NEC-ADMIN PURP      | OTHER CONDITIONS               | MEDICAL EXAMINATION/EVALU       | \$3,478   |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$4,326   |
| Active, Female, Subscriber, Age 59          |                              |                                |                                 | \$115,573 |
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |           |
| 40391                                       | HTN CKD UNSPEC W/CKD STA     | CIRCULATORY SYSTEM             | HTN COMP/SECONDARY              | \$67,760  |
| 5856  | END STAGE RENAL DISEASE      | GENITOURINARY SYSTEM           | CHRONIC RENAL FAILURE           | \$26,769  |



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| Active, Female, Subscriber, Age 59 |                              |                                |                                 | \$115,573 |
|------------------------------------|------------------------------|--------------------------------|---------------------------------|-----------|
| <u>ICD9 Code</u>                   | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |           |
| V562                               | FIT PERITONEAL RD CATH       | GENITOURINARY SYSTEM           | CHRONIC RENAL FAILURE           | \$5,485   |
| 5859                               | CHRONIC KIDNEY DISEASE, UNS  | GENITOURINARY SYSTEM           | CHRONIC RENAL FAILURE           | \$3,928   |
| V420                               | KIDNEY TRANSPLANT STATUS     | GENITOURINARY SYSTEM           | CHRONIC RENAL FAILURE           | \$2,762   |
|                                    | ALL OTHER DIAGNOSES          |                                |                                 | \$8,868   |
| Active, Male, Spouse, Age 76       |                              |                                |                                 | \$114,491 |
| <u>ICD9 Code</u>                   | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |           |
| 41071                              | SUBEND INFARC-INIT EPISD     | CIRCULATORY SYSTEM             | ACUTE MYOCARDIAL INFARCTION     | \$105,390 |
|                                    | ALL OTHER DIAGNOSES          |                                |                                 | \$9,102   |
| Active, Female, Subscriber, Age 40 |                              |                                |                                 | \$114,198 |
| <u>ICD9 Code</u>                   | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |           |
| 44101                              | THOR AORTA DISSECTION        | CIRCULATORY SYSTEM             | ARTERIAL ANEURYSMS              | \$91,390  |
| V5873                              | AFTERCARE FOLLOW SURG CIR    | OTHER CONDITIONS               | OTHER AFTERCARE                 | \$5,207   |
| 44103                              | THORABD AORTA DISSECTION     | CIRCULATORY SYSTEM             | ARTERIAL ANEURYSMS              | \$4,026   |
| 2252                               | BEN NEO CEREBR MENINGES      | NEOPLASMS                      | OTHER BENIGN NEOPLASM           | \$3,028   |
|                                    | ALL OTHER DIAGNOSES          |                                |                                 | \$10,546  |
| Active, Male, Spouse, Age 57       |                              |                                |                                 | \$111,021 |
| <u>ICD9 Code</u>                   | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |           |
| 5856                               | END STAGE RENAL DISEASE      | GENITOURINARY SYSTEM           | CHRONIC RENAL FAILURE           | \$38,626  |
| 5849                               | ACUTE RENAL FAILURE NOS      | GENITOURINARY SYSTEM           | ACUTE/UNSP RENAL FAILURE        | \$33,403  |
| 00845                              | C. DIFFICILE ENTERITIS       | DIGESTIVE SYSTEM               | INTESTINAL INFECTION            | \$13,821  |
| V560                               | RENAL DIALYSIS ENCOUNTER     | GENITOURINARY SYSTEM           | CHRONIC RENAL FAILURE           | \$5,066   |
| 7354                               | OTHER HAMMER TOE             | MUSKULO CNCTV TISSUE           | ACQUIRED FOOT DEFORMITIES       | \$3,021   |
|                                    | ALL OTHER DIAGNOSES          |                                |                                 | \$17,084  |
| Active, Male, Spouse, Age 65       |                              |                                |                                 | \$108,593 |
| <u>ICD9 Code</u>                   | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |           |
| 5856                               | END STAGE RENAL DISEASE      | GENITOURINARY SYSTEM           | CHRONIC RENAL FAILURE           | \$55,345  |
| 56213                              | DIVRTICULIT-COLON/HEMOR      | DIGESTIVE SYSTEM               | DIVERTICULOSIS/DIVERTICULITIS   | \$33,683  |
| 55320                              | VENTRAL HERNIA NOS           | DIGESTIVE SYSTEM               | ABDOMINAL HERNIA                | \$5,499   |
| 99673                              | COMP D/T RENAL DIALY DEV     | INJURY AND POISONING           | DEVICE/IMPLANT/GRAFT COMPL      | \$4,753   |
|                                    | ALL OTHER DIAGNOSES          |                                |                                 | \$9,314   |
| Active, Male, Spouse, Age 70       |                              |                                |                                 | \$108,527 |
| <u>ICD9 Code</u>                   | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |           |

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| Active, Male, Spouse, Age 70       |  |                                |                                 | \$108,527            |
|------------------------------------|--|--------------------------------|---------------------------------|----------------------|
| <u>ICD9 Code</u>                   | <u>Diagnosis Description</u>                     | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |                      |
| 44021                              | ATHEROSCLER-LIMB&CLAUDIC<br>ALL OTHER DIAGNOSES  | CIRCULATORY SYSTEM             | PERI/VISCERAL ATHEROSCLEROSIS   | \$102,508<br>\$6,019 |
| Active, Female, Subscriber, Age 57 |  |                                |                                 | \$106,862            |
| <u>ICD9 Code</u>                   | <u>Diagnosis Description</u>                     | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |                      |
| 2252                               | BEN NEO CEREBR MENINGES                          | NEOPLASMS                      | OTHER BENIGN NEOPLASM           | \$43,022             |
| V5789                              | REHABILITATION PROC NEC                          | OTHER CONDITIONS               | REHAB CARE/PROSTHESES FIT       | \$38,848             |
| V571                               | PHYSICAL THERAPY NEC                             | OTHER CONDITIONS               | REHAB CARE/PROSTHESES FIT       | \$6,254              |
| 34550                              | LOC-REL EPIL&ES SPS NO I<br>ALL OTHER DIAGNOSES  | NERVOUS SYS SENSE ORGANS       | EPILEPSY CONVULSIONS            | \$5,172<br>\$13,566  |
| Active, Female, Subscriber, Age 62 |  |                                |                                 | \$104,227            |
| <u>ICD9 Code</u>                   | <u>Diagnosis Description</u>                     | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |                      |
| 0312                               | DMAC DISEASE                                     | INFECTIOUS & PARASITIC DIS     | BACTERIAL INFECTION UNSP SITE   | \$63,573             |
| 1966                               | MAL NEO LYMPH-INTRAPELV                          | NEOPLASMS                      | SECONDARY MALIGNANCIES          | \$25,835             |
| 7863                               | HEMOPTYSIS                                       | RESPIRATORY SYSTEM             | OTHER LOWER RESPIRATORY DIS     | \$3,445              |
| 486                                | PNEUMONIA, ORGANISM UNSPE<br>ALL OTHER DIAGNOSES | RESPIRATORY SYSTEM             | PNEUMONIA NOT TD/STD            | \$2,916<br>\$8,458   |
| Active, Male, Spouse, Age 71       |  |                                |                                 | \$102,292            |
| <u>ICD9 Code</u>                   | <u>Diagnosis Description</u>                     | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |                      |
| 7213                               | LUMBOSACRAL SPONDYLOSIS                          | MUSKULO CNCTV TISSUE           | INTERVERTEBRAL DISC DISORDERS   | \$54,733             |
| 71535                              | LOC OSTEOARTH NOS-PELVIS                         | MUSKULO CNCTV TISSUE           | OSTEOARTHRITIS                  | \$15,849             |
| 72402                              | SPINAL STENOSIS-LUMBAR                           | MUSKULO CNCTV TISSUE           | INTERVERTEBRAL DISC DISORDERS   | \$8,764              |
| 5990                               | URIN TRACT INFECTION NOS                         | GENITOURINARY SYSTEM           | UTI                             | \$5,363              |
| V5789                              | REHABILITATION PROC NEC                          | OTHER CONDITIONS               | REHAB CARE/PROSTHESES FIT       | \$5,300              |
| 27651                              | DEHYDRATION                                      | ENDOCR NUTRI METABOLIC IMMUN   | FLUID/ELECTROLYTE DISORDERS     | \$4,652              |
| 7242                               | LUMBAGO<br>ALL OTHER DIAGNOSES                   | MUSKULO CNCTV TISSUE           | INTERVERTEBRAL DISC DISORDERS   | \$2,824<br>\$4,806   |
| Retired, Female, Child, Age 0      |  |                                |                                 | \$101,947            |
| <u>ICD9 Code</u>                   | <u>Diagnosis Description</u>                     | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |                      |
| V3000                              | SINGLE LB-IN HOSPITL NEC                         | PERINATAL PERIOD               | LIVEBORN                        | \$78,798             |
| 769                                | RESPIRATORY DISTRESS SYN                         | PERINATAL PERIOD               | RESPIRATORY DISTRESS SYND       | \$16,880             |
| 76513                              | PRETERM NB NEC/750-999G<br>ALL OTHER DIAGNOSES   | PERINATAL PERIOD               | LBW/SHORT GEST/GROWTH RETARD    | \$2,856<br>\$3,414   |

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| Active, Male, Subscriber, Age 70            |                              |                                |                                 | \$99,500 |
|---|------------------------------|--------------------------------|---------------------------------|----------|
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |
| V5789                                       | REHABILITATION PROC NEC      | OTHER CONDITIONS               | REHAB CARE/PROSTHESES FIT       | \$71,893 |
| 43491                                       | CEREBR ART OCC W INFARCT     | CIRCULATORY SYSTEM             | ACUTE CVD                       | \$18,606 |
| 43822                                       | LATE EFF CVD -NONDOM HEMI    | CIRCULATORY SYSTEM             | LATE EFFECTS OF CVD             | \$5,067  |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$3,934  |
| Retired, Female, Retired Subscriber, Age 54 |                              |                                |                                 | \$96,357 |
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |
| 1820  | MALIG NEO CORPUS UTERI       | NEOPLASMS                      | CA OF UTERUS                    | \$40,351 |
| V5811                                       | ENCNTR FOR ANTINEOPLAST C    | NEOPLASMS                      | MAINT CHEMO/RADIOTHERAPY        | \$23,083 |
| V5881                                       | FIT/ADJUST VASC CATH         | OTHER CONDITIONS               | OTHER AFTERCARE                 | \$14,401 |
| V580  | RADIOTHERAPY ENCOUNTER       | NEOPLASMS                      | MAINT CHEMO/RADIOTHERAPY        | \$10,027 |
| 45981                                       | VENOUS INSUFFICIENCY NOS     | CIRCULATORY SYSTEM             | OTHER DISEASE VEINS/LYMPHATICS  | \$3,001  |
| 179   | MALIG NEOPL UTERUS NOS       | NEOPLASMS                      | CA OF UTERUS                    | \$2,673  |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$2,822  |
| Active, Male, Spouse, Age 34                |                              |                                |                                 | \$91,937 |
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |
| V5789                                       | REHABILITATION PROC NEC      | OTHER CONDITIONS               | REHAB CARE/PROSTHESES FIT       | \$76,846 |
| 431   | INTRACEREBRAL HEMORRHAGE     | CIRCULATORY SYSTEM             | ACUTE CVD                       | \$8,194  |
| 5920  | CALCULUS OF KIDNEY           | GENITOURINARY SYSTEM           | CALCULUS OF URINARY TRACT       | \$2,702  |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$4,194  |
| Active, Female, Subscriber, Age 55          |                              |                                |                                 | \$86,664 |
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |
| 5738  | LIVER DISORDERS NEC          | DIGESTIVE SYSTEM               | OTHER LIVER DISEASES            | \$69,279 |
| 86401                                       | LIVER HEMATOMA/CONTUSION     | INJURY AND POISONING           | CRUSHING/INTERNAL INJURY        | \$6,762  |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$10,622 |
| Retired, Male, Retired Subscriber, Age 56   |                              |                                |                                 | \$86,032 |
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |
| 99682                                       | COMPL LIVER TRANSPLANT       | INJURY AND POISONING           | DEVICE/IMPLANT/GRAFT COMPL      | \$29,261 |
| V427  | LIVER TRANSPLANT STATUS      | DIGESTIVE SYSTEM               | OTHER LIVER DISEASES            | \$11,324 |
| 7948  | ABN LIVER FUNCTION STUDY     | DIGESTIVE SYSTEM               | OTHER LIVER DISEASES            | \$9,344  |
| 262   | OTH SEVERE MALNUTRITION      | ENDOCR NUTRI METABOLIC IMMUN   | NUTRITIONAL DEFICIENCIES        | \$9,278  |
| 99679                                       | COMPL NEC D/T DEVICE NEC     | INJURY AND POISONING           | DEVICE/IMPLANT/GRAFT COMPL      | \$5,008  |
| 5762  | OBSTRUCTION OF BILE DUCT     | DIGESTIVE SYSTEM               | BILIARY TRACT DISEASE           | \$2,510  |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$19,309 |

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| Retired, Female, Retired Subscriber, Age 60 |                              |                                |                                 | \$85,914 |
|---|------------------------------|--------------------------------|---------------------------------|----------|
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |
| 4240  | MITRAL VALVE DISORDER        | CIRCULATORY SYSTEM             | HEART VALVE DISORDERS           | \$57,921 |
| 99739                                       | OTHER RESPIRATORY COMPLIC    | INJURY AND POISONING           | SURGICAL/MEDICAL CARE COMPL     | \$9,046  |
| 4019  | HYPERTENSION NOS             | CIRCULATORY SYSTEM             | ESSENTIAL HTN                   | \$8,215  |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$10,732 |
| Active, Male, Child, Age 0                  |                              |                                |                                 | \$84,541 |
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |
| V3001                                       | SINGLE LB/BY C-SECTION       | PERINATAL PERIOD               | LIVEBORN                        | \$36,034 |
| 7704  | PRIMARY ATELECTASIS          | PERINATAL PERIOD               | OTHER PERINATAL CONDITIONS      | \$22,709 |
| 769   | RESPIRATORY DISTRESS SYN     | PERINATAL PERIOD               | RESPIRATORY DISTRESS SYND       | \$11,670 |
| 76514                                       | PRETERM NB NEC/1-1.25KG      | PERINATAL PERIOD               | LBW/SHORT GEST/GROWTH RETARD    | \$9,074  |
| 77081                                       | PRIMARY APNEA OF NEWBORN     | PERINATAL PERIOD               | OTHER PERINATAL CONDITIONS      | \$2,773  |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$2,282  |
| Active, Female, Subscriber, Age 52          |                              |                                |                                 | \$81,478 |
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |
| 1749  | MALIGN NEOPL BREAST NOS      | NEOPLASMS                      | CA OF BREAST                    | \$51,583 |
| V5811                                       | ENCNTR FOR ANTINEOPLAST C    | NEOPLASMS                      | MAINT CHEMO/RADIOTHERAPY        | \$22,084 |
| 1985  | SECONDARY MALIG NEO BONE     | NEOPLASMS                      | SECONDARY MALIGNANCIES          | \$7,130  |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$681    |
| Active, Female, Subscriber, Age 49          |                              |                                |                                 | \$80,087 |
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |
| 6826  | CELLULITIS OF LEG            | SKIN & SUBCUTANEOUS TISSUE     | SKIN AND SQ TISSUE INFECTION    | \$24,458 |
| 1539  | MALIGNANT NEO COLON NOS      | NEOPLASMS                      | CA OF COLON                     | \$21,469 |
| 5845  | LOWER NEPHRON NEPHROSIS      | GENITOURINARY SYSTEM           | ACUTE/UNSP RENAL FAILURE        | \$20,768 |
| 7295  | PAIN IN LIMB                 | MUSKULO CNCTV TISSUE           | OTHER CONNECTIVE TISSUE DIS     | \$4,212  |
| 45182                                       | SUPERFICL PHLEBITIS ARM      | CIRCULATORY SYSTEM             | PHLEBITIS AND EMBOLISM          | \$2,772  |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$6,408  |
| Active, Female, Subscriber, Age 58          |                              |                                |                                 | \$79,936 |
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |
| 7230  | CERVICAL SPINAL STENOSIS     | MUSKULO CNCTV TISSUE           | INTERVERTEBRAL DISC DISORDERS   | \$66,484 |
| 7210  | CERVICAL SPONDYLOSIS         | MUSKULO CNCTV TISSUE           | INTERVERTEBRAL DISC DISORDERS   | \$3,219  |
| 7245  | BACKACHE NOS                 | MUSKULO CNCTV TISSUE           | INTERVERTEBRAL DISC DISORDERS   | \$2,883  |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$7,350  |

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| Active, Female, Subscriber, Age 62          |                              |                                |                                 | \$77,585 |
|---|------------------------------|--------------------------------|---------------------------------|----------|
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |
| 51881                                       | AC RESPIRATORY FAILURE       | RESPIRATORY SYSTEM             | RESPIRATORY INSUFFICIENCY       | \$26,593 |
| 42843                                       | ACUTE CHRN SYSTOL&DIASTOL    | CIRCULATORY SYSTEM             | CHF NONHYPERTENSIVE             | \$15,531 |
| 4280  | CONGESTIVE HEART FAILURE     | CIRCULATORY SYSTEM             | CHF NONHYPERTENSIVE             | \$10,383 |
| V5789                                       | REHABILITATION PROC NEC      | OTHER CONDITIONS               | REHAB CARE/PROSTHESES FIT       | \$7,600  |
| 3540  | CARPAL TUNNEL SYNDROME       | NERVOUS SYS SENSE ORGANS       | OTHER NS DISORDERS              | \$4,158  |
| 496   | CHR AIRWAY OBSTRUCT NEC      | RESPIRATORY SYSTEM             | COPD AND BRONCHIECTASIS         | \$3,184  |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$10,136 |
| Active, Female, Subscriber, Age 52          |                              |                                |                                 | \$75,975 |
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |
| 1539  | MALIGNANT NEO COLON NOS      | NEOPLASMS                      | CA OF COLON                     | \$46,966 |
| 1533  | MAL NEO SIGMOID COLON        | NEOPLASMS                      | CA OF COLON                     | \$12,738 |
| 25012                                       | DM KETOACID TYPE II UNCN     | ENDCR NUTRI METABOLIC IMMUN    | DM WITH COMPLICATIONS           | \$5,986  |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$10,285 |
| Active, Female, Subscriber, Age 38          |                              |                                |                                 | \$74,418 |
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |
| 5920  | CALCULUS OF KIDNEY           | GENITOURINARY SYSTEM           | CALCULUS OF URINARY TRACT       | \$33,064 |
| 7230  | CERVICAL SPINAL STENOSIS     | MUSKULO CNCTV TISSUE           | INTERVERTEBRAL DISC DISORDERS   | \$27,961 |
| 7234  | BRACHIAL NEURITIS NOS        | MUSKULO CNCTV TISSUE           | INTERVERTEBRAL DISC DISORDERS   | \$6,011  |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$7,381  |
| Active, Female, Subscriber, Age 59          |                              |                                |                                 | \$71,724 |
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |
| 1749  | MALIGN NEOPL BREAST NOS      | NEOPLASMS                      | CA OF BREAST                    | \$47,191 |
| 1745  | MAL NEO BREAST LOW-OUTER     | NEOPLASMS                      | CA OF BREAST                    | \$15,092 |
| 1983  | SEC MAL NEO BRAIN/SPINE      | NEOPLASMS                      | SECONDARY MALIGNANCIES          | \$3,979  |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$5,461  |
| Retired, Female, Retired Subscriber, Age 60 |                              |                                |                                 | \$71,660 |
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |
| 57481                                       | ACUTE CHOLECYST OBST         | DIGESTIVE SYSTEM               | BILIARY TRACT DISEASE           | \$65,578 |
| 57420                                       | CHOLELITHIASIS S OBSTRU      | DIGESTIVE SYSTEM               | BILIARY TRACT DISEASE           | \$2,719  |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$3,363  |
| Active, Female, Subscriber, Age 27          |                              |                                |                                 | \$70,650 |
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |

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| Active, Female, Subscriber, Age 27        |                              |                                |                                 | \$70,650 |
|---|------------------------------|--------------------------------|---------------------------------|----------|
| <u>ICD9 Code</u>                          | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |
| V5789                                     | REHABILITATION PROC NEC      | OTHER CONDITIONS               | REHAB CARE/PROSTHESES FIT       | \$25,627 |
| 8604                                      | TRAUM PNEUMOHEMOTHOR-CL      | INJURY AND POISONING           | CRUSHING/INTERNAL INJURY        | \$19,275 |
| 85406                                     | BRAIN INJ NEC-COMA NOS       | INJURY AND POISONING           | INTRACRANIAL INJURY             | \$12,292 |
| 4580                                      | ORTHOSTATIC HYPOTENSION      | CIRCULATORY SYSTEM             | OTHER CIRCULATORY DISEASE       | \$5,112  |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$8,344  |
| Retired, Male, Retired Subscriber, Age 63 |                              |                                |                                 | \$69,884 |
| <u>ICD9 Code</u>                          | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |
| 41071                                     | SUBEND INFARC-INIT EPISD     | CIRCULATORY SYSTEM             | ACUTE MYOCARDIAL INFARCTION     | \$51,268 |
| 57410                                     | CHOLELITH W OTH CHOLECYS     | DIGESTIVE SYSTEM               | BILIARY TRACT DISEASE           | \$5,886  |
| 41401                                     | CORNARY ATHERO-NATV VESL     | CIRCULATORY SYSTEM             | CORONARY ATHEROSCLEROSIS        | \$5,039  |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$7,692  |
| Active, Female, Subscriber, Age 64        |                              |                                |                                 | \$69,313 |
| <u>ICD9 Code</u>                          | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |
| 41401                                     | CORNARY ATHERO-NATV VESL     | CIRCULATORY SYSTEM             | CORONARY ATHEROSCLEROSIS        | \$47,070 |
| 49392                                     | ASTHMA UNS W AC EXACERB      | RESPIRATORY SYSTEM             | ASTHMA                          | \$11,714 |
| 41400                                     | CORNARY ATHERO-VESL NOS      | CIRCULATORY SYSTEM             | CORONARY ATHEROSCLEROSIS        | \$4,244  |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$6,284  |
| Active, Male, Spouse, Age 76              |                              |                                |                                 | \$68,372 |
| <u>ICD9 Code</u>                          | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |
| 72283                                     | POSTLAMINECT SYND-LUMBAR     | MUSKULO CNCTV TISSUE           | INTERVERTEBRAL DISC DISORDERS   | \$36,883 |
| 9962                                      | MALFUN NEURO DEVICE/GRAF     | INJURY AND POISONING           | DEVICE/IMPLANT/GRAFT COMPL      | \$15,875 |
| 7242                                      | LUMBAGO                      | MUSKULO CNCTV TISSUE           | INTERVERTEBRAL DISC DISORDERS   | \$3,394  |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$12,219 |
| Active, Male, Subscriber, Age 58          |                              |                                |                                 | \$66,788 |
| <u>ICD9 Code</u>                          | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |
| 41401                                     | CORNARY ATHERO-NATV VESL     | CIRCULATORY SYSTEM             | CORONARY ATHEROSCLEROSIS        | \$60,797 |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$5,991  |
| Active, Male, Spouse, Age 60              |                              |                                |                                 | \$66,261 |
| <u>ICD9 Code</u>                          | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |
| 9092                                      | LATE EFFECT OF RADIATION     | INJURY AND POISONING           | INJ/COND DUE TO EXT CAUSES      | \$16,284 |
| 1543                                      | MALIGNANT NEO ANUS NOS       | NEOPLASMS                      | CA OF RECTUM AND ANUS           | \$14,520 |
| 1970                                      | SECONDARY MALIG NEO LUNG     | NEOPLASMS                      | SECONDARY MALIGNANCIES          | \$10,931 |

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| Active, Male, Spouse, Age 60                |                              |                                |                                 | \$66,261 |
|---|------------------------------|--------------------------------|---------------------------------|----------|
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |
| 1961  | MAL NEO LYMPH-INTRATHOR      | NEOPLASMS                      | SECONDARY MALIGNANCIES          | \$6,611  |
| 7856  | ENLARGEMENT LYMPH NODES      | OTHER CONDITIONS               | LYMPHADENITIS                   | \$3,830  |
| 1541  | MALIGNANT NEOPL RECTUM       | NEOPLASMS                      | CA OF RECTUM AND ANUS           | \$3,730  |
| 78605                                       | SHORTNESS OF BREATH          | RESPIRATORY SYSTEM             | OTHER LOWER RESPIRATORY DIS     | \$2,705  |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$7,650  |
| Retired, Male, Spouse, Age 63               |                              |                                |                                 | \$64,344 |
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |
| 42731                                       | ATRIAL FIBRILLATION          | CIRCULATORY SYSTEM             | CARDIAC DYSRHYTHMIAS            | \$60,521 |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$3,823  |
| Active, Female, Subscriber, Age 52          |                              |                                |                                 | \$63,750 |
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |
| 1560  | MALIG NEO GALLBLADDER        | NEOPLASMS                      | CA GI ORGANS PERITONEUM         | \$33,568 |
| V5811                                       | ENCNTR FOR ANTINEOPLAST C    | NEOPLASMS                      | MAINT CHEMO/RADIO THERAPY       | \$20,383 |
| 57420                                       | CHOLELITHIASIS S OBSTRU      | DIGESTIVE SYSTEM               | BILIARY TRACT DISEASE           | \$4,976  |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$4,823  |
| Active, Female, Subscriber, Age 66          |                              |                                |                                 | \$62,714 |
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |
| 71536                                       | LOC OSTEOARTH NOS-L/LEG      | MUSKULO CNCTV TISSUE           | OSTEOARTHRITIS                  | \$23,573 |
| 42732                                       | ATRIAL FLUTTER               | CIRCULATORY SYSTEM             | CARDIAC DYSRHYTHMIAS            | \$19,731 |
| 4280  | CONGESTIVE HEART FAILURE     | CIRCULATORY SYSTEM             | CHF NONHYPERTENSIVE             | \$3,263  |
| 71516                                       | LOC PRIM OSTEOART-L/LEG      | MUSKULO CNCTV TISSUE           | OSTEOARTHRITIS                  | \$2,781  |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$13,366 |
| Active, Male, Spouse, Age 69                |                              |                                |                                 | \$60,564 |
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |
| 1629  | MAL NEO BRONCH/LUNG NOS      | NEOPLASMS                      | CA OF BRONCHUS LUNG             | \$33,269 |
| 1623  | MAL NEO UPPER LOBE LUNG      | NEOPLASMS                      | CA OF BRONCHUS LUNG             | \$19,605 |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$7,690  |
| Retired, Female, Retired Subscriber, Age 61 |                              |                                |                                 | \$60,076 |
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |
| 9947  | ASPHYXIATION/STRANGULAT      | INJURY AND POISONING           | INJ/COND DUE TO EXT CAUSES      | \$23,028 |
| 99646                                       | ARTIC BEARING SURF WEAR OF   | INJURY AND POISONING           | DEVICE/IMPLANT/GRAFT COMPL      | \$20,827 |
| 6823  | CELLULITIS OF ARM            | SKIN & SUBCUTANEOUS TISSUE     | SKIN AND SQ TISSUE INFECTION    | \$2,647  |

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| Retired, Female, Retired Subscriber, Age 61 |                              |                                |                                 | \$60,076 |
|---|------------------------------|--------------------------------|---------------------------------|----------|
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$13,574 |
| Active, Female, Child, Age 15               |                              |                                |                                 | \$59,193 |
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |
| 73730                                       | IDIOPATHIC SCOLIOSIS         | MUSKULO CNCTV TISSUE           | BONE DIS/MUSCULOSK DEFORM       | \$59,185 |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$8      |
| Active, Female, Subscriber, Age 56          |                              |                                |                                 | \$59,184 |
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |
| V5811                                       | ENCNTR FOR ANTINEOPLAST C    | NEOPLASMS                      | MAINT CHEMO/RADIOOTHERAPY       | \$31,949 |
| V4571                                       | ACQ ABSENCE OF BREAST        | OTHER CONDITIONS               | RESIDUAL CODES UNCLASSIFIED     | \$11,858 |
| 7350  | HALLUX VALGUS                | MUSKULO CNCTV TISSUE           | ACQUIRED FOOT DEFORMITIES       | \$7,919  |
| 99678                                       | CMP NEC D/T ORTH DEV NEC     | INJURY AND POISONING           | DEVICE/IMPLANT/GRAFT COMPL      | \$3,133  |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$4,326  |
| Active, Female, Subscriber, Age 63          |                              |                                |                                 | \$59,117 |
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |
| 1749  | MALIGN NEOPL BREAST NOS      | NEOPLASMS                      | CA OF BREAST                    | \$27,483 |
| V5811                                       | ENCNTR FOR ANTINEOPLAST C    | NEOPLASMS                      | MAINT CHEMO/RADIOOTHERAPY       | \$14,704 |
| 1977  | SECOND MALIG NEO LIVER       | NEOPLASMS                      | SECONDARY MALIGNANCIES          | \$11,454 |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$5,476  |
| Active, Female, Subscriber, Age 63          |                              |                                |                                 | \$57,699 |
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |
| 1844  | MALIGN NEOPL VULVA NOS       | NEOPLASMS                      | CA OTH FEMALE GENITAL ORGAN     | \$47,663 |
| V5811                                       | ENCNTR FOR ANTINEOPLAST C    | NEOPLASMS                      | MAINT CHEMO/RADIOOTHERAPY       | \$7,691  |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$2,345  |
| Active, Male, Subscriber, Age 43            |                              |                                |                                 | \$57,419 |
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |
| 4538  | VENOUS THROMBOSIS NEC        | CIRCULATORY SYSTEM             | PHLEBITIS AND EMBOLISM          | \$19,634 |
| 45374                                       | CHRN VENUS EMBO&THROMB A     | CIRCULATORY SYSTEM             | PHLEBITIS AND EMBOLISM          | \$12,518 |
| 72981                                       | SWELLING OF LIMB             | MUSKULO CNCTV TISSUE           | OTHER CONNECTIVE TISSUE DIS     | \$7,931  |
| 78799                                       | OTH GI SYSTEM SYMPTOMS       | DIGESTIVE SYSTEM               | OTHER GI DISORDERS              | \$5,506  |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$11,830 |



# High Cost Claimant Diagnosis Report

THE SCHOOL DISTRICT OF ESCAMBIA COUNTY  
Total

Service Dates: July 1, 2009 through June 30, 2010

Paid Dates: July 1, 2009 through July 31, 2010

| Active, Female, Subscriber, Age 44          |  |                                |                                 | \$56,365             |
|---|--|--------------------------------|---------------------------------|----------------------|
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u>                   | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |                      |
| 41061                                       | POSTERIOR AMI-INIT EPISD                       | CIRCULATORY SYSTEM             | ACUTE MYOCARDIAL INFARCTION     | \$50,161             |
| 41400                                       | CORNARY ATHERO-VESL NOS<br>ALL OTHER DIAGNOSES | CIRCULATORY SYSTEM             | CORONARY ATHEROSCLEROSIS        | \$5,373<br>\$831     |
| Active, Female, Subscriber, Age 33          |  |                                |                                 | \$55,942             |
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u>                   | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |                      |
| 1749  | MALIGN NEOPL BREAST NOS<br>ALL OTHER DIAGNOSES | NEOPLASMS                      | CA OF BREAST                    | \$53,843<br>\$2,099  |
| Retired, Female, Retired Subscriber, Age 62 |  |                                |                                 | \$55,654             |
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u>                   | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |                      |
| V5811                                       | ENCNTR FOR ANTINEOPLAST C                      | NEOPLASMS                      | MAINT CHEMO/RADIOTHERAPY        | \$25,185             |
| 1539  | MALIGNANT NEO COLON NOS<br>ALL OTHER DIAGNOSES | NEOPLASMS                      | CA OF COLON                     | \$10,173<br>\$20,297 |
| Active, Female, Subscriber, Age 59          |  |                                |                                 | \$54,892             |
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u>                   | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |                      |
| 1629  | MAL NEO BRONCH/LUNG NOS                        | NEOPLASMS                      | CA OF BRONCHUS LUNG             | \$46,250             |
| 6218  | OTH DISORDERS OF UTERUS<br>ALL OTHER DIAGNOSES | GENITOURINARY SYSTEM           | OTHER FEMALE GENITAL DIS        | \$2,841<br>\$5,801   |
| Active, Female, Subscriber, Age 51          |  |                                |                                 | \$54,560             |
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u>                   | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |                      |
| 1749  | MALIGN NEOPL BREAST NOS                        | NEOPLASMS                      | CA OF BREAST                    | \$35,594             |
| 1744  | MAL NEO BREAST UP-OUTER<br>ALL OTHER DIAGNOSES | NEOPLASMS                      | CA OF BREAST                    | \$12,353<br>\$6,612  |
| Active, Male, Spouse, Age 55                |  |                                |                                 | \$54,412             |
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u>                   | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |                      |
| 5768  | DIS OF BILIARY TRACT NEC                       | DIGESTIVE SYSTEM               | BILIARY TRACT DISEASE           | \$12,581             |
| 5770  | ACUTE PANCREATITIS                             | DIGESTIVE SYSTEM               | PANCREATIC DIS NOT DIABETES     | \$10,573             |
| 07054                                       | CHR HEPATITIS C W/O COMA                       | INFECTIOUS & PARASITIC DIS     | HEPATITIS                       | \$8,305              |
| 7906  | ABN BLOOD CHEMISTRY NEC                        | OTHER CONDITIONS               | RESIDUAL CODES UNCLASSIFIED     | \$5,263              |
| V427  | LIVER TRANSPLANT STATUS                        | DIGESTIVE SYSTEM               | OTHER LIVER DISEASES            | \$4,335              |
| V5844                                       | AFTERCARE FLOWING ORGAN                        | OTHER CONDITIONS               | OTHER AFTERCARE                 | \$3,279              |
| 73313                                       | PATHOLOG FRACT VERTEBRAE                       | MUSKULO CNCTV TISSUE           | PATHOLOGICAL FRACTURE           | \$3,090              |

# High Cost Claimant Diagnosis Report

THE SCHOOL DISTRICT OF ESCAMBIA COUNTY  
Total

Service Dates: July 1, 2009 through June 30, 2010

Paid Dates: July 1, 2009 through July 31, 2010

| Active, Male, Spouse, Age 55                |                              |                                |                                 | \$54,412 |
|---|------------------------------|--------------------------------|---------------------------------|----------|
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$6,987  |
| Retired, Female, Retired Subscriber, Age 64 |                              |                                |                                 | \$54,181 |
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |
| 99647                                       | OTHER MECH COMPL OF PROST    | INJURY AND POISONING           | DEVICE/IMPLANT/GRAFT COMPL      | \$32,848 |
| 71596                                       | OSTEOARTHRITIS NOS-L/LEG     | MUSKULO CNCTV TISSUE           | OSTEOARTHRITIS                  | \$8,590  |
| V571  | PHYSICAL THERAPY NEC         | OTHER CONDITIONS               | REHAB CARE/PROSTHESES FIT       | \$5,842  |
| 71516                                       | LOC PRIM OSTEOART-L/LEG      | MUSKULO CNCTV TISSUE           | OSTEOARTHRITIS                  | \$3,099  |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$3,801  |
| Active, Female, Subscriber, Age 49          |                              |                                |                                 | \$53,860 |
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |
| 1749  | MALIGN NEOPL BREAST NOS      | NEOPLASMS                      | CA OF BREAST                    | \$51,052 |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$2,808  |
| Active, Male, Spouse, Age 60                |                              |                                |                                 | \$53,621 |
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |
| 8054  | FX LUMBAR VERTEBRA-CLOSE     | INJURY AND POISONING           | OTHER FRACTURES                 | \$49,031 |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$4,590  |
| Active, Male, Spouse, Age 67                |                              |                                |                                 | \$52,630 |
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |
| 56211                                       | DIVERTICULITIS OF COLON      | DIGESTIVE SYSTEM               | DIVERTICULOSIS/DIVERTICULITIS   | \$31,987 |
| 56210                                       | DIVERTICULOSIS OF COLON      | DIGESTIVE SYSTEM               | DIVERTICULOSIS/DIVERTICULITIS   | \$13,269 |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$7,374  |
| Active, Male, Subscriber, Age 60            |                              |                                |                                 | \$52,209 |
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |
| 3320  | PARALYSIS AGITANS            | NERVOUS SYS SENSE ORGANS       | PARKINSON'S DISEASE             | \$49,532 |
|   | ALL OTHER DIAGNOSES          |                                |                                 | \$2,677  |
| Active, Male, Subscriber, Age 50            |                              |                                |                                 | \$51,883 |
| <u>ICD9 Code</u>                            | <u>Diagnosis Description</u> | <u>AHRO Diagnostic Chapter</u> | <u>AHRO Diagnostic Category</u> |          |
| 5109  | EMPYEMA W/O FISTULA          | RESPIRATORY SYSTEM             | PLEURISY/PNEUMOTHORAX/PULM      | \$39,752 |
| 7241  | PAIN IN THORACIC SPINE       | MUSKULO CNCTV TISSUE           | INTERVERTEBRAL DISC DISORDERS   | \$3,004  |

# High Cost Claimant Diagnosis Report

THE SCHOOL DISTRICT OF ESCAMBIA COUNTY  
Total

Service Dates: July 1, 2009 through June 30, 2010

Paid Dates: July 1, 2009 through July 31, 2010

| Active, Male, Subscriber, Age 50   |                              |                               |                                | \$51,883 |
|------------------------------------|------------------------------|-------------------------------|--------------------------------|----------|
| <u>ICD9 Code</u>                   | <u>Diagnosis Description</u> | <u>AHQ Diagnostic Chapter</u> | <u>AHQ Diagnostic Category</u> |          |
|                                    | ALL OTHER DIAGNOSES          |                               |                                | \$9,127  |
| Active, Female, Subscriber, Age 63 |                              |                               |                                | \$51,818 |
| <u>ICD9 Code</u>                   | <u>Diagnosis Description</u> | <u>AHQ Diagnostic Chapter</u> | <u>AHQ Diagnostic Category</u> |          |
| 78939                              | ABD/PELV SWELL-SITE NEC      | DIGESTIVE SYSTEM              | OTHER GI DISORDERS             | \$29,705 |
| 99832                              | DISRUPTION EXTERNAL OPERA    | INJURY AND POISONING          | SURGICAL/MEDICAL CARE COMPL    | \$5,663  |
| 99813                              | SEROMA COMPLIC PROCEDURE     | INJURY AND POISONING          | SURGICAL/MEDICAL CARE COMPL    | \$5,220  |
| 2113                               | BENIGN NEOPLASM LG BOWEL     | NEOPLASMS                     | OTHER BENIGN NEOPLASM          | \$3,850  |
| 6209                               | NONINFL DIS OVA/ADNX NOS     | GENITOURINARY SYSTEM          | OTHER FEMALE GENITAL DIS       | \$2,688  |
|                                    | ALL OTHER DIAGNOSES          |                               |                                | \$4,692  |
| Active, Male, Spouse, Age 63       |                              |                               |                                | \$50,993 |
| <u>ICD9 Code</u>                   | <u>Diagnosis Description</u> | <u>AHQ Diagnostic Chapter</u> | <u>AHQ Diagnostic Category</u> |          |
| 72283                              | POSTLAMINECT SYND-LUMBAR     | MUSKULO CNCTV TISSUE          | INTERVERTEBRAL DISC DISORDERS  | \$22,623 |
| 7242                               | LUMBAGO                      | MUSKULO CNCTV TISSUE          | INTERVERTEBRAL DISC DISORDERS  | \$9,229  |
| 72761                              | ROTATOR CUFF RUPTURE         | MUSKULO CNCTV TISSUE          | OTHER CONNECTIVE TISSUE DIS    | \$6,237  |
|                                    | ALL OTHER DIAGNOSES          |                               |                                | \$12,904 |
| Active, Male, Subscriber, Age 69   |                              |                               |                                | \$50,579 |
| <u>ICD9 Code</u>                   | <u>Diagnosis Description</u> | <u>AHQ Diagnostic Chapter</u> | <u>AHQ Diagnostic Category</u> |          |
| 0389                               | SEPTICEMIA NOS               | INFECTIOUS & PARASITIC DIS    | SEPTICEMIA (EXCEPT IN LABOR)   | \$23,258 |
| 5950                               | ACUTE CYSTITIS               | GENITOURINARY SYSTEM          | UTI                            | \$7,935  |
| 185                                | MALIGN NEOPL PROSTATE        | NEOPLASMS                     | CA OF PROSTATE                 | \$7,864  |
| 5990                               | URIN TRACT INFECTION NOS     | GENITOURINARY SYSTEM          | UTI                            | \$4,150  |
| 475                                | PERITONSILLAR ABSCESS        | RESPIRATORY SYSTEM            | ACUTE AND CHRONIC TONSILLITIS  | \$3,036  |
|                                    | ALL OTHER DIAGNOSES          |                               |                                | \$4,336  |
| Active, Female, Subscriber, Age 58 |                              |                               |                                | \$50,440 |
| <u>ICD9 Code</u>                   | <u>Diagnosis Description</u> | <u>AHQ Diagnostic Chapter</u> | <u>AHQ Diagnostic Category</u> |          |
| V5811                              | ENCNTR FOR ANTINEOPLAST C    | NEOPLASMS                     | MAINT CHEMO/RADIOTHERAPY       | \$25,036 |
| 1830                               | MALIGN NEOPL OVARY           | NEOPLASMS                     | CA OF OVARY                    | \$15,973 |
| 78935                              | PERIUMB ABD/PELV SWELLNG     | DIGESTIVE SYSTEM              | OTHER GI DISORDERS             | \$3,778  |
| 6209                               | NONINFL DIS OVA/ADNX NOS     | GENITOURINARY SYSTEM          | OTHER FEMALE GENITAL DIS       | \$2,913  |
|                                    | ALL OTHER DIAGNOSES          |                               |                                | \$2,740  |

# **ATTACHMENT B**

## **Financial Response Forms**

FINANCIAL RESPONSE FORMS

**ORIGINAL PROPOSAL:**

*\$275,000 Specific Deductible*

Premium Rate \_\_\_\_\_ per employee per month

Basis \_\_\_\_\_

Annual Limit \_\_\_\_\_

**ALTERNATE PROPOSAL:**

*\$250,000 Specific Deductible*

Premium Rate \_\_\_\_\_ per employee per month

Basis \_\_\_\_\_

Annual Limit \_\_\_\_\_

**ALTERNATE PROPOSAL:**

*\$300,000 Specific Deductible*

Premium Rate \_\_\_\_\_ per employee per month

Basis \_\_\_\_\_

Annual Limit \_\_\_\_\_

**ALTERNATE PROPOSAL:**

*\$350,000 Specific Deductible*

Premium Rate \_\_\_\_\_ per employee per month

Basis \_\_\_\_\_

Annual Limit \_\_\_\_\_

# **ATTACHMENT C**

## Claim Experience

# Escambia County Schools - Payments By Month

| Book Year/Month | Medical Payments    | Pharmacy Payments  | Total Payments      |
|-----------------|---------------------|--------------------|---------------------|
| 2008-01         | \$2,525,499         | \$728,413          | <b>\$3,253,912</b>  |
| 2008-02         | \$2,615,713         | \$546,346          | <b>\$3,162,059</b>  |
| 2008-03         | \$2,175,563         | \$627,043          | <b>\$2,802,606</b>  |
| 2008-04         | \$2,031,043         | \$592,736          | <b>\$2,623,779</b>  |
| 2008-05         | \$2,061,790         | \$626,541          | <b>\$2,688,331</b>  |
| 2008-06         | \$2,477,211         | \$591,736          | <b>\$3,068,947</b>  |
| 2008-07         | \$2,986,828         | \$909,093          | <b>\$3,895,921</b>  |
| 2008-08         | \$2,548,063         | \$608,769          | <b>\$3,156,833</b>  |
| 2008-09         | \$1,992,880         | \$627,401          | <b>\$2,620,282</b>  |
| 2008-10         | \$2,623,736         | \$633,775          | <b>\$3,257,511</b>  |
| 2008-11         | \$2,103,088         | \$608,041          | <b>\$2,711,130</b>  |
| 2008-12         | \$2,176,469         | \$949,224          | <b>\$3,125,693</b>  |
| <b>Total</b>    | <b>\$28,317,883</b> | <b>\$8,049,120</b> | <b>\$36,367,003</b> |
| 2009-01         | \$2,323,326         | \$424,075          | <b>\$2,747,401</b>  |
| 2009-02         | \$1,956,652         | \$535,208          | <b>\$2,491,860</b>  |
| 2009-03         | \$2,910,328         | \$614,382          | <b>\$3,524,711</b>  |
| 2009-04         | \$2,229,945         | \$612,075          | <b>\$2,842,020</b>  |
| 2009-05         | \$1,999,131         | \$627,664          | <b>\$2,626,795</b>  |
| 2009-06         | \$2,365,387         | \$653,671          | <b>\$3,019,058</b>  |
| 2009-07         | \$3,011,462         | \$945,309          | <b>\$3,956,771</b>  |
| 2009-08         | \$2,464,632         | \$626,690          | <b>\$3,091,321</b>  |
| 2009-09         | \$1,647,803         | \$655,529          | <b>\$2,303,332</b>  |
| 2009-10         | \$2,097,185         | \$661,526          | <b>\$2,758,710</b>  |
| 2009-11         | \$2,145,192         | \$660,776          | <b>\$2,805,968</b>  |
| 2009-12         | \$2,551,007         | \$984,549          | <b>\$3,535,555</b>  |
| <b>Total</b>    | <b>\$27,702,049</b> | <b>\$8,001,454</b> | <b>\$35,703,503</b> |
| 2010-01         | \$2,313,076         | \$452,269          | <b>\$2,765,345</b>  |
| 2010-02         | \$2,017,665         | \$549,419          | <b>\$2,567,083</b>  |
| 2010-03         | \$2,363,292         | \$649,716          | <b>\$3,013,008</b>  |
| 2010-04         | \$2,047,193         | \$647,394          | <b>\$2,694,587</b>  |
| 2010-05         | \$1,747,029         | \$653,373          | <b>\$2,400,402</b>  |
| 2010-06         | \$1,969,332         | \$661,002          | <b>\$2,630,334</b>  |
| 2010-07         | \$2,575,196         | \$932,794          | <b>\$3,507,989</b>  |
| 2010-08         | \$2,265,023         | \$635,246          | <b>\$2,900,269</b>  |
| <b>Total</b>    | <b>\$17,297,805</b> | <b>\$5,181,213</b> | <b>\$22,479,018</b> |



# **ATTACHMENT D**

## **DRUG-FREE WORKPLACE FORM**

## DRUG FREE WORKPLACE

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) In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employees will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
- 5) Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
- 6) Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

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

Vendor's Signature \_\_\_\_\_

# ATTACHMENT E

## CENSUS DATA

# Escambia County Schools

## Membership By Month

| Membership Year/Month | Single | EE+Spouse | EE+Child(ren) | Family | Total Subscribers | Positively Enrolled Dependents | Total Members |
|-----------------------|--------|-----------|---------------|--------|-------------------|--------------------------------|---------------|
| 2008-01               | 4,053  | 983       | 222           | 782    | 6,040             | 3,444                          | 9,484         |
| 2008-02               | 4,049  | 969       | 224           | 782    | 6,024             | 3,436                          | 9,460         |
| 2008-03               | 4,043  | 967       | 227           | 776    | 6,013             | 3,425                          | 9,438         |
| 2008-04               | 4,032  | 957       | 228           | 776    | 5,993             | 3,419                          | 9,412         |
| 2008-05               | 4,029  | 953       | 227           | 773    | 5,982             | 3,407                          | 9,389         |
| 2008-06               | 4,027  | 957       | 222           | 757    | 5,963             | 3,352                          | 9,315         |
| 2008-07               | 4,015  | 958       | 223           | 754    | 5,950             | 3,345                          | 9,295         |
| 2008-08               | 3,876  | 935       | 202           | 732    | 5,745             | 3,237                          | 8,982         |
| 2008-09               | 3,935  | 944       | 213           | 748    | 5,840             | 3,305                          | 9,145         |
| 2008-10               | 3,935  | 939       | 212           | 750    | 5,836             | 3,309                          | 9,145         |
| 2008-11               | 3,942  | 940       | 218           | 751    | 5,851             | 3,320                          | 9,171         |
| 2008-12               | 3,952  | 937       | 214           | 750    | 5,853             | 3,315                          | 9,168         |
|                       |        |           |               |        |                   |                                |               |
|                       |        |           |               |        |                   |                                |               |
| 2009-01               | 3,947  | 940       | 193           | 804    | 5,884             | 3,435                          | 9,319         |
| 2009-02               | 3,926  | 935       | 197           | 803    | 5,861             | 3,441                          | 9,302         |
| 2009-03               | 3,910  | 930       | 193           | 806    | 5,839             | 3,442                          | 9,281         |
| 2009-04               | 3,902  | 914       | 199           | 781    | 5,796             | 3,368                          | 9,164         |
| 2009-05               | 3,893  | 907       | 199           | 781    | 5,780             | 3,361                          | 9,141         |
| 2009-06               | 3,886  | 916       | 196           | 767    | 5,765             | 3,312                          | 9,077         |
| 2009-07               | 3,877  | 907       | 194           | 773    | 5,751             | 3,321                          | 9,072         |
| 2009-08               | 3,766  | 895       | 188           | 759    | 5,608             | 3,260                          | 8,868         |
| 2009-09               | 3,722  | 885       | 191           | 759    | 5,557             | 3,249                          | 8,806         |
| 2009-10               | 3,784  | 889       | 200           | 773    | 5,646             | 3,307                          | 8,953         |
| 2009-11               | 3,792  | 887       | 200           | 774    | 5,653             | 3,310                          | 8,963         |
| 2009-12               | 3,800  | 881       | 200           | 780    | 5,661             | 3,324                          | 8,985         |
|                       |        |           |               |        |                   |                                |               |
|                       |        |           |               |        |                   |                                |               |
| 2010-01               | 3,796  | 885       | 188           | 756    | 5,625             | 3,246                          | 8,871         |
| 2010-02               | 3,794  | 884       | 188           | 746    | 5,612             | 3,228                          | 8,840         |
| 2010-03               | 3,787  | 880       | 187           | 745    | 5,599             | 3,220                          | 8,819         |
| 2010-04               | 3,771  | 879       | 192           | 742    | 5,584             | 3,222                          | 8,806         |
| 2010-05               | 3,753  | 879       | 189           | 744    | 5,565             | 3,225                          | 8,790         |
| 2010-06               | 3,748  | 879       | 178           | 739    | 5,544             | 3,191                          | 8,735         |
| 2010-07               | 3,723  | 874       | 181           | 735    | 5,513             | 3,184                          | 8,697         |
| 2010-08               | 3,625  | 863       | 170           | 719    | 5,377             | 3,126                          | 8,503         |
|                       |        |           |               |        |                   |                                |               |

**DETAILED CENSUS INFORMATION WILL BE  
AVAILABLE ON THE DISTRICT'S PURCHASING WEB  
SITE AT:**

[http://old.escambia.k12.fl.us/adminoff/finance/purchasing/current\\_bid\\_activity.html](http://old.escambia.k12.fl.us/adminoff/finance/purchasing/current_bid_activity.html)

**ATTACHMENT F**

**STATEMENT OF NO BID FORM**

**STATEMENT OF NO BID**

The School District of Escambia County, Florida  
**Purchasing Department**  
215 W. Garden Street, Pensacola, Florida 32502

**RFP # – Stop-loss Insurance Opened: November 5, 2010, @ 2:00 P.M. EST**

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*We, the undersigned, have declined to bid for the following reasons.*

- \_\_\_\_\_ We do not handle products/services in this classification
  - \_\_\_\_\_ Opening date does not allow sufficient time to complete bid
  - \_\_\_\_\_ Cannot supply at this time
  - \_\_\_\_\_ Suitable but engaged in other work
  - \_\_\_\_\_ Quantity too small
  - \_\_\_\_\_ Quantity too large
  - \_\_\_\_\_ Cannot meet required delivery
  - \_\_\_\_\_ Equivalent not presently available
  - \_\_\_\_\_ Unable to meet specifications
  - \_\_\_\_\_ Unable to meet insurance/bond requirements
  - \_\_\_\_\_ Please remove our name from the vendor file only for the commodity/service listed above
  - \_\_\_\_\_ Please remove our name from The School Board’s entire vendor file
  - \_\_\_\_\_ Other reasons or remarks
- 
- 

We understand that this “Statement of No Bid” will have no bearing on any future business opportunities with The School District of Escambia County.

Company Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Print Name of Authorized Person \_\_\_\_\_

Email Address for Authorized Person \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

## ATTACHMENT G

Certification Regarding Debarment, Suspension,  
Ineligibility and  
Voluntary Exclusion - Lower Tier Covered Transactions



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## Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions

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This certification is required by the Department of Education regulations implementing Executive Order 12549, Debarment and Suspension, 34 CFR Part 85, for all lower tier transactions meeting the threshold and tier requirements stated at Section 85.110.

### Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**Certification**

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are 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.

|   |                                  |
|---|----------------------------------|
| NAME OF APPLICANT                                   | AWARD NUMBER AND/OR PROJECT NAME |
| PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE |                                  |
| SIGNATURE   | DATE                             |

**ATTACHMENT H**  
**QUESTIONNAIRE**

## QUESTIONS FOR SPECIFIC EXCESS LOSS INSURANCE

Please respond in the corresponding right hand column

### GENERAL INFORMATION:

|    |  |  |
|----|--|--|
| 1. | <p>How long has your organization been in business?</p> <p>Has your company done business under other names? If yes, please provide historical background information. Identify any interests your organization may have with associated vendors (TPA, brokerage, managed care firms, etc.) which may be perceived as a conflict of interest.</p> <p>Have you ever been suspended from writing this line of coverage? If yes, please describe.</p> | <p>Year established: _____</p> <p>____ Yes      ____ No</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>____ Yes      ____ No</p> <p>_____</p> |
| 2. | <p>Is your organization licensed to do business in all 50 states and U.S. territories? If no, identify the states/territories in which you are not currently licensed.</p>   | <p>____ Yes      ____ No</p> <p>_____</p>  |
| 3. | <p>What percentage of the risk does your company assume? If less than 100%, please identify additional reinsurer(s) and the respective percentage of assumed liability.</p> <p>In what month do your reinsurance treat(ies) renew?</p>   | <p>_____ %</p> <p>_____</p> <p>_____</p> <p>_____</p>  |
| 4. | <p>How many excess loss clients do you currently have?</p> <p>How much annualized premium do these clients represent?</p>  | <p>_____</p> <p>\$ _____</p>   |
| 5. | <p>Please provide your current A.M. Best, Moodys, Standard &amp; Poors and Duff &amp; Phelps ratings.</p>  | <p>AM Best: _____</p> <p>Moodys: _____</p> <p>S &amp; P: _____</p> <p>D &amp; P: _____</p>   |
| 6. | <p>A sample copy of your most current reinsurance contract and any amendments is required.</p>   | <p>Provided in Section _____.</p>  |
| 7. | <p>Will you agree to be a party to a HIPAA Business Associate Agreement initiated by our client?</p>   | <p>____ Yes      ____ No</p>   |
| 8. | <p>In most cases, we require that your organization work directly with Gallagher Benefit Services rather than our client's Third-Party Administrator (TPA) on such things as:</p> <ul style="list-style-type: none"> <li>➤ Renewals</li> <li>➤ Specific &amp; Aggregate contract concerns</li> <li>➤ Plan Document and SPD adoption / approval</li> <li>➤ Plan amendments</li> </ul>   | <p>____ Agree      ____ Disagree</p> <p>_____</p> <p>_____</p> <p>_____</p>  |
| 9. | <p>What percentage discount / credit is applied to your "first year" specific pricing?</p>   | <p>_____</p> <p>_____</p>  |

**PROPOSAL:**

|     |  |  |
|-----|--|--|
| 10. | <p>For how long are your specific excess loss rates guaranteed?</p> <p>Are you willing to guarantee these rates for a period longer than twelve months?</p>  | <p>_____</p> <p>___ Yes ___ No</p>   |
| 11. | <p>Is your organization able to work with any qualified Third-Party Administrator (TPA)?</p> <p>Will your organization have problems obtaining information directly from United Healthcare, the current TPA?</p>   | <p>___ Yes ___ No</p> <p>_____</p> <p>_____</p> <p>_____</p>   |
| 12. | <p>Is your organization's excess loss contract guaranteed renewable?</p> <p>If not, describe your determination and notification methods.</p>  | <p>___ Yes ___ No</p> <p>_____</p> <p>_____</p>  |
| 13. | <p>Is your organization capable and willing to contact United Healthcare Case Management directly to obtain additional information related to large claimants?</p>   | <p>___ Yes ___ No</p>  |
| 14. | <p>When do you consider claims experience to be fully credible? Please describe.</p>   | <p>_____</p> <p>_____</p>  |
| 15. | <p>Coverage is based on a no-loss / no-gain full transfer of coverage basis. If you disagree, please explain.</p>  | <p>___ Agree ___ Disagree</p> <p>_____</p> <p>_____</p>  |
| 16. | <p>Gallagher Benefit Services considers coverage to be "bound" when the new carrier is in receipt of the first month's premium payment and executed application which, in nearly all cases, will be prior to the effective date of coverage. Do you agree with this statement? If disagree, please explain.</p>  | <p>___ Agree ___ Disagree</p> <p>_____</p> <p>_____</p> <p>_____</p>   |
| 17. | <p>Will you work with our organization (occasionally) to expedite your proposal turnaround in an "eleventh hour" situation? If yes, please outline your requirements to do so.</p>   | <p>___ Yes ___ No</p> <p>_____</p>   |
| 18. | <p>Please confirm that the plan (your contract) is unlimited lifetime?</p>   | <p>___ Yes ___ No</p>  |
| 19. | <p>Do you laser individuals at policy inception?</p> <p>Do you laser individuals at renewal? If yes, indicate whether this applies only to those lasered under the initial contract terms, or if potentially large claimants are reviewed annually.</p> <p>As an alternative, are all groups given the opportunity to instead choose a premium increase?</p> | <p>___ Yes ___ No</p> <p>___ Yes ___ No</p> <p>_____</p> <p>_____</p> <p>___ Yes ___ No</p>                                      |
| 20. | <p>Are you able to propose a Terminal Liability Option for a group that may, at some point in the future, choose to convert to a fully-insured arrangement?</p> <p>What is the cost to include this option?</p> <p>Is this option available at initial policy issue and also at renewal?</p>   | <p>___ Yes ___ No</p> <p>Cost: \$ _____ / ee / mo<br/>or additional _____ %</p> <p>___ Yes ___ No</p>                            |
| 21. | <p>Can your organization offer the Specific deductible on a standard, aggregating basis?</p>   | <p><input type="checkbox"/> Standard</p> <p><input type="checkbox"/> Aggregating</p> <p><input type="checkbox"/> Other _____</p> |

|     |  |  |
|-----|--|--|
| 22. | Once coverage is bound, your organization cannot impose a modification of rates or factors mid-year. If disagree, explain. | <input type="checkbox"/> Agree <input type="checkbox"/> Disagree<br>_____<br>_____ |
|-----|--|--|

**RENEWAL:**

|     |  |  |
|-----|--|--|
| 23. | Many of our clients require preliminary renewal information from their vendors 120 days in advance of their actual renewal. Is your organization able to comply with this request? If no, explain. | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>_____<br>_____         |
| 24. | What information do you require from the client, United Healthcare and/or Gallagher Benefit Services to issue a renewal? Be specific regarding all claim experience and disclosure requirements.   | _____<br>_____<br>_____<br>_____   |
| 25. | We require renewal rates and factors to be finalized no later than thirty days prior to the date of renewal. If you disagree, explain.   | <input type="checkbox"/> Agree <input type="checkbox"/> Disagree<br>_____<br>_____ |

**CLAIM REIMBURSEMENT:**

|     |   |   |
|-----|---|---|
| 26. | Who has final claim decision-making authority with respect to specific claims?  | _____<br>_____  |
| 27. | What is your organization's average turnaround time for specific claims submitted for reimbursement?  | _____ days  |
| 28. | With respect to Specific claims submitted for reimbursement, please describe any limitations (e.g., minimum dollar amounts).  | _____<br>_____  |
| 29. | Is the maximum benefit for specific excess loss the plan's lifetime maximum amount less the specific deductible amount?   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>_____   |
| 30. | Will you assume immediate liability for a Specific claim that exceeds the individual deductible amount (e.g., Advance Funding)?<br><br>Is there an additional cost to include this feature in the contract? | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Cost: \$ _____ / ee / mo<br>or additional _____ % |
| 31. | Explain your organization's underwriting guidelines for incorporating plan changes.<br><br>Must plan changes be approved in writing prior to implementation?  | _____<br>_____<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 32. | Do you designate a Large Case Management firm with whom the United Healthcare must coordinate potentially catastrophic cases?   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>_____<br>_____  |
| 33. | Are there any conditions or circumstances (e.g., diagnosis, procedure, medical services, etc.) that require pre-approval by your case managers? If yes, please list.  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>_____<br>_____  |

|     |   |   |
|-----|---|---|
| 34. | <p>Is there a Transplant Centers of Excellence provision in your contract?</p> <p>If so, is this a voluntary or mandatory program? Explain the consequences for non-compliance.</p> | <p>___ Yes ___ No</p> <p>___ Yes ___ No</p> <p>_____</p> <p>_____</p> |
| 35. | <p>Are Case Management fees reimbursable to the client?</p> <p>Are Case Management fees included in an individual's lifetime maximum benefit calculation?</p>                       | <p>___ Yes ___ No</p> <p>___ Yes ___ No</p>                           |
| 36. | <p>Will you allow "non-covered" alternative catastrophic care, if approved by your case managers?</p>   | <p>___ Yes ___ No</p>   |
| 37. | <p>When do you require notification of a specific claim?</p>  | <p>_____ % of Specific<br/>Deductible Amount, or<br/>_____</p>        |
| 38. | <p>What are your company's timing requirements with respect to notification and claim filing?</p>   | <p>_____</p> <p>_____</p>   |
| 39. | <p>Provide a listing of all conditions your organization considers to be "catastrophic".</p>  | <p>_____</p> <p>_____</p>   |
| 40. | <p>Does your contract recognize all eligible employees, dependents, FMLA, retirees and COBRA beneficiaries as defined by the Master Plan Document?</p>                              | <p>___ Yes ___ No</p> <p>_____</p> <p>_____</p>                       |
| 41. | <p>Other than the Master Plan Document, does the contract allow for guidelines found in the employer's Employee Handbook (e.g. leave of absence policy)?</p>                        | <p>___ Yes ___ No</p> <p>_____</p> <p>_____</p>                       |
| 42. | <p>Is there ever a situation in which you would deny a claim that was a covered benefit in a plan document you had previously approved?</p>   | <p>___ Yes ___ No</p> <p>_____</p> <p>_____</p>                       |
| 43. | <p>Please identify any restrictions and limitations pertaining to an off-anniversary termination.</p>   | <p>_____</p> <p>_____</p>   |
| 44. | <p>Please detail the process involved in obtaining coverage for out-of-contract services.</p>   | <p>_____</p> <p>_____</p>   |
| 45. | <p>Your contract must waive "Actively at work" provisions, based upon HIPAA guidelines.</p>   | <p>___ Agree ___ Disagree</p>   |

|                              |   |   |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |
|------------------------------|---|---|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|
| 46.                          | <p>Does the sample contract you have provided include definitions for all of the following provisions? If no, explain your organization's position regarding coverage for the listed provision.</p> <ul style="list-style-type: none"> <li>➤ Work-related exclusions (worker's compensation vs. any gainful employment)</li> <li>➤ Non-medically necessary charges</li> <li>➤ Experimental procedures, drugs or treatment</li> <li>➤ Biologically-based mental disorders</li> <li>➤ Non-biologically-based mental/nervous, alcohol and substance abuse</li> <br/> <li>➤ Administrative, investigative and legal services, including compensatory &amp; punitive damages</li> <li>➤ Charges recoverable by a third-party (subrogation and/or Medicare)</li> <li>➤ Expenses that are incurred as a result of war</li> <li>➤ Expenses that are incurred as a result of an act of terrorism on domestic and foreign soil</li> <br/> <li>➤ Expenses incurred while committing assault/felony</li> <li>➤ Charges related to attempted suicide</li> <li>➤ Charges related to hazardous pursuits</li> </ul> | <table border="0"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No   |   |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No   |   |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No   |   |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No   |   |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No   |   |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No   |   |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No   |   |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No   |   |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No   |   |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No   |   |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No   |   |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |
| 47.                          | <p>Identify whether your excess loss contract has any limits related to the following provisions:</p> <ul style="list-style-type: none"> <li>➤ Late Entrants</li> <li>➤ Annual Open Enrollment</li> <li>➤ Section 125-qualified change in status events</li> <li>➤ Domestic Partner coverage</li> <li>➤ Transplants (describe any requirements and limitations)</li> <li>➤ Biologically-based mental disorders</li> <li>➤ Non-biologically based mental/nervous and/or substance abuse</li> <li>➤ Alternative therapies (e.g. acupuncture, homeopathic or naturopathic, etc.)</li> <li>➤ Attempted suicide (whether sane or insane)</li> <li>➤ Acts of war</li> <li>➤ Acts of terrorism on domestic and foreign soil</li> <li>➤ Commission of a felony</li> </ul>   | <p>_____ N/A, coverage for all benefits is provided if adequate clarification is provided in the Master Plan Document / SPD</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>   |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |                              |                             |

This questionnaire was completed by \_\_\_\_\_  
Name / Title

on behalf of: \_\_\_\_\_  
Company Name / Address

Date: \_\_\_\_\_, 2010



**ATTACHMENT I**

**SUMMARY PLAN DESCRIPTIONS**



**Benefit Summary  
Choice Plan**

The School District of Escambia County Medical Plan

*This document is provided as a sample and does not reflect actual benefits.*

*A customized Benefit Summary or Summary Plan Description (SPD) will be created during implementation of the business.*

**UnitedHealthcare and The School District of Escambia County want to help you take control and make the most of your health care benefits.**

**That's why we provide convenient services to get your health care questions answered quickly and accurately:**

- **myuhc.com**® - Take advantage of easy, time-saving online tools. You can check your eligibility, benefits, claims, claim payments, search for a doctor and hospital and much, much more.
- **24-hour nurse support** – A nurse is a phone call away and you have other health resources available 24-hours a day, 7 days a week to provide you with information that can help you make informed decisions. Just call the number on the back of your ID card.
- **Customer Care telephone support** – Need more help? Call a customer care professional using the toll-free number on the back of your ID card. Get answers to your benefit questions or receive help looking for a doctor or hospital.

The Benefit Summary is intended only to highlight your Benefits and should not be relied upon to fully determine your coverage. If this Benefit Summary conflicts in any way with the Summary Plan Description (SPD), the SPD shall prevail. It is recommended that you review your SPD for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

**PLAN HIGHLIGHTS**

|   |                                   |
|---|-----------------------------------|
| Types of Coverage   | Network Benefits                  |
| <b>Annual Deductible</b>  |                                   |
| Individual Deductible   | \$500 per year                    |
| Family Deductible   | \$1,500 per year                  |
| <ul style="list-style-type: none"> <li>• Member Copayments do not accumulate towards the Deductible</li> </ul>  |                                   |
| <b>Out-of-Pocket Maximum</b>  |                                   |
| Individual Out-of-Pocket Maximum  | \$3,000 per year                  |
| Family Out-of-Pocket Maximum  | \$9,000 per year                  |
| <ul style="list-style-type: none"> <li>• The Out-of-Pocket Maximum does not include the Annual Deductible.</li> <li>• Member Copayments do not accumulate towards the Out-of-Pocket Maximum.</li> </ul>   |                                   |
| <b>Benefit Plan Coinsurance – The Amount the Plan Pays</b>  |                                   |
|   | 80% after Deductible has been met |
| <b>Lifetime Maximum Benefit</b>   |                                   |
| The maximum amount the Plan will pay during the entire period of time you are enrolled under the Plan   | Unlimited                         |
| <b>Prescription Drug Benefits</b>   |                                   |
| <ul style="list-style-type: none"> <li>• Prescription drug benefits are shown under separate cover.</li> </ul>  |                                   |
| <b>Information of Pre-service Notification</b>  |                                   |
| <i>*Pre-service Notification is required for certain services.</i>  |                                   |
| <b>Information on Benefit Limits</b>  |                                   |
| <ul style="list-style-type: none"> <li>• The Annual Deductible, Out-of-Pocket Maximum and Benefit limits are calculated on a calendar year basis.</li> <li>• All Benefits are reimbursed based on Eligible Expenses. For a definition of Eligible Expenses, please refer to your Summary Plan Description.</li> <li>• When Benefit limits apply, the limit refers to any combination of Network and Non-Network Benefits unless specifically stated in the Benefit category.</li> </ul> |                                   |

**BENEFITS**

|  |                                     |
|--|-------------------------------------|
| Types of Coverage  | Network Benefits                    |
| <b>Ambulance Services – Emergency and Non-Emergency</b>  |                                     |
|  | * 80% after Deductible has been met |
| <b>Dental Services – Accident Only</b>   |                                     |
|  | * 80% after Deductible has been met |
| <b>Durable Medical Equipment (DME)</b>   |                                     |
| Benefits are limited as follows:<br>\$2,000 per year and are limited to a single purchase of a type of Durable Medical Equipment (including repair and replacement) every three years. | 80% after Deductible has been met   |

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SFXGMTT07

**BENEFITS**

| Types of Coverage  | Network Benefits   |
|--|--|
| <b>Emergency Health Services - Outpatient</b>  |  |
|  | 80% after you pay a \$200 Copayment per visit.   |
| <b>Hearing Aids</b>  |  |
| Benefits are limited as follows:<br>\$2,000 per year and are limited to a single purchase (including repair/replacement) per hearing impaired ear every three years. The limitation is combined with Durable Medical Equipment   | 80% after Deductible has been met  |
| <b>Home Health Care</b>  |  |
|  | 80% after Deductible has been met  |
| <b>Hospice Care</b>  |  |
| Benefits are limited to a lifetime maximum of \$7,500  | 80% after Deductible has been met  |
| <b>Hospital – Inpatient Stay</b>   |  |
|  | 80% after you pay a \$500 Copayment per Inpatient Stay   |
| <b>Lab, X-Ray and Diagnostics - Outpatient</b>   |  |
| For Preventive Lab, X-Ray and Diagnostics, refer to the Preventive Care Services category.   | 80% after Deductible has been met  |
| <b>Lab, X-Ray and Major Diagnostics – CT, PET, MRI and Nuclear Medicine - Outpatient</b>   |  |
|  | 80% after you pay a \$100 Copayment per visit  |
| <b>Mental Health Services</b>  |  |
|  | 80% after you pay a \$500 Copayment per Inpatient Stay<br>80% after you pay a \$35 Copayment per visit   |
| <b>Pharmaceutical Products - Outpatient</b>  |  |
| This includes medications administered in an outpatient setting, in the Physician's Office and by a Home Health Agency.  | 80% after Deductible has been met  |
| <b>Physician Fees for Surgical and Medical Services</b>  |  |
|  | 80% after Deductible has been met  |
| <b>Physician's Office Services – Sickness and Injury</b>   |  |
| <b>Primary Physician Office Visit</b>  | 80% after you pay a \$35 Copayment per visit   |
| <b>Specialist Physician Office Visit</b>   | 80% after you pay a \$50 Copayment per visit<br>For OB/GYN, 80% after you pay a \$35 Copayment per visit   |
| <b>Pregnancy – Maternity Services</b>  |  |
|  | Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each covered Health Service category in this Benefit Summary<br><br>For services provided in the Physician's Office, a Copayment will only apply to the initial office visit. |
| <b>Preventive Care Services</b>  |  |
| Covered Health Services include but are not limited to:  |  |
| <b>Primary Physician Office Visit</b>  | 100% - no deductible or copayment applies  |
| <b>Specialist Physician Office Visit</b>   | 100% - no deductible or copayment applies  |
| <b>Lab, X-Ray or other preventive tests (including preventive scopic procedures)</b>   | 100% - no deductible or copayment applies.   |
| <b>Prosthetic Devices</b>  |  |
| Benefits are limited as follows:<br>\$10,000 per year and are limited to a single purchase of each type of prosthetic device every three years.  | 80% after you pay a \$200 Copayment per item   |
| <b>Reconstructive Procedures</b>   |  |
|  | Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary  |
| <b>Rehabilitation Services – Outpatient Therapy and Manipulative Treatment</b>   |  |
| Benefits are limited as follows:<br>20 visits of physical therapy<br>20 visits of occupational therapy<br>20 visits of manipulative treatment<br>20 visits of speech therapy<br>20 visits of pulmonary rehabilitation<br>36 visits of cardiac rehabilitation<br>30 visits of post-cochlear implant aural therapy | 80% after you pay a \$50 Copayment per visit   |

| <b>BENEFITS</b>  |   |
|--|---|
| Types of Coverage  | Network Benefits                              |
| <b>Scopic Procedures – Outpatient Diagnostic and Therapeutic</b>   |   |
| Diagnostic scopic procedures include, but are not limited to: Colonoscopy; Sigmoidoscopy; Endoscopy. For | 80% after you pay a \$100 Copayment per visit |

| <b>BENEFITS</b>   |  |
|---|--|
| <b>Types of Coverage</b>  | <b>Network Benefits</b>  |
| Preventive Scopic Procedures, refer to the Preventive Care Services category. |  |
| <b>Skilled Nursing Facility / Inpatient Rehabilitation Facility Services</b>  |  |
| Benefits are limited as follows:<br>120 days per year                         | 80% after you pay a \$500 Copayment per Inpatient Stay   |
| <b>Substance Use Disorder Services</b>  |  |
|   | 80% after you pay a \$500 Copayment per Inpatient Stay<br>80% after you pay a \$35 Copayment per visit                 |
| <b>Surgery – Outpatient</b>   |  |
|   | 80% after you pay a \$500 Copayment  |
| <b>Transplantation Services</b>   |  |
|   | * 100% if services are received at a Designated Facility<br><i>Services must be received at a Designated Facility.</i> |
| <b>Urgent Care Center Services</b>  |  |
|   | 80% after you pay a \$50 Copayment per visit   |
| <b>Vision Examinations</b>  |  |
| Benefits are limited as follows:<br>1 exam every 2 years                      | 80% after you pay a \$50 Copayment per visit   |

| <b>MEDICAL EXCLUSIONS</b>   |  |
|---|--|
| It is recommended that you review your SPD for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.   |  |
| <b>Alternative Treatments</b>   |  |
| Acupuncture; aromatherapy; hypnosis; massage therapy; rolfing (holistic tissue massage); art, music, dance, horseback therapy; and other forms of alternative treatment as defined by the National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health. This exclusion does not apply to Manipulative Treatment and non-manipulative osteopathic care for which Benefits are provided as described in the SPD.   |  |
| <b>Dental</b>   |  |
| Dental care (which includes dental X-rays, supplies and appliances and all associated expenses, including hospitalizations and anesthesia). This exclusion does not apply to dental care (oral examination, X-rays, extractions and non-surgical elimination of oral infection) required for the direct treatment of a medical condition for which Benefits are available under the Plan as described in the SPD. Dental care that is required to treat the effects of a medical condition, but that is not necessary to directly treat the medical condition, is excluded. Examples include treatment of dental caries resulting from dry mouth after radiation treatment or as a result of medication. Endodontics, periodontal surgery and restorative treatment are excluded. Diagnosis or treatment of or related to the teeth, jawbones or gums. Examples include: extraction (including wisdom teeth), restoration, and replacement of teeth; medical or surgical treatment of dental conditions; and services to improve dental clinical outcomes. This exclusion does not apply to accidental-related dental services for which Benefits are provided as described under Dental Services – Accidental Only in the SPD. Dental implants, bone grafts and other implant-related procedures. This exclusion does not apply to accident-related dental services for which Benefits are provided as described under Dental Services – Accident Only in the SPD. Dental braces (orthodontics). Congenital Anomaly such as cleft lip or cleft palate.   |  |
| <b>Devices, Appliances and Prosthetics</b>  |  |
| Devices used specifically as safety items or to affect performance in sports-related activities. Orthotic appliances that straighten or re-shape a body part as described under Durable Medical Equipment (DME) in the SPD. Examples include foot orthotics, cranial banding, or any orthotic braces, available over-the-counter. The following items are excluded: blood pressure cuff/monitor; enuresis alarm; non-wearable external defibrillator; trusses; and ultrasonic nebulizers. Devices and computers to assist in communication and speech except for speech generating devices and tracheo-esophageal voice devices for which Benefits are provided as described under Durable Medical Equipment. Oral appliances for snoring. Repair and replacement prosthetic devices when damaged due to misuse, malicious damage or gross neglect. Prosthetic devices. This exclusion does not apply to breast prosthesis, mastectomy bras and lymphedema stockings for which Benefits are provided as described under Reconstructive Procedures in the SPD.   |  |
| <b>Drugs</b>  |  |
| The exclusions listed below apply to the medical portion of the Plan only. Prescription Drug coverage is excluded under the medical plan because it is a separate benefit. Coverage may be available under the Prescription Drug portion of the Plan. See the SPD for coverage details and exclusions. Prescription drugs for outpatient use that are filled by a prescription order or refill. Self-injectable medications. This exclusion does not apply to medications which, due to their characteristics (as determined by UnitedHealthcare), must typically be administered or directly supervised by a qualified provider or licensed/certified health professional in an outpatient setting. Non-injectable medications given in a Physician's office. This exclusion does not apply to non-injectable medications that are required in an Emergency and consumed in the Physician's office. Over-the-counter drugs and treatments. Growth hormone therapy.   |  |
| <b>Experimental or Investigational or Unproven Services</b>   |  |
| Experimental or Investigational or Unproven Services, unless the Plan has agreed to cover them as defined in the SPD. This exclusion applies even if Experimental or Investigational Services or Unproven Services, treatments, devices or pharmacological regimens are the only available treatment options for your condition. This exclusion does not apply to Covered Health Services provided during a clinical trial for which Benefits are provided as described under Clinical Trials in the SPD.   |  |
| <b>Foot Care</b>  |  |
| Routine foot care. Examples include the cutting or removal of corns and calluses. This exclusion does not apply to preventive foot care for Covered Persons with diabetes for which Benefits are provided as described under Diabetes Services in the SPD or when needed for severe systemic disease. Cutting or removal of corns and calluses. Nail trimming, cutting, or debriding. Hygienic and preventive maintenance foot care; and other services that are performed when there is not a localized Sickness, Injury or symptom involving the foot. Examples include: cleaning and soaking the feet; applying skin creams in order to maintain skin tone. This exclusion does not apply to preventive foot care for Covered Persons who are at risk of neurological or vascular disease arising from diseases such as diabetes. Treatment of flat feet. Shoes (standard or custom), lifts and wedges; shoe orthotics; shoe inserts and arch supports.  |  |
| <b>Medical Supplies and Equipment</b>   |  |
| Prescribed or non-prescribed medical supplies and disposable supplies. Examples include: elastic stockings, ace bandages, diabetic strips, and syringes; urinary catheters. This exclusion does not apply to: <ul style="list-style-type: none"> <li>• Disposable supplies necessary for the effective use of Durable Medical Equipment for which Benefits are provided as described under Durable Medical Equipment in the SPD.</li> <li>• Diabetic supplies for which Benefits are provided as described under Diabetes Services in the SPD.</li> <li>• Ostomy bags and related supplies for which Benefits are provided as described under Ostomy Supplies in the SPD.</li> </ul> Tubings, nasal cannulas, connectors and masks, except when used with Durable Medical Equipment as described under Durable Medical Equipment as described in the SPD. The repair and replacement of Durable Medical Equipment when damaged due to misuse, malicious breakage or gross neglect and deodorants, filters, lubricants, tape, appliance clears, adhesive, adhesive remover or other items that are not specifically identified in the SPD.   |  |
| <b>Mental Health / Substance Use Disorder</b>   |  |
| Services performed in connection with conditions not classified in the current edition of the <i>Diagnostic and Statistical Manual of the American Psychiatric Association</i> . Services or supplies for the diagnosis or treatment of Mental Illness, alcoholism or substance use disorders that, in the reasonable judgment of the Mental Health/Substance Use Disorder Administrator, are any of the following: not consistent with generally accepted standards of medical practice for the treatment of such conditions; not consistent with services backed by credible research soundly demonstrating that the services or supplies will have a measurable and beneficial health outcome, and therefore considered experimental; not consistent with the Mental Health/Substance Use Disorder Administrator's level of care guidelines or best practices as modified from time to time; or not clinically appropriate, and considered ineffective for the patient's Mental Illness, substance use disorder or condition based on generally accepted standards of medical practice and benchmarks. Mental Health Services as treatments for V-code conditions as listed within the current edition of the <i>Diagnostic and Statistical Manual of the American Psychiatric Association</i> . Mental Health Services as treatment for a primary diagnosis of insomnia and other sleep disorders, sexual dysfunction disorders, feeding disorders, neurological disorders and other disorders with a known physical basis. Treatments for the primary diagnoses of learning disabilities, conduct and impulse control disorders, personality disorders, paraphilias (sexual behavior that is considered deviant or abnormal). Educational/behavioral services that are focused on primarily building skills and capabilities in communication, social interaction and learning; tuition for or services that are school-based for children and adolescents under the Individuals with Disabilities Education Act. Learning, motor skills and primary communication disorders as defined in the current edition of the <i>Diagnostic and Statistical Manual of the American Psychiatric Association</i> . Mental retardation as a primary diagnosis defined in the current edition of the <i>Diagnostic and Statistical Manual of the American Psychiatric Association</i> . Methadone treatment as maintenance, L.A.A.M. (1-Alpha-Acetyl-Methadol), Cyclozocine, or their equivalents for drug addiction. Intensive behavioral therapies such as applied behavioral analysis for Autism Spectrum Disorders. Any treatments or other specialized services designed for Autism Spectrum Disorder that are not backed by credible research demonstrating that the services or supplies have a measurable and beneficial health outcome and therefore considered Experimental or Investigational or Unproven Services. |  |
| <b>Nutrition</b>  |  |
| Nutritional or cosmetic therapy using high dose or mega quantities of vitamins, minerals or elements, and other nutrition based therapy. Nutritional counseling for either individuals or groups except as defined under Diabetes Services in the SPD. Food of any kind. Foods that are not covered include: enteral feedings and other nutritional and electrolyte formulas, including infant formula and donor breast milk unless they are the only source of nutrition or unless they are specifically created to treat inborn errors of metabolism such as phenylketonuria (PKU) – infant formula available over the counter is always excluded; foods to control weight, treat obesity (including liquid diets), lower cholesterol or control diabetes; oral vitamins and minerals; meals you can order from a menu, for an additional charge, during an Inpatient Stay, and other dietary and electrolyte supplements; and health education classes unless offered by UnitedHealthcare or its affiliates, including but not limited to asthma, smoking cessation, and weight control classes.   |  |

| <b>MEDICAL EXCLUSIONS Continued</b>  |  |
|--|--|
| <b>Personal Care, Comfort or Convenience</b>   |  |
| Television; telephone; beauty/barber service; guest service. Supplies, equipment and similar incidental services and supplies for personal comfort. Examples include: air conditioners, air purifiers and filters, dehumidifiers and humidifiers; batteries and battery chargers; breast pumps; car seats; chairs, bath chairs, feeding chairs, toddler chairs, chair lifts, recliners; electric scooters; exercise equipment and treadmills; home modifications to accommodate a health need such as ramps, swimming pools, elevators, handrails and stair glides; hot tubs; Jacuzzis; saunas and whirlpools; ergonomically correct chairs, non-Hospital beds, comfort beds, mattresses; medical alert systems; motorized beds; music devices; personal computers, pillows; power-operated vehicles; radios; saunas; strollers; safety equipment; vehicle modifications such as van lifts; and video players. |  |
| <b>Physical Appearance</b>   |  |

|  |
|--|
| <p>Cosmetic Procedures. See the definition in the SPD. Examples include: pharmacological regimens, nutritional procedures or treatments; Scar or tattoo removal or revision procedures (such as salabrasion, chemosurgery and other such skin abrasion procedures); Skin abrasion procedures performed as a treatment for acne; treatment of hair loss; varicose vein treatment of the lower extremities, when it is considered cosmetic; Liposuction or removal of fat deposits considered undesirable, including fat accumulation under the male breast and nipple; Treatment for skin wrinkles or any treatment to improve the appearance of the skin; Treatment for spider veins; Hair removal or replacement by any means. Replacement of an existing intact breast implant if the earlier breast implant was performed as a Cosmetic Procedure. Treatment of benign gynecomastia (abnormal breast enlargement in males). Physical conditioning programs such as athletic training, body-building, exercise, fitness, flexibility, health club memberships and programs, spa treatments and diversion or general motivation. Weight loss programs whether or not they are under medical supervision. Weight loss programs for medical reasons are also excluded, even if for morbid obesity.</p>  |
| <p><b>Procedures and Treatments</b></p> <p>Procedure or surgery to remove fatty tissue such as panniculectomy, abdominoplasty, thighplasty, brachioplasty, or mastopexy. Excision or elimination of hanging skin on any part of the body. Examples include plastic surgery procedures called abdominoplasty or abdominal panniculectomy, and brachioplasty. Medical and surgical treatment of excessive sweating (hyperhidrosis). Medical and surgical treatment for snoring, except when provided as a part of treatment for documented obstructive sleep apnea. Rehabilitation services and Manipulative Treatment to improve general physical condition that are provided to reduce potential risk factors, where significant therapeutic improvement is not expected, including but not limited to routine, long-term or maintenance/preventive treatment. Speech therapy except as required for treatment of a speech impediment or speech dysfunction that results from Injury, stroke, cancer, Congenital Anomaly, or autism spectrum disorders. Speech therapy to treat stuttering, stammering or other articulation disorders. Psychosurgery. Sex transformation operations. Physiological modalities and procedures that result in similar or redundant therapeutic effects when performed on the same body region during the same visit or office encounter. Biofeedback. Manipulative treatment to treat a condition unrelated to spinal manipulation and ancillary physiologic treatment rendered to restore/improve motion, reduce pain and improve function, such as asthma or allergies. Manipulative treatment (the therapeutic application of chiropractic and osteopathic manipulative treatment with or without ancillary physiologic treatment and/or rehabilitative methods rendered to restore/improve motion, reduce pain and improve function). Services for the evaluation and treatment of temporomandibular joint syndrome (TMJ), whether the services are considered to be dental in nature, the following services for the diagnosis and treatment of TMJ: surface electromyography; Doppler analysis; vibration analysis; computerized mandibular scan or jaw tracking; cranosacral therapy; orthodontics; occlusal adjustment; dental restorations. Upper and lower jawbone surgery except as required for direct treatment of acute traumatic Injury, dislocation, tumors or cancer. Orthognathic surgery (procedure to correct underbite or overbite) and jaw alignment. Breast reduction except as coverage is required by the Women's Health and Cancer Right's Act of 1998 for which Benefits are described under Reconstructive Procedures in the SPD. Non-surgical treatment of obesity even if for morbid obesity. Surgical treatment of obesity unless there is a diagnosis of morbid obesity as described under Obesity Surgery in the SPD. Treatment of tobacco dependency. Chelation therapy, except to treat heavy metal poisoning.</p> |
| <p><b>Providers</b></p> <p>Services performed by a provider who is a family member by birth or marriage. Examples include a spouse, brother, sister, parent or child. This includes any service the provider may perform on himself or herself. Services performed by a provider with your same legal residence. Services ordered or delivered by a Christian Science practitioner. Services performed by an unlicensed provider or a provider who is operating outside of the scope of his/her license. Services provided at a free-standing or Hospital-based diagnostic facility without an order written by a Physician or other provider. Services which are self-directed to a free-standing or Hospital-based diagnostic facility. Services ordered by a Physician or other provider who is an employee or representative of a free-standing or Hospital-based diagnostic facility, when that Physician or other provider has not been actively involved in your medical care prior to ordering the service, or is not actively involved in your medical care after the service is received. This exclusion does not apply to mammography.</p>  |
| <p><b>Reproduction</b></p> <p>Health services and associated expenses for infertility treatments, including assisted reproductive technology, regardless of the reason for the treatment. This exclusion does not apply to services required to treat or correct underlying causes of infertility. The following infertility treatment-related services: cryo-preservation and other forms of preservation of reproductive materials, long-term storage of reproductive materials such as sperm, eggs, embryos, ovarian tissue, and testicular tissue, donor services. Surrogate parenting, donor eggs, donor sperm and host uterus. Storage and retrieval of all reproductive materials. Examples include eggs, sperm, testicular tissue and ovarian tissue. The reversal of voluntary sterilization. Health services and associated expenses for elective surgical, non-surgical, or drug-induced Pregnancy termination. This exclusion does not apply to treatment of a molar Pregnancy, ectopic Pregnancy, or missed abortion (commonly known as a miscarriage). Services provided by a doula (labor aide) and parenting, prenatal or birthing classes. Artificial reproduction treatments done for genetic or eugenic.</p>  |
| <p><b>Services Provided under Another Plan</b></p> <p>Health services for which other coverage is available under another plan, except for Eligible Expenses payable as described in the SPD. Examples include coverage required by workers' compensation, no-fault auto insurance, or similar legislation. If coverage under workers' compensation, no-fault automobile coverage or similar legislation is optional for you because you could elect it, or could have it elected for you. Health services for treatment of military service-related disabilities, when you are legally entitled to other coverage and facilities are reasonably available to you. Health services while on active military duty.</p>  |
| <p><b>Transplants</b></p> <p>Health services for organ and tissue transplants, except as identified under Transplantation Services in the SPD unless UnitedHealthcare determines the transplant to be appropriate according to UnitedHealthcare's transplant guidelines. Mechanical or animal organ transplants, except services related to the implant or removal of a circulatory assist device (a device that supports the heart while the patient waits for a suitable donor heart to become available); and donor costs for organ or tissue transplantation to another person (these costs may be payable through the recipient's benefit plan).</p>  |
| <p><b>Travel</b></p> <p>Health services provided in a foreign country, unless required as Emergency Health Services. Travel or transportation expenses, even if ordered by a Physician, except as identified under Travel and Lodging in the SPD. Additional travel expenses related to Covered Health Services received from a Designated Facility or Designated Physician may be reimbursed at the Plan's discretion.</p>  |
| <p><b>Types of Care</b></p> <p>Multi-disciplinary pain management programs provided on an inpatient basis for acute pain or for exacerbation of chronic pain. Custodial care; domiciliary care. Private Duty Nursing. Respite care. This exclusion does not apply to respite care that is part of an integrated hospice care program of services provided to a terminally ill person by a licensed hospice care agency for which Benefits are described under Hospice Care in the SPD. Rest cures; services of personal care attendants. Work hardening (individualized treatment programs designed to return a person to work or to prepare a person for specific work).</p>  |
| <p><b>Vision and Hearing</b></p> <p>Purchase cost and associated fitting charge for eye glasses and contact lenses. Implantable lenses used only to correct a refractive error (such as Intacs corneal implants). Bone anchored hearing aids except when either of the following applies: for Covered Persons with craniofacial anomalies whose abnormal or absent ear canals preclude the use of a wearable hearing aid or for Covered Persons with hearing loss of sufficient severity that it would not be adequately remedied by a wearable hearing aid. Eye exercise or vision therapy. Surgery and other related treatment that is intended to correct nearsightedness, farsightedness, presbyopia and astigmatism including, but not limited to, procedures such as laser and other refractive eye surgery and radial keratotomy.</p>   |
| <p><b>All Other Exclusions</b></p> <p>Health services and supplies that do not meet the definition of a Covered Health Service – see the definition of Covered Health Services in the Glossary in the SPD. Physical, psychiatric or psychological exams, testing, vaccinations, immunizations or treatments when: required solely for purposes of education, school, sports or camp, travel, career or employment, insurance, marriage or adoption; or as a result of incarceration; related to judicial or administrative proceedings or orders; conducted for purposes of medical research; required to obtain or maintain a license of any type. Health services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country. This exclusions does not apply to Covered Persons who are civilians injured or otherwise affected by war, any act of war or terrorism in a non-war zone. Health services received after the date your coverage under the Plan ends. This applies to all health services, even if the health service is required to treat a medical condition that arose before the date your coverage under the Plan ended. Health services for which you have no legal responsibility to pay, or for which a charge would not ordinarily be made in the absence of coverage under the Plan. Charges that exceed Eligible Expenses or any specified limitation in the SPD. Foreign language and sign language services. Health services when a provider waives the Copay, Annual Deductible or Coinsurance amounts. Autopsies and other coroner services and transportation services for a corpse. Charges for: missed appointments; room or facility reservations; completion of claim forms; or record processing. Charges prohibited by federal anti-kickback or self-referral status. Diagnostic tests that are: delivered in other than a Physician's office or health care facility; and self-administered home diagnostic tests, including but not limited to HIV and pregnancy tests. Vision therapy when rendered in connection with behavioral health disorders, including but not limited to: learning and reading disabilities; attention deficit/hyperactive disorder; TBI; or dystlexia.</p>  |



**Benefit Summary  
Choice HRA Plan**

The School District of Escambia County Medical Plan

*This document is provided as a sample and does not reflect actual benefits.*

*A customized Benefit Summary or Summary Plan Description (SPD) will be created during implementation of the business.*

**UnitedHealthcare and The School District of Escambia County want to help you take control and make the most of your health care benefits.**

**That's why we provide convenient services to get your health care questions answered quickly and accurately:**

- **myuhc.com**® - Take advantage of easy, time-saving online tools. You can check your eligibility, benefits, claims, claim payments, search for a doctor and hospital and much, much more.
- **24-hour nurse support** – A nurse is a phone call away and you have other health resources available 24-hours a day, 7 days a week to provide you with information that can help you make informed decisions. Just call the number on the back of your ID card.
- **Customer Care telephone support** – Need more help? Call a customer care professional using the toll-free number on the back of your ID card. Get answers to your benefit questions or receive help looking for a doctor or hospital.

The Benefit Summary is intended only to highlight your Benefits and should not be relied upon to fully determine your coverage. If this Benefit Summary conflicts in any way with the Summary Plan Description (SPD), the SPD shall prevail. It is recommended that you review your SPD for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

**PLAN HIGHLIGHTS**

|   |                                   |
|---|-----------------------------------|
| Types of Coverage   | Network Benefits                  |
| <b>Annual Deductible</b>  |                                   |
| Individual Deductible   | \$2,500 per year                  |
| Family Deductible   | \$5,500 per year                  |
| <ul style="list-style-type: none"> <li>• Member Copayments do not accumulate towards the Deductible</li> </ul>  |                                   |
| <b>Out-of-Pocket Maximum</b>  |                                   |
| Individual Out-of-Pocket Maximum  | \$4,000 per year                  |
| Family Out-of-Pocket Maximum  | \$12,000 per year                 |
| <ul style="list-style-type: none"> <li>• The Out-of-Pocket Maximum does not include the Annual Deductible.</li> <li>• Member Copayments do not accumulate towards the Out-of-Pocket Maximum.</li> </ul>   |                                   |
| <b>Benefit Plan Coinsurance – The Amount the Plan Pays</b>  |                                   |
|   | 80% after Deductible has been met |
| <b>Lifetime Maximum Benefit</b>   |                                   |
| The maximum amount the Plan will pay during the entire period of time you are enrolled under the Plan   | Unlimited                         |
| <b>Prescription Drug Benefits</b>   |                                   |
| <ul style="list-style-type: none"> <li>• Prescription drug benefits are shown under separate cover.</li> </ul>  |                                   |
| <b>Information of Pre-service Notification</b>  |                                   |
| <i>*Pre-service Notification is required for certain services.</i>  |                                   |
| <b>Information on Benefit Limits</b>  |                                   |
| <ul style="list-style-type: none"> <li>• The Annual Deductible, Out-of-Pocket Maximum and Benefit limits are calculated on a calendar year basis.</li> <li>• All Benefits are reimbursed based on Eligible Expenses. For a definition of Eligible Expenses, please refer to your Summary Plan Description.</li> <li>• When Benefit limits apply, the limit refers to any combination of Network and Non-Network Benefits unless specifically stated in the Benefit category.</li> </ul> |                                   |

**BENEFITS**

|  |   |
|--|---|
| Types of Coverage  | Network Benefits  |
| <b>Ambulance Services – Emergency and Non-Emergency</b>  |   |
|  | * 100% after you pay a copayment of \$150 for Ground Transportation or \$150 for Air Transportation |
| <b>Dental Services – Accident Only</b>   |   |
|  | * 80% after Deductible has been met   |
| <b>Durable Medical Equipment (DME)</b>   |   |
| Benefits are limited as follows:<br>\$2,000 per year and are limited to a single purchase of a type of Durable Medical Equipment (including repair and replacement) every three years. | 80% after Deductible has been met   |

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**BENEFITS**

| Types of Coverage  | Network Benefits   |
|--|--|
| <b>Emergency Health Services - Outpatient</b>  |  |
|  | 100% after you pay a \$250 Copayment per visit. If you are admitted as an inpatient to a Network Hospital directly from the Emergency room, you will not have to pay this Copayment. The Benefits for an Inpatient Stay in a Network Hospital will apply instead.                          |
| <b>Hearing Aids</b>  |  |
| Benefits are limited as follows:<br>\$2,000 per year and are limited to a single purchase (including repair/replacement) per hearing impaired ear every three years. The limitation is combined with Durable Medical Equipment   | 80% after Deductible has been met  |
| <b>Home Health Care</b>  |  |
|  | 80% after Deductible has been met  |
| <b>Hospice Care</b>  |  |
| Benefits are limited to a lifetime maximum of \$7,500  | 80% after Deductible has been met  |
| <b>Hospital – Inpatient Stay</b>   |  |
|  | 80% after Deductible has been met  |
| <b>Lab, X-Ray and Diagnostics - Outpatient</b>   |  |
| For Preventive Lab, X-Ray and Diagnostics, refer to the Preventive Care Services category.   | 80% after Deductible has been met  |
| <b>Lab, X-Ray and Major Diagnostics – CT, PET, MRI and Nuclear Medicine - Outpatient</b>   |  |
|  | 80% after Deductible has been met  |
| <b>Mental Health Services</b>  |  |
|  | 80% after Deductible has been met per Inpatient Stay<br>100% after you pay a \$25 Copayment per visit  |
| <b>Pharmaceutical Products - Outpatient</b>  |  |
| This includes medications administered in an outpatient setting, in the Physician's Office and by a Home Health Agency.  | 80% after Deductible has been met  |
| <b>Physician Fees for Surgical and Medical Services</b>  |  |
|  | 80% after Deductible has been met  |
| <b>Physician's Office Services – Sickness and Injury</b>   |  |
| Primary Physician Office Visit   | 100% after you pay a \$25 Copayment per visit  |
| Specialist Physician Office Visit  | 100% after you pay a \$50 Copayment per visit<br>For OB/GYN, 100% after you pay a \$25 copayment per visit   |
| <b>Pregnancy – Maternity Services</b>  |  |
|  | Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each covered Health Service category in this Benefit Summary<br><br>For services provided in the Physician's Office, a Copayment will only apply to the initial office visit. |
| <b>Preventive Care Services</b>  |  |
| Covered Health Services include but are not limited to:  |  |
| Primary Physician Office Visit   | 100% - no copayment applies  |
| Specialist Physician Office Visit  | 100% - no copayment applies  |
| Lab, X-Ray or other preventive tests   | 100% Deductible does not apply.  |
| <b>Prosthetic Devices</b>  |  |
| Benefits are limited as follows:<br>\$10,000 per year and are limited to a single purchase of each type of prosthetic device every three years.  | 80% after Deductible has been met  |
| <b>Reconstructive Procedures</b>   |  |
|  | Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary  |
| <b>Rehabilitation Services – Outpatient Therapy and Manipulative Treatment</b>   |  |
| Benefits are limited as follows:<br>20 visits of physical therapy<br>20 visits of occupational therapy<br>20 visits of manipulative treatment<br>20 visits of speech therapy<br>20 visits of pulmonary rehabilitation<br>36 visits of cardiac rehabilitation<br>30 visits of post-cochlear implant aural therapy | 100% after you pay a \$50 Copayment per visit  |

| <b>BENEFITS</b>  |                                   |
|--|-----------------------------------|
| Types of Coverage  | Network Benefits                  |
| <b>Scopic Procedures – Outpatient Diagnostic and Therapeutic</b> |                                   |
| Diagnostic scopic procedures include, but are not limited        | 80% after Deductible has been met |

| <b>BENEFITS</b>  |  |
|--|--|
| <b>Types of Coverage</b>   | <b>Network Benefits</b>  |
| to: Colonoscopy; Sigmoidoscopy; Endoscopy. For Preventive Scopic Procedures, refer to the Preventive Care Services category. |  |
| <b>Skilled Nursing Facility / Inpatient Rehabilitation Facility Services</b>   |  |
| <b>Benefits are limited as follows:</b><br>120 days per year   | 80% after Deductible has been met  |
| <b>Substance Use Disorder Services</b>   |  |
|  | 80% after deductible has been met per Inpatient Stay<br>100% after you pay a \$25 Copayment per visit                  |
| <b>Surgery – Outpatient</b>  |  |
|  | 80% after Deductible has been met  |
| <b>Transplantation Services</b>  |  |
|  | * 100% if services are received at a Designated Facility<br><i>Services must be received at a Designated Facility.</i> |
| <b>Urgent Care Center Services</b>   |  |
|  | 100% after you pay a \$50 Copayment per visit  |
| <b>Vision Examinations</b>   |  |
| <b>Benefits are limited as follows:</b><br>1 exam every 2 years  | 100% after you pay a \$50 Copayment per visit  |

| <b>MEDICAL EXCLUSIONS</b>   |  |
|---|--|
| It is recommended that you review your SPD for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.   |  |
| <b>Alternative Treatments</b>   |  |
| Acupressure; aromatherapy; hypnosis; massage therapy; rolfing (holistic tissue massage); art, music, dance, horseback therapy; and other forms of alternative treatment as defined by the National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health. This exclusion does not apply to Manipulative Treatment and non-manipulative osteopathic care for which Benefits are provided as described in the SPD.   |  |
| <b>Dental</b>   |  |
| Dental care (which includes dental X-rays, supplies and appliances and all associated expenses, including hospitalizations and anesthesia). This exclusion does not apply to dental care (oral examination, X-rays, extractions and non-surgical elimination of oral infection) required for the direct treatment of a medical condition for which Benefits are available under the Plan as described in the SPD. Dental care that is required to treat the effects of a medical condition, but that is not necessary to directly treat the medical condition, is excluded. Examples include treatment of dental caries resulting from dry mouth after radiation treatment or as a result of medication. Endodontics, periodontal surgery and restorative treatment are excluded. Diagnosis or treatment of or related to the teeth, jawbones or gums. Examples include: extraction (including wisdom teeth), restoration, and replacement of teeth; medical or surgical treatment of dental conditions; and services to improve dental clinical outcomes. This exclusion does not apply to accidental-related dental services for which Benefits are provided as described under Dental Services – Accidental Only in the SPD. Dental implants, bone grafts and other implant-related procedures. This exclusion does not apply to accident-related dental services for which Benefits are provided as described under Dental Services – Accident Only in the SPD. Dental braces (orthodontics). Congenital Anomaly such as cleft lip or cleft palate.   |  |
| <b>Devices, Appliances and Prosthetics</b>  |  |
| Devices used specifically as safety items or to affect performance in sports-related activities. Orthotic appliances that straighten or re-shape a body part as described under Durable Medical Equipment (DME) in the SPD. Examples include foot orthotics, cranial banding, or any orthotic braces, available over-the-counter. The following items are excluded: blood pressure cuff/monitor; enuresis alarm; non-wearable external defibrillator; trusses; and ultrasonic nebulizers. Devices and computers to assist in communication and speech except for speech generating devices and tracheo-esophageal voice devices for which Benefits are provided as described under Durable Medical Equipment. Oral appliances for snoring. Repair and replacement prosthetic devices when damaged due to misuse, malicious damage or gross neglect. Prosthetic devices. This exclusion does not apply to breast prosthesis, mastectomy bras and lymphedema stockings for which Benefits are provided as described under Reconstructive Procedures in the SPD.   |  |
| <b>Drugs</b>  |  |
| The exclusions listed below apply to the medical portion of the Plan only. Prescription Drug coverage is excluded under the medical plan because it is a separate benefit. Coverage may be available under the Prescription Drug portion of the Plan. See the SPD for coverage details and exclusions. Prescription drugs for outpatient use that are filled by a prescription order or refill. Self-injectable medications. This exclusion does not apply to medications which, due to their characteristics (as determined by UnitedHealthcare), must typically be administered or directly supervised by a qualified provider or licensed/certified health professional in an outpatient setting. Non-injectable medications given in a Physician's office. This exclusion does not apply to non-injectable medications that are required in an Emergency and consumed in the Physician's office. Over-the-counter drugs and treatments. Growth hormone therapy.   |  |
| <b>Experimental or Investigational or Unproven Services</b>   |  |
| Experimental or Investigational or Unproven Services, unless the Plan has agreed to cover them as defined in the SPD. This exclusion applies even if Experimental or Investigational Services or Unproven Services, treatments, devices or pharmacological regimens are the only available treatment options for your condition. This exclusion does not apply to Covered Health Services provided during a clinical trial for which Benefits are provided as described under Clinical Trials in the SPD.   |  |
| <b>Foot Care</b>  |  |
| Routine foot care. Examples include the cutting or removal of corns and calluses. This exclusion does not apply to preventive foot care for Covered Persons with diabetes for which Benefits are provided as described under Diabetes Services in the SPD or when needed for severe systemic disease. Cutting or removal of corns and calluses. Nail trimming, cutting, or debriding. Hygienic and preventive maintenance foot care; and other services that are performed when there is not a localized Sickness, Injury or symptom involving the foot. Examples include: cleaning and soaking the feet; applying skin creams in order to maintain skin tone. This exclusion does not apply to preventive foot care for Covered Persons who are at risk of neurological or vascular disease arising from diseases such as diabetes. Treatment of flat feet. Shoes (standard or custom), lifts and wedges; shoe orthotics; shoe inserts and arch supports.  |  |
| <b>Medical Supplies and Equipment</b>   |  |
| Prescribed or non-prescribed medical supplies and disposable supplies. Examples include: elastic stockings, ace bandages, diabetic strips, and syringes; urinary catheters. This exclusion does not apply to: <ul style="list-style-type: none"> <li>• Disposable supplies necessary for the effective use of Durable Medical Equipment for which Benefits are provided as described under Durable Medical Equipment in the SPD.</li> <li>• Diabetic supplies for which Benefits are provided as described under Diabetes Services in the SPD.</li> <li>• Ostomy bags and related supplies for which Benefits are provided as described under Ostomy Supplies in the SPD.</li> </ul> Tubings, nasal cannulas, connectors and masks, except when used with Durable Medical Equipment as described under Durable Medical Equipment in the SPD. The repair and replacement of Durable Medical Equipment when damaged due to misuse, malicious breakage or gross neglect and deodorants, filters, lubricants, tape, appliance clears, adhesive, adhesive remover or other items that are not specifically identified in the SPD.  |  |
| <b>Mental Health / Substance Use Disorder</b>   |  |
| Services performed in connection with conditions not classified in the current edition of the <i>Diagnostic and Statistical Manual of the American Psychiatric Association</i> . Services or supplies for the diagnosis or treatment of Mental Illness, alcoholism or substance use disorders that, in the reasonable judgment of the Mental Health/Substance Use Disorder Administrator, are any of the following: not consistent with generally accepted standards of medical practice for the treatment of such conditions; not consistent with services backed by credible research soundly demonstrating that the services or supplies will have a measurable and beneficial health outcome, and therefore considered experimental; not consistent with the Mental Health/Substance Use Disorder Administrator's level of care guidelines or best practices as modified from time to time; or not clinically appropriate, and considered ineffective for the patient's Mental Illness, substance use disorder or condition based on generally accepted standards of medical practice and benchmarks. Mental Health Services as treatments for V-code conditions as listed within the current edition of the <i>Diagnostic and Statistical Manual of the American Psychiatric Association</i> . Mental Health Services as treatment for a primary diagnosis of insomnia and other sleep disorders, sexual dysfunction disorders, feeding disorders, neurological disorders and other disorders with a known physical basis. Treatments for the primary diagnoses of learning disabilities, conduct and impulse control disorders, personality disorders, paraphilias (sexual behavior that is considered deviant or abnormal). Educational/behavioral services that are focused on primarily building skills and capabilities in communication, social interaction and learning; tuition for or services that are school-based for children and adolescents under the Individuals with Disabilities Education Act. Learning, motor skills and primary communication disorders as defined in the current edition of the <i>Diagnostic and Statistical Manual of the American Psychiatric Association</i> . Mental retardation as a primary diagnosis defined in the current edition of the <i>Diagnostic and Statistical Manual of the American Psychiatric Association</i> . Methadone treatment as maintenance, L.A.A.M. (1-Alpha-Acetyl-Methadol), Cyclozocine, or their equivalents for drug addiction. Intensive behavioral therapies such as applied behavioral analysis for Autism Spectrum Disorders. Any treatments or other specialized services designed for Autism Spectrum Disorder that are not backed by credible research demonstrating that the services or supplies have a measurable and beneficial health outcome and therefore considered Experimental or Investigational or Unproven Services. |  |
| <b>Nutrition</b>  |  |
| Nutritional or cosmetic therapy using high dose or mega quantities of vitamins, minerals or elements, and other nutrition based therapy. Nutritional counseling for either individuals or groups except as defined under Diabetes Services in the SPD. Food of any kind. Foods that are not covered include: enteral feedings and other nutritional and electrolyte formulas, including infant formula and donor breast milk unless they are the only source of nutrition or unless they are specifically created to treat inborn errors of metabolism such as phenylketonuria (PKU) – infant formula available over the counter is always excluded; foods to control weight, treat obesity (including liquid diets), lower cholesterol or control diabetes; oral vitamins and minerals; meals you can order from a menu, for an additional charge, during an Inpatient Stay, and other dietary and electrolyte supplements; and health education classes unless offered by UnitedHealthcare or its affiliates, including but not limited to asthma, smoking cessation, and weight control classes.   |  |

| <b>MEDICAL EXCLUSIONS Continued</b>  |  |
|--|--|
| <b>Personal Care, Comfort or Convenience</b>   |  |
| Television; telephone; beauty/barber service; guest service. Supplies, equipment and similar incidental services and supplies for personal comfort. Examples include: air conditioners, air purifiers and filters, dehumidifiers and humidifiers; batteries and battery chargers; breast pumps; car seats; chairs, bath chairs, feeding chairs, toddler chairs, chair lifts, recliners; electric scooters; exercise equipment and treadmills; home modifications to accommodate a health need such as ramps, swimming pools, elevators, handrails and stair glides; hot tubs; Jacuzzis, saunas and whirlpools; ergonomically correct chairs, non-Hospital beds, comfort beds, mattresses; medical alert systems; motorized beds; music devices; personal computers, pillows; power-operated vehicles; radios; saunas; strollers; safety equipment; vehicle modifications such as van lifts; and video players. |  |



|  |
|--|
| <b>Physical Appearance</b>   |
| Cosmetic Procedures. See the definition in the SPD. Examples include: pharmacological regimens, nutritional procedures or treatments; Scar or tattoo removal or revision procedures (such as salabrasion, chemosurgery and other such skin abrasion procedures); Skin abrasion procedures performed as a treatment for acne; treatment of hair loss; varicose vein treatment of the lower extremities, when it is considered cosmetic; Liposuction or removal of fat deposits considered undesirable, including fat accumulation under the male breast and nipple; Treatment for skin wrinkles or any treatment to improve the appearance of the skin; Treatment for spider veins; Hair removal or replacement by any means. Replacement of an existing intact breast implant if the earlier breast implant was performed as a Cosmetic Procedure. Treatment of benign gynecomastia (abnormal breast enlargement in males). Physical conditioning programs such as athletic training, body-building, exercise, fitness, flexibility, health club memberships and programs, spa treatments and diversion or general motivation. Weight loss programs whether or not they are under medical supervision. Weight loss programs for medical reasons are also excluded, even if for morbid obesity.   |
| <b>Procedures and Treatments</b>   |
| Procedure or surgery to remove fatty tissue such as panniculectomy, abdominoplasty, thighplasty, brachioplasty, or mastopexy. Excision or elimination of hanging skin on any part of the body. Examples include plastic surgery procedures called abdominoplasty or abdominal panniculectomy, and brachioplasty. Medical and surgical treatment of excessive sweating (hyperhidrosis). Medical and surgical treatment for snoring, except when provided as a part of treatment for documented obstructive sleep apnea. Rehabilitation services and Manipulative Treatment to improve general physical condition that are provided to reduce potential risk factors, where significant therapeutic improvement is not expected, including but not limited to routine, long-term or maintenance/preventive treatment. Speech therapy except as required for treatment of a speech impediment or speech dysfunction that results from Injury, stroke, cancer, Congenital Anomaly, or autism spectrum disorders. Speech therapy to treat stuttering, stammering or other articulation disorders. Psychosurgery. Sex transformation operations. Physiological modalities and procedures that result in similar or redundant therapeutic effects when performed on the same body region during the same visit or office encounter. Biofeedback. Manipulative treatment to treat a condition unrelated to spinal manipulation and ancillary physiologic treatment rendered to restore/improve motion, reduce pain and improve function, such as asthma or allergies. Manipulative treatment (the therapeutic application of chiropractic and osteopathic manipulative treatment with or without ancillary physiologic treatment and/or rehabilitative methods rendered to restore/improve motion, reduce pain and improve function). Services for the evaluation and treatment of temporomandibular joint syndrome (TMJ), whether the services are considered to be dental in nature, the following services for the diagnosis and treatment of TMJ: surface electromyography; Doppler analysis; vibration analysis; computerized mandibular scan or jaw tracking; craniosacral therapy; orthodontics; occlusal adjustment; dental restorations. Upper and lower jawbone surgery except as required for direct treatment of acute traumatic Injury, dislocation, tumors or cancer. Orthognathic surgery (procedure to correct underbite or overbite) and jaw alignment. Breast reduction except as coverage is required by the Women's Health and Cancer Right's Act of 1998 for which Benefits are described under Reconstructive Procedures in the SPD. Non-surgical treatment of obesity even if for morbid obesity. Surgical treatment of obesity unless there is a diagnosis of morbid obesity as described under Obesity Surgery in the SPD. Treatment of tobacco dependency. Chelation therapy, except to treat heavy metal poisoning. |
| <b>Providers</b>   |
| Services performed by a provider who is a family member by birth or marriage. Examples include a spouse, brother, sister, parent or child. This includes any service the provider may perform on himself or herself. Services performed by a provider with your same legal residence. Services ordered or delivered by a Christian Science practitioner. Services performed by an unlicensed provider or a provider who is operating outside of the scope of his/her license. Services provided at a free-standing or Hospital-based diagnostic facility without an order written by a Physician or other provider. Services which are self-directed to a free-standing or Hospital-based diagnostic facility. Services ordered by a Physician or other provider who is an employee or representative of a free-standing or Hospital-based diagnostic facility, when that Physician or other provider has not been actively involved in your medical care prior to ordering the service, or is not actively involved in your medical care after the service is received. This exclusion does not apply to mammography.   |
| <b>Reproduction</b>  |
| Health services and associated expenses for infertility treatments, including assisted reproductive technology, regardless of the reason for the treatment. This exclusion does not apply to services required to treat or correct underlying causes of infertility. The following infertility treatment-related services: cryo-preservation and other forms of preservation of reproductive materials, long-term storage of reproductive materials such as sperm, eggs, embryos, ovarian tissue, and testicular tissue, donor services. Surrogate parenting, donor eggs, donor sperm and host uterus. Storage and retrieval of all reproductive materials. Examples include eggs, sperm, testicular tissue and ovarian tissue. The reversal of voluntary sterilization. Health services and associated expenses for elective surgical, non-surgical, or drug-induced Pregnancy termination. This exclusion does not apply to treatment of a molar Pregnancy, ectopic Pregnancy, or missed abortion (commonly known as a miscarriage). Services provided by a doula (labor aide); and parenting, prenatal or birthing classes. Artificial reproduction treatments done for genetic or eugenic.   |
| <b>Services Provided under Another Plan</b>  |
| Health services for which other coverage is available under another plan, except for Eligible Expenses payable as described in the SPD. Examples include coverage required by workers' compensation, no-fault auto insurance, or similar legislation. If coverage under workers' compensation, no-fault automobile coverage or similar legislation is optional for you because you could elect it, or could have it elected for you. Health services for treatment of military service-related disabilities, when you are legally entitled to other coverage and facilities are reasonably available to you. Health services while on active military duty.  |
| <b>Transplants</b>   |
| Health services for organ and tissue transplants, except as identified under Transplantation Services in the SPD unless UnitedHealthcare determines the transplant to be appropriate according to UnitedHealthcare's transplant guidelines. Mechanical or animal organ transplants, except services related to the implant or removal of a circulatory assist device (a device that supports the heart while the patient waits for a suitable donor heart to become available); and donor costs for organ or tissue transplantation to another person (these costs may be payable through the recipient's benefit plan).   |
| <b>Travel</b>  |
| Health services provided in a foreign country, unless required as Emergency Health Services. Travel or transportation expenses, even if ordered by a Physician, except as identified under Travel and Lodging in the SPD. Additional travel expenses related to Covered Health Services received from a Designated Facility or Designated Physician may be reimbursed at the Plan's discretion.  |
| <b>Types of Care</b>   |
| Multi-disciplinary pain management programs provided on an inpatient basis for acute pain or for exacerbation of chronic pain. Custodial care; domiciliary care. Private Duty Nursing. Respite care. This exclusion does not apply to respite care that is part of an integrated hospice care program of services provided to a terminally ill person by a licensed hospice care agency for which Benefits are described under Hospice Care in the SPD. Rest cures; services of personal care attendants. Work hardening (individualized treatment programs designed to return a person to work or to prepare a person for specific work).   |
| <b>Vision and Hearing</b>  |
| Purchase cost and associated fitting charge for eye glasses and contact lenses. Implantable lenses used only to correct a refractive error (such as Intacs corneal implants). Bone anchored hearing aids except when either of the following applies: for Covered Persons with craniofacial anomalies whose abnormal or absent ear canals preclude the use of a wearable hearing aid or for Covered Persons with hearing loss of sufficient severity that it would not be adequately remedied by a wearable hearing aid. Eye exercise or vision therapy. Surgery and other related treatment that is intended to correct nearsightedness, farsightedness, presbyopia and astigmatism including, but not limited to, procedures such as laser and other refractive eye surgery and radial keratotomy.   |
| <b>All Other Exclusions</b>  |
| Health services and supplies that do not meet the definition of a Covered Health Service – see the definition of Covered Health Services in the Glossary in the SPD. Physical, psychiatric or psychological exams, testing, vaccinations, immunizations or treatments when: required solely for purposes of education, school, sports or camp, travel, career or employment, insurance, marriage or adoption; or as a result of incarceration; related to judicial or administrative proceedings or orders; conducted for purposes of medical research; required to obtain or maintain a license of any type. Health services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country. This exclusion does not apply to Covered Persons who are civilians injured or otherwise affected by war, any act of war or terrorism in a non-war zone. Health services received after the date your coverage under the Plan ends. This applies to all health services, even if the health service is required to treat a medical condition that arose before the date your coverage under the Plan ended. Health services for which you have no legal responsibility to pay, or for which a charge would not ordinarily be made in the absence of coverage under the Plan. Charges that exceed Eligible Expenses or any specified limitation in the SPD. Foreign language and sign language services. Health services when a provider waives the Copay, Annual Deductible or Coinsurance amounts. Autopsies and other coroner services and transportation services for a corpse. Charges for: missed appointments; room or facility reservations; completion of claim forms; or record processing. Charges prohibited by federal anti-kickback or self-referral status. Diagnostic tests that are: delivered in other than a Physician's office or health care facility; and self-administered home diagnostic tests, including but not limited to HIV and pregnancy tests. Vision therapy when rendered in connection with behavioral health disorders, including but not limited to: learning and reading disabilities; attention deficit/hyperactive disorder; TBI; or dyslexia.  |



**Benefit Summary  
Options PPO**

The School District of Escambia County Medical Plan

*This document is provided as a sample and does not reflect actual benefits.*

*A customized Benefit Summary or Summary Plan Description (SPD) will be created during implementation of the business.*

**UnitedHealthcare and The School District of Escambia County want to help you take control and make the most of your health care benefits.**

**That's why we provide convenient services to get your health care questions answered quickly and accurately:**

- **myuhc.com**<sup>®</sup> - Take advantage of easy, time-saving online tools. You can check your eligibility, benefits, claims, claim payments, search for a doctor and hospital and much, much more.
- **24-hour nurse support** – A nurse is a phone call away and you have other health resources available 24-hours a day, 7 days a week to provide you with information that can help you make informed decisions. Just call the number on the back of your ID card.
- **Customer Care telephone support** – Need more help? Call a customer care professional using the toll-free number on the back of your ID card. Get answers to your benefit questions or receive help looking for a doctor or hospital.

The Benefit Summary is intended only to highlight your Benefits and should not be relied upon to fully determine your coverage. If this Benefit Summary conflicts in any way with the Summary Plan Description (SPD), the SPD shall prevail. It is recommended that you review your SPD for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

**PLAN HIGHLIGHTS**

| Types of Coverage   | Network Benefits                  | Non-Network Benefits              |
|---|-----------------------------------|-----------------------------------|
| <b>Annual Deductible</b>  |                                   |                                   |
| Individual Deductible   | \$500 per year                    | \$1,000 per year                  |
| Family Deductible   | \$1,500 per year                  | \$3,000 per year                  |
| <ul style="list-style-type: none"> <li>• Member Copayments do not accumulate towards the Deductible</li> </ul>  |                                   |                                   |
| <b>Out-of-Pocket Maximum</b>  |                                   |                                   |
| Individual Out-of-Pocket Maximum  | \$3,000 per year                  | \$5,000 per year                  |
| Family Out-of-Pocket Maximum  | \$9,000 per year                  | \$15,000 per year                 |
| <ul style="list-style-type: none"> <li>• The Out-of-Pocket Maximum does not include the Annual Deductible.</li> <li>• Member Copayments do not accumulate towards the Out-of-Pocket Maximum.</li> </ul>   |                                   |                                   |
| <b>Benefit Plan Coinsurance – The Amount the Plan Pays</b>  |                                   |                                   |
|   | 80% after Deductible has been met | 60% after Deductible has been met |
| <b>Lifetime Maximum Benefit</b>   |                                   |                                   |
| The maximum amount the Plan will pay during the entire period of time you are enrolled under the Plan   | Unlimited                         | Unlimited                         |
| <b>Prescription Drug Benefits</b>   |                                   |                                   |
| <ul style="list-style-type: none"> <li>• Prescription drug benefits are shown under separate cover.</li> </ul>  |                                   |                                   |
| <b>Information of Pre-service Notification</b>  |                                   |                                   |
| *Pre-service Notification is required for certain services.   |                                   |                                   |
| **Pre-service Notification is required for Equipment in excess of \$1,000.  |                                   |                                   |
| <b>Information on Benefit Limits</b>  |                                   |                                   |
| <ul style="list-style-type: none"> <li>• The Annual Deductible, Out-of-Pocket Maximum and Benefit limits are calculated on a calendar year basis.</li> <li>• All Benefits are reimbursed based on Eligible Expenses. For a definition of Eligible Expenses, please refer to your Summary Plan Description.</li> <li>• When Benefit limits apply, the limit refers to any combination of Network and Non-Network Benefits unless specifically stated in the Benefit category.</li> </ul> |                                   |                                   |

**BENEFITS**

| Types of Coverage  | Network Benefits                     | Non-Network Benefits                 |
|--|--------------------------------------|--------------------------------------|
| <b>Ambulance Services – Emergency and Non-Emergency</b>  |                                      |                                      |
|  | * 80% after Deductible has been met* | * Same as network benefit            |
| <b>Dental Services – Accident Only</b>   |                                      |                                      |
|  | * 80% after Deductible has been met* | * Same as network benefit            |
| <b>Durable Medical Equipment (DME)</b>   |                                      |                                      |
| Benefits are limited as follows:<br>\$2,000 per year and are limited to a single purchase of a type of Durable Medical Equipment (including repair and replacement) every three years. | ** 80% after Deductible has been met | ** 60% after Deductible has been met |

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**BENEFITS**

| Types of Coverage  | Network Benefits   | Non-Network Benefits  |
|--|--|---|
| <b>Emergency Health Services - Outpatient</b>  |  |   |
|  | * 80% after Deductible has been met  | * Same as network benefit   |
| <b>Hearing Aids</b>  |  |   |
| Benefits are limited as follows:<br>\$2,000 per year and are limited to a single purchase (including repair/replacement) per hearing impaired ear every three years. The limitation is combined with Durable Medical Equipment | 80% after Deductible has been met  | 60% after Deductible has been met   |
| <b>Home Health Care</b>  |  |   |
|  | * 80% after Deductible has been met  | * 60% after Deductible has been met   |
| <b>Hospice Care</b>  |  |   |
| Benefits are limited to a lifetime maximum of \$7,500  | * 80% after Deductible has been met  | * 60% after Deductible has been met   |
| <b>Hospital – Inpatient Stay</b>   |  |   |
|  | * 80% after Deductible has been met  | * 60% after Deductible has been met   |
| <b>Lab, X-Ray and Diagnostics - Outpatient</b>   |  |   |
| For Preventive Lab, X-Ray and Diagnostics, refer to the Preventive Care Services category.   | 80% after Deductible has been met  | 60% after Deductible has been met   |
| <b>Lab, X-Ray and Major Diagnostics – CT, PET, MRI and Nuclear Medicine - Outpatient</b>   |  |   |
|  | 80% after Deductible has been met  | 60% after Deductible has been met   |
| <b>Mental Health Services</b>  |  |   |
|  | 80% after Deductible has been met per Inpatient Stay<br>80% after Deductible has been met per visit  | * 60% after Deductible has been met per Inpatient Stay and<br>60% after Deductible has been met per visit |
| <b>Pharmaceutical Products - Outpatient</b>  |  |   |
| This includes medications administered in an outpatient setting, in the Physician's Office and by a Home Health Agency.  | 80% after Deductible has been met  | 60% after Deductible has been met   |
| <b>Physician Fees for Surgical and Medical Services</b>  |  |   |
|  | 80% after Deductible has been met  | 60% after Deductible has been met   |
| <b>Physician's Office Services – Sickness and Injury</b>   |  |   |
| Primary Physician Office Visit   | 80% after Deductible has been met  | 60% after Deductible has been met   |
| Specialist Physician Office Visit  | 80% after Deductible has been met  | 60% after Deductible has been met   |
| <b>Pregnancy – Maternity Services</b>  |  |   |
|  | Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each covered Health Service category in this Benefit Summary.   |   |
|  | For services provided in the Physician's Office, a Copayment will only apply to the initial office visit.  |   |
| <i>Pre-service Notification is required if Inpatient Stay exceeds 48 hours following a normal vaginal delivery or 96 hours following a cesarean section delivery.</i>  |  |   |
| <b>Preventive Care Services</b>  |  |   |
| Covered Health Services include but are not limited to:  |  |   |
| Primary Physician Office Visit   | 100% - copayment and deductible does not apply   | Non-Network Benefits are not available  |
| Specialist Physician Office Visit  | 100% - copayment and deductible does not apply   |   |
| Lab, X-Ray or other preventive tests   | 100% - copayment and deductible does not apply   |   |
| <b>Prosthetic Devices</b>  |  |   |
| Benefits are limited as follows:<br>\$10,000 per year and are limited to a single purchase of each type of prosthetic device every three years.  | 80% after Deductible has been met  | 60% after Deductible has been met   |
| <b>Reconstructive Procedures</b>   |  |   |
|  | * Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary. |   |

| <b>BENEFITS</b>   |                                     |                                     |
|---|-------------------------------------|-------------------------------------|
| Types of Coverage   | Network Benefits                    | Non-Network Benefits                |
| <b>Rehabilitation Services – Outpatient Therapy and Manipulative Treatment</b>  |                                     |                                     |
| Benefits are limited as follows:<br>20 visits of physical therapy<br>20 visits of occupational therapy<br>20 visits of manipulative treatment | * 80% after Deductible has been met | * 60% after Deductible has been met |

| <b>BENEFITS</b>  |   |   |
|--|---|---|
| Types of Coverage  | Network Benefits  | Non-Network Benefits  |
| 20 visits of speech therapy<br>20 visits of pulmonary rehabilitation<br>36 visits of cardiac rehabilitation<br>30 visits of post-cochlear implant aural therapy                        |   |   |
| <b>Scopic Procedures – Outpatient Diagnostic and Therapeutic</b>   |   |   |
| Diagnostic scopic procedures include, but are not limited to: Colonoscopy; Sigmoidoscopy; Endoscopy. For Preventive Scopic Procedures, refer to the Preventive Care Services category. | 80% after Deductible has been met   | 60% after Deductible has been met   |
| <b>Skilled Nursing Facility / Inpatient Rehabilitation Facility Services</b>   |   |   |
| Benefits are limited as follows:<br>120 days per year  | * 80% after Deductible has been met   | * 60% after Deductible has been met   |
| <b>Substance Use Disorder Services</b>   |   |   |
|  | 80% after Deductible has been met per Inpatient Stay<br>80% after Deductible has been met per visit | * 60% after Deductible has been met per Inpatient Stay<br>60% after Deductible has been met per visit |
| <b>Surgery – Outpatient</b>  |   |   |
|  | 80% after Deductible has been met   | 60% after Deductible has been met   |
| <b>Transplantation Services</b>  |   |   |
|  | * 100% if services are received at a Designated Facility  | * 60% after Deductible has been met   |
|  | <i>For Network Benefits, services must be received at a Designated Facility.</i>                    |   |
| <b>Urgent Care Center Services</b>   |   |   |
|  | 80% after Deductible has been met   | 60% after Deductible has been met   |
| <b>Vision Examinations</b>   |   |   |
|  | Not Covered   | Not Covered   |

| <b>MEDICAL EXCLUSIONS</b>   |
|---|
| It is recommended that you review your SPD for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.   |
| <b>Alternative Treatments</b>   |
| Acupuncture; aromatherapy; hypnosis; massage therapy; rolfing (holistic tissue massage); art, music, dance, horseback therapy; and other forms of alternative treatment as defined by the National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health. This exclusion does not apply to Manipulative Treatment and non-manipulative osteopathic care for which Benefits are provided as described in the SPD.   |
| <b>Dental</b>   |
| Dental care (which includes dental X-rays, supplies and appliances and all associated expenses, including hospitalizations and anesthesia). This exclusion does not apply to dental care (oral examination, X-rays, extractions and non-surgical elimination of oral infection) required for the direct treatment of a medical condition for which Benefits are available under the Plan as described in the SPD. Dental care that is required to treat the effects of a medical condition, but that is not necessary to directly treat the medical condition, is excluded. Examples include treatment of dental caries resulting from dry mouth after radiation treatment or as a result of medication. Endodontics, periodontal surgery and restorative treatment are excluded. Diagnosis or treatment of or related to the teeth, jawbones or gums. Examples include: extraction (including wisdom teeth), restoration, and replacement of teeth; medical or surgical treatment of dental conditions; and services to improve dental clinical outcomes. This exclusion does not apply to accidental-related dental services for which Benefits are provided as described under Dental Services – Accidental Only in the SPD. Dental implants, bone grafts and other implant-related procedures. This exclusion does not apply to accident-related dental services for which Benefits are provided as described under Dental Services – Accidental Only in the SPD. Dental braces (orthodontics). Congenital Anomaly such as cleft lip or cleft palate. |
| <b>Devices, Appliances and Prosthetics</b>  |
| Devices used specifically as safety items or to affect performance in sports-related activities. Orthotic appliances that straighten or re-shape a body part as described under Durable Medical Equipment (DME) in the SPD. Examples include foot orthotics, cranial banding or any orthotic braces, available over-the-counter. The following items are excluded, blood pressure cuff/monitor; enuresis alarm; non-wearable external defibrillator; trusses; and ultrasonic nebulizers. Devices and computers to assist in communication and speech except for speech generating devices and tracheo-esophageal voice devices for which Benefits are provided as described under Durable Medical Equipment. Oral appliances for snoring. Repair and replacement prosthetic devices when damaged due to misuse, malicious damage or gross neglect. Prosthetic devices. This exclusion does not apply to breast prosthesis, mastectomy bras and lymphedema stockings for which Benefits are provided as described under Reconstructive Procedures in the SPD.  |
| <b>Drugs</b>  |
| The exclusions listed below apply to the medical portion of the Plan only. Prescription Drug coverage is excluded under the medical plan because it is a separate benefit. Coverage may be available under the Prescription Drug portion of the Plan. See the SPD for coverage details and exclusions. Prescription drugs for outpatient use that are filled by a prescription order or refill. Self-injectable medications. This exclusion does not apply to medications which, due to their characteristics (as determined by UnitedHealthcare), must typically be administered or directly supervised by a qualified provider or licensed/certified health professional in an outpatient setting. Non-injectable medications given in a Physician's office. This exclusion does not apply to non-injectable medications that are required in an Emergency and consumed in the Physician's office. Over-the-counter drugs and treatments. Growth hormone therapy.   |
| <b>Experimental or Investigational or Unproven Services</b>   |
| Experimental or Investigational or Unproven Services, unless the Plan has agreed to cover them as defined in the SPD. This exclusion applies even if Experimental or Investigational Services or Unproven Services, treatments, devices or pharmacological regimens are the only available treatment options for your condition. This exclusion does not apply to Covered Health Services provided during a clinical trial for which Benefits are provided as described under Clinical Trials in the SPD.   |
| <b>Foot Care</b>  |
| Routine foot care. Examples include the cutting or removal of corns and calluses. This exclusion does not apply to preventive foot care for Covered Persons with diabetes for which Benefits are provided as described under Diabetes Services in the SPD or when needed for severe systemic disease. Cutting or removal of corns and calluses. Nail trimming, cutting, or debriding. Hygienic and preventive maintenance foot care; and other services that are performed when there is not a localized Sickness, Injury or symptom involving the foot. Examples include: cleaning and soaking the feet; applying skin creams in order to maintain skin tone. This exclusion does not apply to preventive foot care for Covered Persons who are at risk of neurological or vascular disease arising from diseases such as diabetes. Treatment of flat feet. Shoes (standard or custom), lifts and wedges; shoe orthotics; shoe inserts and arch supports.  |
| <b>Medical Supplies and Equipment</b>   |
| Prescribed or non-prescribed medical supplies and disposable supplies. Examples include: elastic stockings, ace bandages, diabetic strips, and syringes; urinary catheters. This exclusion does not apply to: <ul style="list-style-type: none"> <li>• Disposable supplies necessary for the effective use of Durable Medical Equipment for which Benefits are provided as described under Durable Medical Equipment in the SPD.</li> <li>• Diabetic supplies for which Benefits are provided as described under Diabetes Services in the SPD.</li> <li>• Ostomy bags and related supplies for which Benefits are provided as described under Ostomy Supplies in the SPD.</li> </ul> Tubings, nasal cannulas, connectors and masks, except when used with Durable Medical Equipment as described under Durable Medical Equipment as described in the SPD. The repair and replacement of Durable Medical Equipment when damaged due to misuse, malicious breakage or gross neglect and deodorants, filters, lubricants, tape, appliance clears, adhesive, adhesive remover or other items that are not specifically identified in the SPD.   |

| <b>MEDICAL EXCLUSIONS Continued</b>  |
|--|
| <b>Mental Health / Substance Use Disorder</b>  |
| Services performed in connection with conditions not classified in the current edition of the <i>Diagnostic and Statistical Manual of the American Psychiatric Association</i> . Services or supplies for the diagnosis or treatment of Mental Illness, alcoholism or substance use disorders that, in the reasonable judgment of the Mental Health/Substance Use Disorder Administrator, are any of the following: not consistent with generally accepted standards of medical practice for the treatment of such conditions; not consistent with services backed by credible research soundly demonstrating that the services or supplies will have a measurable and beneficial health outcome, and therefore considered experimental; not consistent with the Mental Health/Substance Use |

|   |
|---|
| <p>Disorder Administrator's level of care guidelines or best practices as modified from time to time; or not clinically appropriate and considered ineffective for the patient's Mental Illness, substance use disorder or condition based on generally accepted standards of medical practice and benchmarks. Mental Health Services as treatments for V-code conditions as listed within the current edition of the <i>Diagnostic and Statistical Manual of the American Psychiatric Association</i>. Mental Health Services as treatment for a primary diagnosis of insomnia and other sleep disorders, sexual dysfunction disorders, feeding disorders, neurological disorders and other disorders with a known physical basis. Treatments for the primary diagnoses of learning disabilities, conduct and impulse control disorders, personality disorders, paraphilias (sexual behavior that is considered deviant or abnormal). Educational/behavioral services that are focused on primarily building skills and capabilities in communication, social interaction and learning; tuition for or services that are school-based for children and adolescents under the Individuals with Disabilities Education Act. Learning, motor skills and primary communication disorders as defined in the current edition of the <i>Diagnostic and Statistical Manual of the American Psychiatric Association</i>. Mental retardation as a primary diagnosis defined in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Methadone treatment as maintenance, L.A.A.M. (1-Alpha-Acetyl-Methadol), Cyclazocine, or their equivalents for drug addiction. Intensive behavioral therapies such as applied behavioral analysis for Autism Spectrum Disorders. Any treatments or other specialized services designed for Autism Spectrum Disorder that are not backed by credible research demonstrating that the services or supplies have a measurable and beneficial health outcome and therefore considered Experimental or Investigational or Unproven Services.</p>  |
| <p><b>Nutrition</b></p> <p>Nutritional or cosmetic therapy using high dose or mega quantities of vitamins, minerals or elements, and other nutrition based therapy. Nutritional counseling for either individuals or groups except as defined under Diabetes Services in the SPD. Food of any kind. Foods that are not covered include: enteral feedings and other nutritional and electrolyte formulas, including infant formula and donor breast milk unless they are the only source of nutrition or unless they are specifically created to treat inborn errors of metabolism such as phenylketonuria (PKU) – infant formula available over the counter is always excluded; foods to control weight, treat obesity (including liquid diets), lower cholesterol or control diabetes; oral vitamins and minerals; meals you can order from a menu, for an additional charge, during an Inpatient Stay, and other dietary and electrolyte supplements; and health education classes unless offered by UnitedHealthcare or its affiliates, including but not limited to asthma, smoking cessation, and weight control classes.</p>  |
| <p><b>Personal Care, Comfort or Convenience</b></p> <p>Television; telephone; beauty/barber service; guest service. Supplies, equipment and similar incidental services and supplies for personal comfort. Examples include: air conditioners, air purifiers and filters, dehumidifiers and humidifiers; batteries and battery chargers; breast pumps; car seats; chairs, bath chairs, feeding chairs, toddler chairs, chair lifts, recliners; electric scooters; exercise equipment and treadmills; home modifications to accommodate a health need such as ramps, swimming pools, elevators, handrails and stair glides; hot tubs; Jacuzzis, saunas and whirlpools; ergonomically correct chairs, non-Hospital beds, comfort beds, mattresses; medical alert systems; motorized beds; music devices; personal computers, pillows; power-operated vehicles; radios; saunas; strollers; safety equipment; vehicle modifications such as van lifts; and video players.</p>   |
| <p><b>Physical Appearance</b></p> <p>Cosmetic Procedures. See the definition in the SPD. Examples include: pharmacological regimens, nutritional procedures or treatments; Scar or tattoo removal or revision procedures (such as salabrasion, chemosurgery and other such skin abrasion procedures); Skin abrasion procedures performed as a treatment for acne; treatment of hair loss; varicose vein treatment of the lower extremities, when it is considered cosmetic; Liposuction or removal of fat deposits considered undesirable, including fat accumulation under the male breast and nipple; Treatment for skin wrinkles or any treatment to improve the appearance of the skin; Treatment for spider veins; Hair removal or replacement by any means. Replacement of an existing intact breast implant if the earlier breast implant was performed as a Cosmetic Procedure. Treatment of benign gynecomastia (abnormal breast enlargement in males). Physical conditioning programs such as athletic training, body-building, exercise, fitness, flexibility, health club memberships and programs, spa treatments and diversion or general motivation. Weight loss programs whether or not they are under medical supervision. Weight loss programs for medical reasons are also excluded, even if for morbid obesity.</p>   |
| <p><b>Procedures and Treatments</b></p> <p>Procedure or surgery to remove fatty tissue such as panniculectomy, abdominoplasty, thighplasty, brachioplasty, or mastopexy. Excision or elimination of hanging skin on any part of the body. Examples include plastic surgery procedures called abdominoplasty or abdominal panniculectomy, and brachioplasty. Medical and surgical treatment of excessive sweating (hyperhidrosis). Medical and surgical treatment for snoring, except when provided as a part of treatment for documented obstructive sleep apnea. Rehabilitation services and Manipulative Treatment to improve general physical condition that are provided to reduce potential risk factors, where significant therapeutic improvement is not expected, including but not limited to routine, long-term or maintenance/preventive treatment. Speech therapy except as required for treatment of a speech impediment or speech dysfunction that results from Injury, stroke, cancer, Congenital Anomaly, or autism spectrum disorders. Speech therapy to treat stuttering, stammering or other articulation disorders. Psychosurgery. Sex transformation operations. Physiological modalities and procedures that result in similar or redundant therapeutic effects when performed on the same body region during the same visit or office encounter. Biofeedback. Manipulative treatment to treat a condition unrelated to spinal manipulation and ancillary physiologic treatment rendered to restore/improve motion, reduce pain and improve function, such as asthma or allergies. Manipulative treatment (the therapeutic application of chiropractic and osteopathic manipulative treatment with or without ancillary physiologic treatment and/or rehabilitative methods rendered to restore/improve motion, reduce pain and improve function). Services for the evaluation and treatment of temporomandibular joint syndrome (TMJ), whether the services are considered to be dental in nature, the following services for the diagnosis and treatment of TMJ: surface electromyography; Doppler analysis; vibration analysis; computerized mandibular scan or jaw tracking; craniocervical therapy; orthodontics; occlusal adjustment; dental restorations. Upper and lower jawbone surgery except as required for direct treatment of acute traumatic injury, dislocation, tumors or cancer. Orthognathic surgery (procedure to correct underbite or overbite) and jaw alignment. Breast reduction except as coverage is required by the Women's Health and Cancer Right's Act of 1998 for which Benefits are described under Reconstructive Procedures in the SPD. Non-surgical treatment of obesity even if for morbid obesity. Surgical treatment of obesity unless there is a diagnosis of morbid obesity as described under Obesity Surgery in the SPD. Treatment of tobacco dependency. Chelation therapy, except to treat heavy metal poisoning.</p> |
| <p><b>Providers</b></p> <p>Services performed by a provider who is a family member by birth or marriage. Examples include a spouse, brother, sister, parent or child. This includes any service the provider may perform on himself or herself. Services performed by a provider with your same legal residence. Services ordered or delivered by a Christian Science practitioner. Services performed by an unlicensed provider or a provider who is operating outside of the scope of his/her license. Services provided at a free-standing or Hospital-based diagnostic facility without an order written by a Physician or other provider. Services which are self-directed to a free-standing or Hospital-based diagnostic facility. Services ordered by a Physician or other provider who is an employee or representative of a free-standing or Hospital-based diagnostic facility, when that Physician or other provider has not been actively involved in your medical care prior to ordering the service, or is not actively involved in your medical care after the service is received. This exclusion does not apply to mammography.</p>   |
| <p><b>Reproduction</b></p> <p>Health services and associated expenses for infertility treatments, including assisted reproductive technology, regardless of the reason for the treatment. This exclusion does not apply to services required to treat or correct underlying causes of infertility. The following infertility treatment-related services: cryo-preservation and other forms of preservation of reproductive materials, long-term storage of reproductive materials such as sperm, eggs, embryos, ovarian tissue, and testicular tissue, donor services. Surrogate parenting, donor eggs, donor sperm and host uterus. Storage and retrieval of all reproductive materials. Examples include eggs, sperm, testicular tissue and ovarian tissue. The reversal of voluntary sterilization. Health services and associated expenses for elective surgical, non-surgical, or drug-induced Pregnancy termination. This exclusion does not apply to treatment of a molar Pregnancy, ectopic Pregnancy, or missed abortion (commonly known as a miscarriage). Services provided by a doula (labor aide); and parenting, prenatal or birthing classes. Artificial reproduction treatments done for genetic or eugenic.</p>  |
| <p><b>Services Provided under Another Plan</b></p> <p>Health services for which other coverage is available under another plan, except for Eligible Expenses payable as described in the SPD. Examples include coverage required by workers' compensation, no-fault auto insurance, or similar legislation. If coverage under workers' compensation, no-fault automobile coverage or similar legislation is optional for you because you could elect it, or could have it elected for you. Health services for treatment of military service-related disabilities, when you are legally entitled to other coverage and facilities are reasonably available to you. Health services while on active military duty.</p>   |
| <p><b>Transplants</b></p> <p>Health services for organ and tissue transplants, except as identified under Transplantation Services in the SPD unless UnitedHealthcare determines the transplant to be appropriate according to UnitedHealthcare's transplant guidelines. Mechanical or animal organ transplants, except services related to the implant or removal of a circulatory assist device (a device that supports the heart while the patient waits for a suitable donor heart to become available); and donor costs for organ or tissue transplantation to another person (these costs may be payable through the recipient's benefit plan).</p>   |
| <p><b>Travel</b></p> <p>Health services provided in a foreign country, unless required as Emergency Health Services. Travel or transportation expenses, even if ordered by a Physician, except as identified under Travel and Lodging in the SPD. Additional travel expenses related to Covered Health Services received from a Designated Facility or Designated Physician may be reimbursed at the Plan's discretion.</p>   |
| <p><b>Types of Care</b></p> <p>Multi-disciplinary pain management programs provided on an inpatient basis for acute pain or for exacerbation of chronic pain. Custodial care; domiciliary care. Private Duty Nursing. Respite care. This exclusion does not apply to respite care that is part of an integrated hospice care program of services provided to a terminally ill person by a licensed hospice care agency for which Benefits are described under Hospice Care in the SPD. Rest cures; services of personal care attendants. Work hardening (individualized treatment programs designed to return a person to work or to prepare a person for specific work).</p>   |
| <p><b>Vision and Hearing</b></p> <p>Purchase cost and associated fitting charge for eye glasses and contact lenses. Implantable lenses used only to correct a refractive error (such as Inlacs corneal implants). Bone anchored hearing aids except when either of the following applies: for Covered Persons with craniofacial anomalies whose abnormal or absent ear canals preclude the use of a wearable hearing aid or for Covered Persons with hearing loss of sufficient severity that it would not be adequately remedied by a wearable hearing aid. Eye exercise or vision therapy. Surgery and other related treatment that is intended to correct nearsightedness, farsightedness, presbyopia and astigmatism including, but not limited to, procedures such as laser and other refractive eye surgery and radial keratotomy.</p>  |
| <p><b>All Other Exclusions</b></p> <p>Health services and supplies that do not meet the definition of a Covered Health Service – see the definition of Covered Health Services in the Glossary in the SPD. Physical, psychiatric or psychological exams, testing, vaccinations, immunizations or treatments when: required solely for purposes of education, school, sports or camp, travel, career or employment, insurance, marriage or adoption; or as a result of incarceration; related to judicial or administrative proceedings or orders; conducted for purposes of medical research; required to obtain or maintain a license of any type. Health services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country. This exclusions does not apply to Covered Persons who are civilians injured or otherwise affected by war, any act of war or terrorism in a non-war zone. Health services received after the date your coverage under the Plan ends. This applies to all health services, even if the health service is required to treat a medical condition that arose before the date your coverage under the Plan ended. Health services for which you have no legal responsibility to pay, or for which a charge would not ordinarily be made in the absence of coverage under the Plan. Charges that exceed Eligible Expenses or any specified limitation in the SPD. Foreign language and sign language services. Health services when a provider waives the Copay, Annual Deductible or Coinsurance amounts. Autopsies and other coroner services and transportation services for a corpse. Charges for: missed appointments; room or facility reservations; completion of claim forms; or record processing. Charges prohibited by federal anti-kickback or self-referral status. Diagnostic tests that are: delivered in other than a Physician's office or health care facility; and self-administered home diagnostic tests, including but not limited to HIV and pregnancy tests. Vision therapy when rendered in connection with behavioral health disorders, including but not limited to: learning and reading disabilities; attention deficit/hyperactive disorder; TBI; or dyslexia.</p>  |



**Benefit Summary  
Retiree Medicare Plan**

The School District of Escambia County Retiree Medical Plan

*This document is provided as a sample and does not reflect actual benefits.*

**A customized Benefit Summary or Summary Plan Description (SPD) will be created during implementation of the business.**

**UnitedHealthcare and The School District of Escambia County want to help you take control and make the most of your health care benefits.**

**That's why we provide convenient services to get your health care questions answered quickly and accurately:**

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- **24-hour nurse support** – A nurse is a phone call away and you have other health resources available 24-hours a day, 7 days a week to provide you with information that can help you make informed decisions. Just call the number on the back of your ID card.
- **Customer Care telephone support** – Need more help? Call a customer care professional using the toll-free number on the back of your ID card. Get answers to your benefit questions or receive help looking for a doctor or hospital.

The Benefit Summary is intended only to highlight your Benefits and should not be relied upon to fully determine your coverage. If this Benefit Summary conflicts in any way with the Summary Plan Description (SPD), the SPD shall prevail. It is recommended that you review your SPD for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

**PLAN HIGHLIGHTS**

|   |                                   |
|---|-----------------------------------|
| Types of Coverage   | Network Benefits                  |
| <b>Annual Deductible</b>  |                                   |
| Individual Deductible   | \$500 per year                    |
| Family Deductible   | \$1,500 per year                  |
| <ul style="list-style-type: none"> <li>• Member Copayments do not accumulate towards the Deductible</li> </ul>  |                                   |
| <b>Out-of-Pocket Maximum</b>  |                                   |
| Individual Out-of-Pocket Maximum  | \$3,000 per year                  |
| Family Out-of-Pocket Maximum  | \$9,000 per year                  |
| <ul style="list-style-type: none"> <li>• The Out-of-Pocket Maximum does not include the Annual Deductible.</li> <li>• Member Copayments do not accumulate towards the Out-of-Pocket Maximum.</li> </ul>   |                                   |
| <b>Benefit Plan Coinsurance – The Amount the Plan Pays</b>  |                                   |
|   | 80% after Deductible has been met |
| <b>Lifetime Maximum Benefit</b>   |                                   |
| The maximum amount the Plan will pay during the entire period of time you are enrolled under the Plan   | Unlimited                         |
| <b>Prescription Drug Benefits</b>   |                                   |
| <ul style="list-style-type: none"> <li>• Prescription drug benefits are shown under separate cover.</li> </ul>  |                                   |
| <b>Information of Pre-service Notification</b>  |                                   |
| <i>*Pre-service Notification is required for certain services.</i>  |                                   |
| <b>Information on Benefit Limits</b>  |                                   |
| <ul style="list-style-type: none"> <li>• The Annual Deductible, Out-of-Pocket Maximum and Benefit limits are calculated on a calendar year basis.</li> <li>• All Benefits are reimbursed based on Eligible Expenses. For a definition of Eligible Expenses, please refer to your Summary Plan Description.</li> <li>• When Benefit limits apply, the limit refers to any combination of Network and Non-Network Benefits unless specifically stated in the Benefit category.</li> </ul> |                                   |

**BENEFITS**

|  |                                     |
|--|-------------------------------------|
| Types of Coverage  | Network Benefits                    |
| <b>Ambulance Services – Emergency and Non-Emergency</b>  |                                     |
|  | * 80% after Deductible has been met |
| <b>Dental Services – Accident Only</b>   |                                     |
|  | * 80% after Deductible has been met |
| <b>Durable Medical Equipment (DME)</b>   |                                     |
| Benefits are limited as follows:<br>\$2,000 per year and are limited to a single purchase of a type of Durable Medical Equipment (including repair and replacement) every three years. | * 80% after Deductible has been met |

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|                 |
|-----------------|
| <b>BENEFITS</b> |
|-----------------|

| Types of Coverage  | Network Benefits   |
|--|--|
| <b>Emergency Health Services - Outpatient</b>  |  |
|  | * 80% after Deductible has been met.   |
| <b>Hearing Aids</b>  |  |
| Benefits are limited as follows:<br>\$2,000 per year and are limited to a single purchase (including repair/replacement) per hearing impaired ear, every three years. The limitation is combined with Durable Medical Equipment  | 80% after Deductible has been met  |
| <b>Home Health Care</b>  |  |
|  | * 80% after Deductible has been met  |
| <b>Hospice Care</b>  |  |
| Benefits are limited to a lifetime maximum of \$7,500  | * 80% after Deductible has been met  |
| <b>Hospital – Inpatient Stay</b>   |  |
|  | * 80% after Deductible has been met  |
| <b>Lab, X-Ray and Diagnostics - Outpatient</b>   |  |
| For Preventive Lab, X-Ray and Diagnostics, refer to the Preventive Care Services category.   | 80% after Deductible has been met  |
| <b>Lab, X-Ray and Major Diagnostics – CT, PET, MRI and Nuclear Medicine - Outpatient</b>   |  |
|  | 80% after Deductible has been met  |
| <b>Mental Health Services</b>  |  |
|  | 80% after Deductible has been met per Inpatient Stay<br>80% after Deductible has been met per visit  |
| <b>Pharmaceutical Products - Outpatient</b>  |  |
| This includes medications administered in an outpatient setting, in the Physician's Office and by a Home Health Agency.  | 80% after Deductible has been met  |
| <b>Physician Fees for Surgical and Medical Services</b>  |  |
|  | 80% after Deductible has been met  |
| <b>Physician's Office Services – Sickness and Injury</b>   |  |
| Primary Physician Office Visit   | 80% after Deductible has been met  |
| Specialist Physician Office Visit  | 80% after Deductible has been met  |
| <b>Pregnancy – Maternity Services</b>  |  |
|  | * Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each covered Health Service category in this Benefit Summary<br><br>For services provided in the Physician's Office, a Copayment will only apply to the initial office visit. |
| <b>Preventive Care Services</b>  |  |
| Covered Health Services include but are not limited to:  |  |
| Primary Physician Office Visit   | 100% - deductible does not apply   |
| Specialist Physician Office Visit  | 100% - deductible does not apply   |
| Lab, X-Ray or other preventive tests   | 100% - deductible does not apply   |
| <b>Prosthetic Devices</b>  |  |
| Benefits are limited as follows:<br>\$10,000 per year and are limited to a single purchase of each type of prosthetic device every three years.  | 80% after Deductible has been met  |
| <b>Reconstructive Procedures</b>   |  |
|  | * Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary  |
| <b>Rehabilitation Services – Outpatient Therapy and Manipulative Treatment</b>   |  |
| Benefits are limited as follows:<br>20 visits of physical therapy<br>20 visits of occupational therapy<br>20 visits of Manipulative treatment<br>20 visits of speech therapy<br>20 visits of pulmonary rehabilitation<br>36 visits of cardiac rehabilitation<br>30 visits of post-cochlear implant aural therapy | * 80% after Deductible has been met  |

| <b>BENEFITS</b>  |                                   |
|--|-----------------------------------|
| Types of Coverage  | Network Benefits                  |
| <b>Scopic Procedures – Outpatient Diagnostic and Therapeutic</b>   |                                   |
| Diagnostic scopic procedures include, but are not limited to: Colonoscopy; Sigmoidoscopy; Endoscopy. For Preventive Scopic Procedures, refer to the Preventive Care Services category. | 80% after Deductible has been met |
| <b>Skilled Nursing Facility / Inpatient Rehabilitation Facility Services</b>   |                                   |

| <b>BENEFITS</b>  |  |
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| <b>Types of Coverage</b>                                 | <b>Network Benefits</b>  |
| Benefits are limited as follows:<br>120 days per year    | * 80% after Deductible has been met  |
| <b>Substance Use Disorder Services</b>                   | 80% after Deductible has been met per Inpatient Stay<br>80% after Deductible has been met per visit                    |
| <b>Surgery – Outpatient</b>                              | 80% after Deductible has been met  |
| <b>Transplantation Services</b>                          | * 100% if services are received at a Designated Facility<br><i>Services must be received at a Designated Facility.</i> |
| <b>Urgent Care Center Services</b>                       | 80% after Deductible has been met  |
| <b>Vision Examinations</b>                               | 80% after Deductible has been met  |
| Benefits are limited as follows:<br>1 exam every 2 years |  |

| <b>MEDICAL EXCLUSIONS</b>  |  |
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| It is recommended that you review your SPD for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.  |  |
| <b>Alternative Treatments</b>  |  |
| Acupuncture; aromatherapy; hypnosis; massage therapy; rolfing (holistic tissue massage); art, music, dance, horseback therapy; and other forms of alternative treatment as defined by the National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health. This exclusion does not apply to Manipulative Treatment and non-manipulative osteopathic care for which Benefits are provided as described in the SPD.  |  |
| <b>Dental</b>  |  |
| Dental care (which includes dental X-rays, supplies and appliances and all associated expenses, including hospitalizations and anesthesia). This exclusion does not apply to dental care (oral examination, X-rays, extractions and non-surgical elimination of oral infection) required for the direct treatment of a medical condition for which Benefits are available under the Plan as described in the SPD. Dental care that is required to treat the effects of a medical condition, but that is not necessary to directly treat the medical condition, is excluded. Examples include treatment of dental caries resulting from dry mouth after radiation treatment or as a result of medication. Endodontics, periodontal surgery and restorative treatment are excluded. Diagnosis or treatment of or related to the teeth, jawbones or gums. Examples include: extraction (including wisdom teeth), restoration, and replacement of teeth; medical or surgical treatment of dental conditions; and services to improve dental clinical outcomes. This exclusion does not apply to accidental-related dental services for which Benefits are provided as described under Dental Services – Accidental Only in the SPD. Dental implants, bone grafts and other implant-related procedures. This exclusion does not apply to accident-related dental services for which Benefits are provided as described under Dental Services – Accident Only in the SPD. Dental braces (orthodontics). Congenital Anomaly such as cleft lip or cleft palate.  |  |
| <b>Devices, Appliances and Prosthetics</b>   |  |
| Devices used specifically as safety items or to affect performance in sports-related activities. Orthotic appliances that straighten or re-shape a body part as described under Durable Medical Equipment (DME) in the SPD. Examples include foot orthotics, cranial banding or any orthotic braces, available over-the-counter. The following items are excluded: blood pressure cuff/monitor; enuresis alarm; non-wearable external defibrillator; trusses; and ultrasonic nebulizers. Devices and computers to assist in communication and speech except for speech generating devices and tracheo-esophageal voice devices for which Benefits are provided as described under Durable Medical Equipment. Oral appliances for snoring. Repair and replacement prosthetic devices when damaged due to misuse, malicious damage or gross neglect. Prosthetic devices. This exclusion does not apply to breast prosthesis, mastectomy bras and lymphedema stockings for which Benefits are provided as described under Reconstructive Procedures in the SPD.   |  |
| <b>Drugs</b>   |  |
| The exclusions listed below apply to the medical portion of the Plan only. Prescription Drug coverage is excluded under the medical plan because it is a separate benefit. Coverage may be available under the Prescription Drug portion of the Plan. See the SPD for coverage details and exclusions. Prescription drugs for outpatient use that are filled by a prescription order or refill. Self-injectable medications. This exclusion does not apply to medications which, due to their characteristics (as determined by UnitedHealthcare), must typically be administered or directly supervised by a qualified provider or licensed/certified health professional in an outpatient setting. Non-injectable medications given in a Physician's office. This exclusion does not apply to non-injectable medications that are required in an Emergency and consumed in the Physician's office. Over-the-counter drugs and treatments. Growth hormone therapy.  |  |
| <b>Experimental or Investigational or Unproven Services</b>  |  |
| Experimental or Investigational or Unproven Services, unless the Plan has agreed to cover them as defined in the SPD. This exclusion applies even if Experimental or Investigational Services or Unproven Services, treatments, devices or pharmacological regimens are the only available treatment options for your condition. This exclusion does not apply to Covered Health Services provided during a clinical trial for which Benefits are provided as described under Clinical Trials in the SPD.  |  |
| <b>Foot Care</b>   |  |
| Routine foot care. Examples include the cutting or removal of corns and calluses. This exclusion does not apply to preventive foot care for Covered Persons with diabetes for which Benefits are provided as described under Diabetes Services in the SPD or when needed for severe systemic disease. Cutting or removal of corns and calluses. Nail trimming, cutting, or debriding. Hygienic and preventive maintenance foot care; and other services that are performed when there is not a localized Sickness, Injury or symptom involving the foot. Examples include: cleaning and soaking the feet; applying skin creams in order to maintain skin tone. This exclusion does not apply to preventive foot care for Covered Persons who are at risk of neurological or vascular disease arising from diseases such as diabetes. Treatment of flat feet. Shoes (standard or custom), lifts and wedges; shoe orthotics; shoe inserts and arch supports.   |  |
| <b>Medical Supplies and Equipment</b>  |  |
| Prescribed or non-prescribed medical supplies and disposable supplies. Examples include: elastic stockings, ace bandages, diabetic strips, and syringes; urinary catheters. This exclusion does not apply to: <ul style="list-style-type: none"> <li>• Disposable supplies necessary for the effective use of Durable Medical Equipment for which Benefits are provided as described under Durable Medical Equipment in the SPD.</li> <li>• Diabetic supplies for which Benefits are provided as described under Diabetes Services in the SPD.</li> <li>• Ostomy bags and related supplies for which Benefits are provided as described under Ostomy Supplies in the SPD.</li> </ul> Tubings, nasal cannulas, connectors and masks, except when used with Durable Medical Equipment as described in the SPD. The repair and replacement of Durable Medical Equipment when damaged due to misuse, malicious breakage or gross neglect and deodorants, filters, lubricants, tape, appliance cleans, adhesive, adhesive remover or other items that are not specifically identified in the SPD.   |  |
| <b>Mental Health / Substance Use Disorder</b>  |  |
| Services performed in connection with conditions not classified in the current edition of the <i>Diagnostic and Statistical Manual of the American Psychiatric Association</i> . Services or supplies for the diagnosis or treatment of Mental Illness, alcoholism or substance use disorders that, in the reasonable judgment of the Mental Health/Substance Use Disorder Administrator, are any of the following: not consistent with generally accepted standards of medical practice for the treatment of such conditions; not consistent with services backed by credible research soundly demonstrating that the services or supplies will have a measurable and beneficial health outcome, and therefore considered experimental; not consistent with the Mental Health/Substance Use Disorder Administrator's level of care guidelines or best practices as modified from time to time; or not clinically appropriate, and considered ineffective for the patient's Mental Illness, substance use disorder or condition based on generally accepted standards of medical practice and benchmarks. Mental Health Services as treatments for V-code conditions as listed within the current edition of the <i>Diagnostic and Statistical Manual of the American Psychiatric Association</i> . Mental Health Services as treatment for a primary diagnosis of insomnia and other sleep disorders, sexual dysfunction disorders, feeding disorders, neurological disorders and other disorders with a known physical basis. Treatments for the primary diagnoses of learning disabilities, conduct and impulse control disorders, personality disorders, paraphilias (sexual behavior that is considered deviant or abnormal). Educational/behavioral services that are focused on primarily building skills and capabilities in communication, social interaction and learning; tuition for or services that are school-based for children and adolescents under the Individuals with Disabilities Education Act. Learning, motor skills and primary communication disorders as defined in the current edition of the <i>Diagnostic and Statistical Manual of the American Psychiatric Association</i> . Mental retardation as a primary diagnosis defined in the current edition of the <i>Diagnostic and Statistical Manual of the American Psychiatric Association</i> . Methadone treatment as maintenance, L.A.A.M. (1-Alpha-Acetyl-Methadol), Cyclozincine, or their equivalents for drug addiction. Intensive behavioral therapies such as applied behavioral analysis for Autism Spectrum Disorders. Any treatments or other specialized services designed for Autism Spectrum Disorder that are not backed by credible research demonstrating that the services or supplies have a measurable and beneficial health outcome and therefore considered Experimental or Investigational or Unproven Services. |  |
| <b>Nutrition</b>   |  |
| Nutritional or cosmetic therapy using high dose or mega quantities of vitamins, minerals or elements, and other nutrition based therapy. Nutritional counseling for either individuals or groups except as defined under Diabetes Services in the SPD. Food of any kind. Foods that are not covered include: enteral feedings and other nutritional and electrolyte formulas, including infant formula and donor breast milk unless they are the only source of nutrition or unless they are specifically created to treat inborn errors of metabolism such as phenylketonuria (PKU) – infant formula available over the counter is always excluded; foods to control weight, treat obesity (including liquid diets), lower cholesterol or control diabetes; oral vitamins and minerals; meals you can order from a menu, for an additional charge, during an Inpatient Stay, and other dietary and electrolyte supplements; and health education classes unless offered by UnitedHealthcare or its affiliates, including but not limited to asthma, smoking cessation, and weight control classes.  |  |

| <b>MEDICAL EXCLUSIONS Continued</b>   |  |
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| <b>Personal Care, Comfort or Convenience</b>  |  |
| Television; telephone; beauty/barber service; guest service. Supplies, equipment and similar incidental services and supplies for personal comfort. Examples include: air conditioners, air purifiers and filters, dehumidifiers and humidifiers; batteries and battery chargers; breast pumps; car seats; chairs, bath chairs, feeding chairs, toddler chairs, chair lifts, recliners; electric scooters; exercise equipment and treadmills; home modifications to accommodate a health need such as ramps, swimming pools, elevators, handrails and stair glides; hot tubs; Jacuzzis, saunas and whirlpools; ergonomically correct chairs, comfort beds, mattresses; medical alert systems; comfort beds; music devices; personal computers, pillows; power-operated vehicles; radios; saunas; strollers; safety equipment; vehicle modifications such as van lifts; and video players. |  |
| <b>Physical Appearance</b>  |  |
| Cosmetic Procedures. See the definition in the SPD. Examples include: pharmacological regimens, nutritional procedures or treatments; Scar or tattoo removal or revision procedures (such as salabrasion, chemosurgery and other such skin abrasion   |  |



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| <p>procedures); Skin abrasion procedures performed as a treatment for acne; treatment of hair loss; varicose vein treatment of the lower extremities, when it is considered cosmetic; Liposuction or removal of fat deposits considered undesirable, including fat accumulation under the male breast and nipple; Treatment for skin wrinkles or any treatment to improve the appearance of the skin; Treatment for spider veins; Hair removal or replacement by any means. Replacement of an existing intact breast implant if the earlier breast implant was performed as a Cosmetic Procedure. Treatment of benign gynecomastia (abnormal breast enlargement in males). Physical conditioning programs such as athletic training, body-building, exercise, fitness, flexibility, health club memberships and programs, spa treatments and diversion or general motivation. Weight loss programs whether or not they are under medical supervision. Weight loss programs for medical reasons are also excluded, even if for morbid obesity.</p>  |
| <p><b>Procedures and Treatments</b></p> <p>Procedure or surgery to remove fatty tissue such as panniculectomy, abdominoplasty, thighplasty, brachioplasty, or mastopexy. Excision or elimination of hanging skin on any part of the body. Examples include plastic surgery procedures called abdominoplasty or abdominal panniculectomy, and brachioplasty. Medical and surgical treatment of excessive sweating (hyperhidrosis). Medical and surgical treatment for snoring, except when provided as a part of treatment for documented obstructive sleep apnea. Rehabilitation services and Manipulative Treatment to improve general physical condition that are provided to reduce potential risk factors, where significant therapeutic improvement is not expected, including but not limited to routine, long-term or maintenance/preventive treatment. Speech therapy except as required for treatment of a speech impediment or speech dysfunction that results from Injury, stroke, cancer, Congenital Anomaly, or autism spectrum disorders. Speech therapy to treat stuttering, stammering or other articulation disorders. Psychosurgery. Sex transformation operations. Physiological modalities and procedures that result in similar or redundant therapeutic effects when performed on the same body region during the same visit or office encounter. Biofeedback. Manipulative treatment to treat a condition unrelated to spinal manipulation and ancillary physiologic treatment rendered to restore/improve motion, reduce pain and improve function, such as asthma or allergies. Manipulative treatment (the therapeutic application of chiropractic and osteopathic manipulative treatment with or without ancillary physiologic treatment and/or rehabilitative methods rendered to restore/improve motion, reduce pain and improve function). Services for the evaluation and treatment of temporomandibular joint syndrome (TMJ), whether the services are considered to be dental in nature, the following services for the diagnosis and treatment of TMJ: surface electromyography; Doppler analysis; vibration analysis; computerized mandibular scan or jaw tracking; cranosacral therapy; orthodontics; occlusal adjustment; dental restorations. Upper and lower jawbone surgery except as required for direct treatment of acute traumatic Injury, dislocation, tumors or cancer. Orthognathic surgery (procedure to correct underbite or overbite) and jaw alignment. Breast reduction except as coverage is required by the Women's Health and Cancer Right's Act of 1998 for which Benefits are described under Reconstructive Procedures in the SPD. Non-surgical treatment of obesity even if for morbid obesity. Surgical treatment of obesity unless there is a diagnosis of morbid obesity as described under Obesity Surgery in the SPD. Treatment of tobacco dependency. Chelation therapy, except to treat heavy metal poisoning.</p> |
| <p><b>Providers</b></p> <p>Services performed by a provider who is a family member by birth or marriage. Examples include a spouse, brother, sister, parent or child. This includes any service the provider may perform on himself or herself. Services performed by a provider with your same legal residence. Services ordered or delivered by a Christian Marriage practitioner. Services performed by an unlicensed provider or a provider who is operating outside of the scope of his/her license. Services provided at a free-standing or Hospital-based diagnostic facility without an order written by a Physician or other provider. Services which are self-directed to a free-standing or Hospital-based diagnostic facility. Services ordered by a Physician or other provider who is an employee or representative of a free-standing or Hospital-based diagnostic facility, when that Physician or other provider has not been actively involved in your medical care prior to ordering the service, or is not actively involved in your medical care after the service is received. This exclusion does not apply to mammography.</p>   |
| <p><b>Reproduction</b></p> <p>Health services and associated expenses for infertility treatments, including assisted reproductive technology, regardless of the reason for the treatment. This exclusion does not apply to services required to treat or correct underlying causes of infertility. The following infertility treatment-related services: cryo-preservation and other forms of preservation of reproductive materials, long-term storage of reproductive materials such as sperm, eggs, embryos, ovarian tissue, and testicular tissue, donor services. Surrogate parenting, donor eggs, donor sperm and host uterus. Storage and retrieval of all reproductive materials. Examples include eggs, sperm, testicular tissue and ovarian tissue. The reversal of voluntary sterilization. Health services and associated expenses for elective surgical, non-surgical, or drug-induced Pregnancy termination. This exclusion does not apply to treatment of a molar Pregnancy, ectopic Pregnancy, or missed abortion (commonly known as a miscarriage). Services provided by a doula (labor aide); and parenting, prenatal or birthing classes. Artificial reproduction treatments done for genetic or eugenic.</p>   |
| <p><b>Services Provided under Another Plan</b></p> <p>Health services for which other coverage is available under another plan, except for Eligible Expenses payable as described in the SPD. Examples include coverage required by workers' compensation, no-fault auto insurance, or similar legislation. If coverage under workers' compensation, no-fault automobile coverage or similar legislation is optional for you because you could elect it, or could have it elected for you. Health services for treatment of military service-related disabilities, when you are legally entitled to other coverage and facilities are reasonably available to you. Health services while on active military duty.</p>  |
| <p><b>Transplants</b></p> <p>Health services for organ and tissue transplants, except as identified under Transplantation Services in the SPD unless UnitedHealthcare determines the transplant to be appropriate according to UnitedHealthcare's transplant guidelines. Mechanical or animal organ transplants, except services related to the implant or removal of a circulatory assist device (a device that supports the heart while the patient waits for a suitable donor heart to become available); and donor costs for organ or tissue transplantation to another person (these costs may be payable through the recipient's benefit plan).</p>  |
| <p><b>Travel</b></p> <p>Health services provided in a foreign country, unless required as Emergency Health Services. Travel or transportation expenses, even if ordered by a Physician, except as identified under Travel and Lodging in the SPD. Additional travel expenses related to Covered Health Services received from a Designated Facility or Designated Physician may be reimbursed at the Plan's discretion.</p>  |
| <p><b>Types of Care</b></p> <p>Multi-disciplinary pain management programs provided on an inpatient basis for acute pain or for exacerbation of chronic pain. Custodial care; domiciliary care. Private Duty Nursing. Respite care. This exclusion does not apply to respite care that is part of an integrated hospice care program of services provided to a terminally ill person by a licensed hospice care agency for which Benefits are described under Hospice Care in the SPD. Rest cures; services of personal care attendants. Work hardening (individualized treatment programs designed to return a person to work or to prepare a person for specific work).</p>  |
| <p><b>Vision and Hearing</b></p> <p>Purchase cost and associated fitting charge for eye glasses and contact lenses. Implantable lenses used only to correct a refractive error (such as Inlacs corneal implants). Bone anchored hearing aids except when either of the following applies: for Covered Persons with craniofacial anomalies whose abnormal or absent ear canals preclude the use of a wearable hearing aid or for Covered Persons with hearing loss of sufficient severity that it would not be adequately remedied by a wearable hearing aid. Eye exercise or vision therapy. Surgery and other related treatment that is intended to correct nearsightedness, farsightedness, presbyopia and astigmatism including, but not limited to, procedures such as laser and other refractive eye surgery and radial keratotomy.</p>   |
| <p><b>All Other Exclusions</b></p> <p>Health services and supplies that do not meet the definition of a Covered Health Service – see the definition of Covered Health Services in the Glossary in the SPD. Physical, psychiatric or psychological exams, testing, vaccinations, immunizations or treatments when: required solely for purposes of education, school, sports or camp, travel, career or employment, insurance, marriage or adoption; or as a result of incarceration; related to judicial or administrative proceedings or orders; conducted for purposes of medical research; required to obtain or maintain a license of any type. Health services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country. This exclusion does not apply to Covered Persons who are civilians injured or otherwise affected by war, any act of war or terrorism in a non-war zone. Health services received after the date your coverage under the Plan ends. This applies to all health services, even if the health service is required to treat a medical condition that arose before the date your coverage under the Plan ended. Health services for which you have no legal responsibility to pay, or for which a charge would not ordinarily be made in the absence of coverage under the Plan. Charges that exceed Eligible Expenses or any specified limitation in the SPD. Foreign language and sign language services. Health services when a provider waives the Copay, Annual Deductible or Coinsurance amounts. Autopsies and other coroner services and transportation services for a corpse. Charges for: missed appointments; room or facility reservations; completion of claim forms; or record processing. Charges prohibited by federal anti-kickback or self-referral status. Diagnostic tests that are: delivered in other than a Physician's office or health care facility; and self-administered home diagnostic tests, including but not limited to HIV and pregnancy tests. Vision therapy when rendered in connection with behavioral health disorders, including but not limited to: learning and reading disabilities; attention deficit/hyperactivity disorder; TBI; or dyslexia.</p>  |