

Board of Directors Election

Excerpts from Texas Property Tax Code Section 6.03 Board of Directors

(e) The chief appraiser shall calculate the number of votes to which each taxing unit other than a conservation and reclamation district is entitled and shall deliver written notice to each of those units of its voting entitlement before October 1 of each odd-numbered year. The chief appraiser shall deliver the notice:

(1) to the county judge and each commissioner of the county served by the appraisal district;

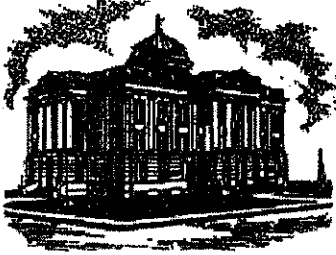
(2) to the presiding officer of the governing body of each city or town participating in the appraisal district, to the city manager of each city or town having a city manager, and to the city secretary or clerk, if there is one, of each city or town that does not have a city manager; and

(3) to the presiding officer of the governing body of each school district participating in the district and to the superintendent of those school districts.

(g) Each taxing unit other than a conservation and reclamation district that is entitled to vote may nominate by resolution adopted by its governing body one candidate for each position to be filled on the board of directors. The presiding officer of the governing body of the unit shall submit the names of the unit's nominees to the chief appraiser before October 15.

(j) Before October 30, the chief appraiser shall prepare a ballot, listing the candidates whose names were timely submitted under Subsection (g), alphabetically according to the first letter in each candidate's surname, and shall deliver a copy of the ballot to the presiding officer of the governing body of each taxing unit that is entitled to vote.

(k) The governing body of each taxing unit entitled to vote shall determine its vote by resolution and submit it to the chief appraiser before December 15. The chief appraiser shall count the votes, declare the five candidates who receive the largest cumulative vote totals elected, and submit the results before December 31 to the governing body of each taxing unit in the district and to the candidates.



HUMAN RESOURCES DEPARTMENT
Williamson County Courthouse
710 S. Main Street, Suite 304
Georgetown, Texas 78626
Phone: 512/943-1533
Fax: 512/943-1535

September 29, 2003

TO: Ginny Atkinson

FR: Lisa Zirkle

RE: Benefits Committee Recommendations for Health Plan Related Services

The Benefits Committee met on September 29, 2003 and recommended that awards be made to Professional Assistance of Central Texas for EAP Services (renewal), United Healthcare for Administrative Services for Self-funded Medical (PPO & HMO) and Dental, Excess Insurance, Medical Network Access, COBRA and Flex Plan Administration Services, EHS for Prescription Benefit Management Services, UNUM Provident for Group Life Insurance and BKCW for Broker/Consultant Services.

Please let me know if you have any questions concerning these recommendations.

Thank you.

approved 9-30-03
John C. Doerflinger

The information on this summary sheet is not intended to reflect all departmental expenses because it does not include budgeted expenses for prescription claims, dental claims, office administration or increased participation during the FY.

PROPOSED CONTRACTS**September, 2003****%age
Increase*****November 1, 2003 - Third Party Administrator Contract with United Healthcare**

Reinsurance Contract - \$100,000 Specific Stop Loss

15/12 Contract

PPO and EPO Medical Plans and Dental Plans

Network Access

Total Administration	\$341,088.00	61.39%
Total Reinsurance	\$451,488.00	7.95%
Total Fixed Costs Based on 800 Participants	\$792,576.00	25.89%

Expected Annual Claims - 100% of expected medical claims**	\$3,292,704.00
Expected Reserves - 25% of expected medical claims	\$823,176.00

Claims Fund / Aggregate Attachment Point Based on 800 Participants - 125%	\$4,115,880.00	-6.93%
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Cobra Administration Services (will retain 2% of premium paid by participants)	\$9,000.00	-10.00%
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Total Annual Cost for TPA Services Based on 800 Participants	\$4,917,456.00	-3.26%
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November 1, 2003 - Contract with Eckerd Health Services

Prescription Benefit Management Services	\$55,800.00	0.00%
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November 1, 2003 - Contract with BKCW

Fees Associated w/ Third Party Administrator and Group Life Contracts	\$9,600.00	-20.00%
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November 1, 2003 - Contract with Unum Provident

Group Life Insurance -\$2.10/emp (1,275); \$0.75/dep (846) (24% increase in employee & employee/dependent participation)	\$39,750.52	28.00%
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November 1, 2003 - EAP Contract with Professional Assistance of Central Texas

Employee Assistance Program (EAP) - Professional Assistance of Central Texas (25% increase in eligible employees)	\$42,282.00	24.52%
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Total Annual Costs	\$5,064,888.52	-2.43%
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* %age increase is based on actual rate increase at the assumed participant level. It does not account for increases in the number of employees during the previous year or increases anticipated during the current year. Therefore, the percentage increase will not tie to the actual dollar budgeted increase between amounts budgeted for previous year and amounts budgeted for current year.

** Reinsurance covers medical claims exposure only. Prescription and Dental Claims are not included in this amount.

WILLIAMSON COUNTY PROPOSAL FORM

UnitedHealthcare

WILLIAMSON COUNTY PROPOSAL FORM

HEALTH PLAN RELATED SERVICES

PROPOSAL NUMBER: 03WC908

The undersigned, by his/her signature, represents that he/she is authorized to bind the proposer to fully comply with the terms and conditions of the attached Request for Proposal, and Specifications for the amount(s) shown on the accompanying Proposal sheet(s). By signing below, you have read the entire document and agreed to the terms therein.

NAME OF PROPOSER: UnitedHealthcare

Mailing Address: 5800 Granite Parkway, Suite 900

City: Plano

State: TX

Zip: 75024

Email Address: Timothy_W_Lacy@uhc.com

Telephone: (469) 633-8570 Fax: (469) 633-8542



Date of Proposal: August 4, 2003

Signature of Person Authorized to Sign Proposal

Name and Title of Signer: Timothy W. Lacy, Senior Executive, Director ASO Sales Central Region
(Please Print or Type)

PLEASE COMPLETE THE FOLLOWING:

- ☐ "all or none" basis. (Will accept award of "all" items only. If left blank, low item will apply.)
☐ low item basis. (Will accept award on "any or all" items.)

DO NOT SIGN OR SUBMIT THIS FORM
WITHOUT READING ENTIRE DOCUMENT

THIS FORM MUST BE COMPLETED, SIGNED AND RETURNED WITH BID

EXECUTIVE SUMMARY

UnitedHealthcare

UnitedHealthcare delivers real solutions to the challenges many employers face. Regardless of the size or location of your company, we focus on practical innovation in product design, service technology, clinical solutions, network strategies and cost management. This focus reflects our commitment to improve the health care experience for all our customers.

QUALITY SERVICE

We are committed to providing world-class customer service to all our constituents. We are using innovative technology to provide a nationwide service network that integrates our claim and customer service operations. We offer:

- Technological solutions that enable customers to access vital claims information in a “real-time” environment, such as checking the status of a claim or viewing details on how claims have been processed.
- Intelligent Desktop, sophisticated technology used by our customer service representatives that fully integrates our claim, eligibility and benefit information systems, facilitating a seamless experience for every caller.
- Powerful workflow forecasting and workforce scheduling tools enabling call load balancing across service centers to maximize resources and help centers respond quickly and effectively to caller needs.

COST MANAGEMENT

Health care cost management requires a disciplined approach to integrating diverse health care service components while focusing on operational cost efficiencies and targeted resource deployment. We have implemented several initiatives designed directly to curb the escalation of health care costs for our customers. These include:

- Care CoordinationSM, focusing on filling the gaps in traditional health care services through consumer education, facilitation of access to care, and early identification and monitoring of chronic conditions.
- Disease Management programs, using predictive modeling to identify high-risk individuals and potential care interventions that will benefit them.
- Web-based communication channels and decision-support tools for health consumers, enabling individuals to actively manage their own health care with their physicians.
- Superior networks and cost-saving products: Reimbursement strategies, substantial discounts and innovative physician contracting strategies, along with a host of consumer driven product capabilities focused on sharing health care buying decisions and responsibility with consumers.
- Claims process improvements resulting in automated claim adjudication rates exceeding 70 percent, reducing costs associated with the manual processing and reprocessing of claims.

SIMPLIFIED ADMINISTRATION

We are dedicated to simplifying and reducing the overall costs of plan administration by leveraging technology. We provide our customers and providers with innovative, Internet-based tools that offer flexibility and efficiency, all in a “real-time” environment.

- *Employer eServicesSM* — our dedicated employer Web site, where employers perform real-time eligibility transactions, streamlining one of the most time-consuming aspects of benefit plan administration. Services also available include electronic billing, enabling employers to view and adjust bills online and remit payments electronically. Also available, depending upon the plan, is online customer reporting, offering hands-on access to claim and financial data useful for employers in evaluating the performance of their benefit programs.
- *myuhc.comSM* — our consumer-focused Web site, where covered individuals can check their benefit eligibility, view benefit summaries, review their claim status, locate physicians, order prescriptions and ID cards and research more than 1,000 health and well-being topics.
- *UnitedHealthcare OnlineSM* — our Web site for physicians and other health care professionals, where they can check benefit eligibility for their patients, submit claims, review claim and payment status, and have access to useful reference materials including Clinical Trials and Physician Data Sharing information.

UNITEDHEALTHCARE STRENGTHS AND CAPABILITIES

UnitedHealthcare continues to create enduring financial strength and stability, with nearly three decades of experience serving customers of all sizes. We are a trusted source for providing a better health care experience to millions of people worldwide. Our primary strengths include:

- *An Integrated National Delivery System* - We offer an expansive national network system, with the ease of single site administration. We are not a patchwork of companies with different philosophies, products, and operating systems. Instead, we provide a truly integrated national delivery system that administers all claims uniformly across all locations.
- *Multi-Line Specialty* - Flexibility without complexity. We offer a broad array of product choices and funding arrangements from coast to coast, including a choice of medical, dental, pharmacy, life, accident and vision, all within one integrated framework.

At UnitedHealthcare, containing costs, simplifying health care and providing high-quality service will always be our main objectives. They are part of our deep commitment to improve the health care experience for employers, consumers and physicians. A commitment that not just promises, but delivers, real solutions.

FINANCIALS/PLAN DESIGNS

UnitedHealthcare

A UnitedHealth Group Company

Proposal For: Williamson County
Plan Effective Date: 11/1/2003

Self Funded Proposal

Date issued: 8/5/2003
Underwriter: Jacques

Item		Volume	Amount	EXPECTED Plan Cost		MAXIMUM Plan Cost		
Flex Plan #1	PPO High	Subscribers	Factor	Monthly	Annual	Trigger Factor	Monthly	Annual
Claim Liability		762	\$342.99	\$261,362	\$3,136,344	\$428.74	\$326,702	\$3,920,424
Administration		762	\$32.32	\$24,628	\$295,536		\$24,628	\$295,536
Total				\$285,990	\$3,431,880		\$351,330	\$4,215,960
Flex Plan #2	PPO Low	Subscribers	Factor	Monthly	Annual	Factor	Monthly	Annual
Claim Liability		20	\$312.13	\$6,243	\$74,916	\$390.16	\$7,803	\$93,636
Administration		20	\$32.32	\$646	\$7,752		\$646	\$7,752
Total				\$6,889	\$82,668		\$8,449	\$101,388
Flex Plan #3	Choice	Subscribers	Factor	Monthly	Annual	Factor	Monthly	Annual
Claim Liability		215	\$384.93	\$82,759	\$993,108	\$481.16	\$103,449	\$1,241,388
Administration		215	\$33.28	\$7,155	\$85,860		\$7,155	\$85,860
Total				\$89,914	\$1,078,968		\$110,604	\$1,327,248
Out-of-Area	NBD PPO	Subscribers	Factor	Monthly	Annual	Factor	Monthly	Annual
Claim Liability		20	\$411.59	\$8,232	\$98,784	\$514.49	\$10,290	\$123,480
Administration		20	\$33.55	\$671	\$8,052		\$671	\$8,052
Total				\$8,903	\$106,836		\$10,961	\$131,532
Specific Premium		Subscribers	Rate					
Total		1,017	\$45.12	\$45,887	\$550,644		\$45,887	\$550,644
Aggregate Premium		Subscribers	Rate					
Total		1,017	\$1.91	\$1,942	\$23,304		\$1,942	\$23,304
TOTAL PLAN COST				\$439,525	\$5,274,300		\$529,173	\$6,350,076

ASSUMPTIONS

Specific Stop Loss Level:	\$100,000	Competitor Type:	CARRIER REPLACE	Total Enrollment:	
Aggregate Corridor	125%	Platform	U-Net	Subscribers:	1,017
Contract Terms for Stop Loss:				Members:	2,437
Specific	15/12	ISL Liability Limit:	\$1,000,000	ACS:	2.40
Aggregate	12/12	ASL Liability Limit:	\$1,000,000		
Run-in claims will be limited to (per individual)	N/A - refer to Assumptions below				

Guarantees 10%

Performance Guarantee amount at risk \$37,000 1st year only
Refer to the performance guarantee page for additional details

Administration - Fees For Year 2

First Renewal Fee	\$34.91	PPO
First Renewal Fee	\$35.95	Choice
First Renewal Fee	\$36.23	NBD PPO

Administration - Fees For Year 3

Second Renewal Fee	\$36.65	PPO
Second Renewal Fee	\$37.75	Choice
Second Renewal Fee	\$38.04	NBD PPO

Admin Fee Components

	PPO	Choice	NBD PPO
BASE FEE	\$30.42	\$30.38	\$31.65
UBH (Y)	\$1.90	\$2.90	\$1.90
OPTUM (Care24) (N)	\$0.00	\$0.00	\$0.00
Nurseline Only (N)	\$0.00	\$0.00	\$0.00
RX (N)	\$0.00	\$0.00	\$0.00
Conversion Option (N)	\$0.00	\$0.00	\$0.00
Fiduciary (N)	\$0.00	\$0.00	\$0.00
Track A Reporting (N)	\$0.00	\$0.00	\$0.00
Commissions (N)	\$0.00	\$0.00	\$0.00
Shared Savings (Y)	\$0.00	\$0.00	\$0.00
Facility R&C (Y)	\$0.00	\$0.00	\$0.00
Total Quoted Fee	\$32.32	\$33.28	\$33.55

* Quote includes UHC's Facility Discount Program (SS and FR&C)
A % of network savings will be billed when a non-UHC network is accessed to obtain medical claim savings.

Plan Designs	Flex Plan #1	Flex Plan #2	Flex Plan #3
Product	PPO	PPO	Choice
Par	(High Plan)	(Low Plan)	
Office Visit	\$20	ded/coins	\$10
Deductible	\$500 / 3x	\$1,000 / 3x	\$0
Coinsurance	90%	80%	100%
Out of Pocket	\$1,000 / 3x	\$2,000 / 3x	N/A
IP Hosp Copay	N/A	N/A	N/A
Non-Par			
Deductible	\$1,000 / 3x	\$2,000 / 3x	
Coinsurance	70%	60%	
Out of Pocket	\$3,000 / 3x	\$10,000 / 3x	
RX Ded	carved out	carved out	carved out
Retail	carved out	carved out	carved out
Mail Order	carved out	carved out	carved out
Lifetime Maximum	\$1,000,000	\$1,000,000	\$1,000,000

Out-of-Area NBD PPO Plan:

\$500/3x Ded, 80%, \$1,000/3x OOP; Rx @ \$10/20/35 (2x MO); \$1M Lfm Max

Assumptions: Please see Financial Commentary for full Assumptions.

Admin fees assume a maximum of 40 claim accounts and 1 Plan ID.

Value Based Pricing (billable at 30%) is required for all NBD PPO Plans.

98% Network Match with enrollment by plan based on current participation.

Final attachment point will be determined based upon actual enrollment.

Final Claim projections contingent upon receipt of AMIL experience data

split between Medical & Rx.

Quote is net of Commissions.

15/12 ISL @ \$125,000: \$35.15 PSPM (w/ TL = \$7.72 PSPM)

15/12 ISL @ \$75,000: \$58.06 PSPM (w/ TL = \$12.74 PSPM)

NOTE: 15/12 ISL is contingent upon receipt of Disclosure Statement. We reserve the right to apply run-in limits as appropriate.

If a customer wishes to purchase their individual stop-loss from a third party vendor, we will increase our quoted admin fees \$.35 PSPM.



Williamson County

TERMINAL LIABILITY PROTECTION

Effective for the period: November 01, 2003 to November 01, 2004

Advance Guarantee Option

Upon termination, a 3 month run-out extension period will be added to the last active period. For example, if the contract terminates at the end of a 12 month policy period, the stop loss coverage will convert to a 15 month accumulation period.

For Individual Stop Loss, the ISL level for the active period will apply to the ISL Terminal Liability Protection. Claims paid during both the active period and the 3 month run-out extension period will accumulate to the ISL level. The ISL accumulation will not reset to zero at the beginning of the 3 month run-out extension period.

For Aggregate Stop Loss, the attachment point in the year of termination equals the sum of the active period attachment point and the attachment point of the 3 month run-out extension period. The attachment point for the three month extension period equals:

Run-out attachment point per employee times average exposures for the last three months before cancellation times two.

The attachment point per employee per month (PEPM) during the three month extension period equals the fully mature attachment point for the immediately preceding active period. In other words, the attachment point (PEPM) will increase to the mature level if termination occurs at the end of the first policy year. It will remain mature if the termination occurs at the end of a renewal year.

Conditions

Run-out claims are defined as claims incurred while the contract is active but not paid prior to the termination date. Terminal Liability Protection is only available if UHC administers the run-out claims. This option must be elected at least 12 months prior to termination. No stop loss premium is charged upon cancellation of the contract.

Financial Requirements

Additional premium required during the first 12 month period:

ISL Level	<u>\$100,000</u>
ISL PEPM:	\$ 9.90
ASL PEPM:	\$ 0.34

Aggregate attachment point during 3 month extension period (first year only):

PEPM:	Flex Plan #1 PPO	Flex Plan #2 PPO	Flex Plan #3 Choice	Out-of-Area NBD PPO
	\$504.40	\$459.01	\$566.07	\$605.28

Case Name: WILLIAMSON COUNTY
 Eff Date: 11/1/2003
 NEW BUSINESS

PLEASE INPUT DATA IN BLUE OUTLINED CELLS AND YELLOW SHADED CELLS

LATEST 12 MONTHS OF CLAIMS		
BPI PPO Claims Experience		(Med Only)
Month	Historical Subscribers	Historical Claims
Apr-02	774	
May-02	776	
Jun-02	770	320,272
Jul-02	766	191,013
Aug-02	771	254,399
Sep-02	763	267,058
Oct-02	756	408,764
Nov-02	767	205,229
Dec-02	777	195,888
Jan-03	775	366,328
Feb-03	772	182,725
Mar-03	779	273,506
Apr-03		500,673
May-03		478,461
TOTAL	9,246	\$3,644,316

(Input Totals only if data by month not avail.)

TREND

Mdpt of Historical Claim Period:	12/1/2002
Mdpt of Rate Period:	5/1/2004
Annual Trend	14.4% (med only)
# Mo of Trend for Incurred Clms:	17.0
Monthly Trend Rate	1.13%

SUBSCRIBER/MEMBER CONVERSION

Latest Subscriber Count:	1,017
Latest Member Count:	2,437
Avg Contract Size:	2.40

CALCULATION OF EXPERIENCE PSPM	
Historical Gross Claims:	\$3,644,316
- Pooled Excess Claims: ISL @ \$100k	\$130,783
= Historical Net Claims:	\$3,513,533
/ Historical Lagged Subs:	9,246
= Historical Net Claims PSPM:	\$380.01
x Trend:	1.2100
= Net Claims PSPM (Current Plan):	\$459.81
x Benefits Differential:	1.000
x N.E.F. (Disc & Med'l Mgt): (med only)	88.0%
x P50 Adjustment	100.0%
= Net Claims PSPM (Proposed Plan):	\$404.63
= Exp Claim PSPM (Latest 12)	\$404.63
Credibility to latest 12 months:	100.0%
Credibility to prior 12 months:	0.0%
Exp Claim PSPM (Latest 12)	\$404.63
Exp Claim PSPM (Prior 12)	\$479.88
Experience PSPM:	\$404.63
= Manual Claim Rate PSPM	\$0.00
Credibility to Experience Rate:	100.0%
Credibility to Manual Rate:	0.0%
FINAL PSPM USED FOR QUOTE:	\$404.63
FINAL PMPM USED FOR QUOTE:	\$168.60

Case Name: WILLIAMSON COUNTY
 Eff Date: 11/1/2003
 NEW BUSINESS

PLEASE INPUT DATA IN BLUE OUTLINED CELLS AND YELLOW SHADED CELLS

PRIOR 12 MONTHS OF CLAIMS		
Month	Historical Subscribers	(Med & Rx) Historical Claims
Apr-01	821	
May-01	823	
Jun-01	817	624,752
Jul-01	816	311,532
Aug-01	804	623,373
Sep-01	807	381,488
Oct-01	795	543,717
Nov-01	791	213,074
Dec-01	789	194,137
Jan-02	778	434,610
Feb-02	785	290,319
Mar-02	774	344,289
Apr-02		395,566
May-02		338,668
TOTAL	9,600	\$3,897,286 *

(Input Totals only if data by month not avail.)

ced by 17% to remove Rx

TREND	
Mdpt of Historical Claim Period:	12/1/2001
Mdpt of Rate Period:	5/1/2004
Annual Trend	14.4% (med only)
# Mo of Trend for Incurred Clms:	29.0
Monthly Trend Rate	1.13%

SUBSCRIBER/MEMBER CONVERSION	
Latest Subscriber Count:	1,017
Latest Member Count:	2,437
Avg Contract Size:	2.40

CALCULATION OF EXPERIENCE PSPM	
Historical Gross Claims:	\$3,897,286
- Pooled Excess Claims: ISL @ \$100k	\$117,509
= Historical Net Claims:	\$3,779,777
/ Historical Lagged Subs:	9,600
= Historical Net Claims PSPM:	\$393.73
x Trend:	1.3850
= Net Claims PSPM (Current Plan):	\$545.32
x Benefits Differential:	1.000
x N.E.F. (Disc & Med'l Mgt):	88.0%
x P50 Adjustment	100.0%
= Net Claims PSPM (Proposed Plan):	\$479.88
= Exp Claim PSPM (Prior 12 Mos)	\$479.88
Credibility to above:	0.0%

Case Name: WILLIAMSON COUNTY
 Eff Date: 11/1/2003
 NEW BUSINESS

PLEASE INPUT DATA IN BLUE OUTLINED CELLS AND YELLOW SHADED CELLS

LATEST 12 MONTHS OF CLAIMS		
AMIL HMO Experience		(Med & Rx)
Month	Historical Subscribers	Historical Claims
Feb-02	365	
Mar-02	377	
Apr-02	381	68,846
May-02	375	60,854
Jun-02	373	59,111
Jul-02	383	62,003
Aug-02	395	79,773
Sep-02	397	59,843
Oct-02	398	61,100
Nov-02	407	74,291
Dec-02	410	88,803
Jan-03	482	114,244
Feb-03		99,848
Mar-03		101,589
TOTAL	4,743	\$742,484 *

(Input Totals only if data by month not avail.)

*reduced by 20% to remove Rx

TREND	
Mdpt of Historical Claim Period:	10/2/2002
Mdpt of Rate Period:	5/1/2004
Annual Trend	13.5% (med only)
# Mo of Trend for Incurred Clms:	19.0
Monthly Trend Rate	1.06%

SUBSCRIBER/MEMBER CONVERSION	
Latest Subscriber Count:	1,017
Latest Member Count:	2,437
Avg Contract Size:	2.40

CALCULATION OF EXPERIENCE PSPM	
Historical Gross Claims:	\$742,484
- Pooled Excess Claims: ISL @ \$100k	\$0
= Historical Net Claims:	\$742,484
/ Historical Lagged Subs:	4,743
= Historical Net Claims PMPM:	\$156.54
x Trend:	1.2220
= Net Claims PMPM (Current Plan):	\$191.29
x Benefits Differential:	1.000
x N.E.F. (Disc & Med'l Mgt):	100.0%
x P50 Adjustment	100.0%
= Net Claims PMPM (Proposed Plan):	\$191.29
X ACS	2.40
= Exp Claim PSPM (Latest 12)	\$459.10
Credibility to latest 12 months:	100.0%
Credibility to prior 12 months:	0.0%
Exp Claim PSPM (Latest 12)	\$459.10
Exp Claim PSPM (Prior 12)	\$0.00
Experience PSPM:	\$459.10
= Manual Claim Rate PSPM	\$448.69
Credibility to Experience Rate:	40.0%
Credibility to Manual Rate:	60.0%
FINAL PSPM USED FOR QUOTE:	\$452.86
FINAL PMPM USED FOR QUOTE:	\$188.69

Williamson County

PERFORMANCE STANDARDS AND CREDITS

Effective for the period: November 01, 2003 to November 01, 2004

Category	Guarantee Description	Measurement Criteria	Credit Amount
Administrative Services Implementation			
1. ID Cards	99% mailed within 10 business days after final member eligibility is received, system loaded and passes a quality assurance check.	Date ID Cards are mailed.	\$3,700
2. "Electronic Claim Ready Date"	Electronic Claim Ready by the effective date or within 18 business days after account structure is entered into the system, final member eligibility is received, and benefit plan design is finalized.	Date plan benefits and employee and dependent eligibility data is system loaded.	\$3,700
3. "Medical Eligibility Tape Loading"	Load all medical eligibility tapes to eligibility system within 3 business days of receipt.	Elapsed time from date tape received to the date upon which the tape is loaded to the eligibility system.	\$3,700
Claim Operations			
1. Time to Pay: percent of claims paid in 10 business days	90 % in ten business days Gradients are 90% within 11 business days 90% within 12 business days 90% within 13 business days 90% within 14 business days 90% within 15 or more business days	Site or team level, by standard claim operations reports.	\$740 \$1,480 \$2,220 \$2,960 \$3,700
2. Financial Accuracy: percent of submitted charges processed correctly	99% Gradients are 98.99%-98.78% 98.75%-98.50% 98.49%-98.25% 98.24%-98.00% Below 98.00%	Office level or team level, at claim office director's discretion.	\$740 \$1,480 \$2,220 \$2,960 \$3,700
3. Procedural Accuracy: percent of claims processed without non-financial error	95% Gradients are 94.99%-94.50% 94.49%-94.00% 93.99%-93.50% 93.49%-93.00% Below 93.00%	Office level or team level, at claim office director's discretion.	\$740 \$1,480 \$2,220 \$2,960 \$3,700
Member Phone Service			
1. Average Speed to Answer.	30 seconds or less Gradients are 32 seconds or less 34 seconds or less 36 seconds or less 38 seconds or less Greater than 38 seconds	Office level or team level, at claim office director's discretion.	\$740 \$1,480 \$2,220 \$2,960 \$3,700
2. Abandonment Rate.	5% Gradients are 5.01%-5.50% 5.51%-6.00% 6.01%-6.50% 6.51%-7.00% Greater than 7.00%	Office level or team level, at site director's discretion, by our automated telephone system.	\$740 \$1,480 \$2,220 \$2,960 \$3,700
3. Call Quality Score	90% Gradients are 88%-89% 86%-87% 84%-85% 82%-83% Below 82%	Site level or team level, at site director's discretion, based on our silent monitoring and evaluation against internal criteria based on the UnitedHealth Group's Customer Service Program.	\$740 \$1,480 \$2,220 \$2,960 \$3,700
Claimant/Member Satisfaction Survey			
1. Claimant & Key Customer Overall Satisfaction	80% satisfaction score based on % responding: Completely Satisfied, Very Satisfied and Somewhat Satisfied	Telephone Survey Based on UNET Service Center performance scores Key Customer study may be conducted for an additional charge	\$1,850
Middle Market Customer Scorecard Survey			
1. Employee Benefits Managers/Administrators Overall Satisfaction	Results used by Uniprise management to monitor the performance of the Account Management Team (AMT) customer service and claims processing. Based on the first question of the Middle Market Customer Scorecard Survey: "Overall, how satisfied are you with your relationship with United Healthcare?" If the response is Completely, Very or Somewhat Satisfied, the guarantee has been met.	Based on Employee Benefit Managers' satisfaction with the services provided by Uniprise.	\$1,850
Total At Risk			\$37,000

ADMINISTRATIVE SERVICES ASSUMPTIONS

United Healthcare is pleased to provide the following checklist to describe services for WILLIAMSON COUNTY's employee benefits plans. Although the final terms of the arrangement will be reflected in the contracts between WILLIAMSON COUNTY and United Healthcare, this document will provide supplemental information to the Financial Exhibits. The quotation presented in the Financial Exhibits was based on the assumptions outlined in this document. *The information contained in this proposal is confidential.* This quotation requires a minimum of 45 days lead-time from notice of sale to the plan effective date.

STANDARD AND ADDITIONAL SERVICES

The following is a checklist of the standard administrative services offered by United Healthcare. In addition to our standard services, we have indicated those additional services that are offered at an additional fee.

ACCOUNT MANAGEMENT SERVICES

GENERAL			
Implementation of account	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Representatives available for enrollment meetings in locations with 100 or more employees enrolling in Select, Choice and Options products	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	In sites where UHC has a field office location
Standard enrollment materials including: <ul style="list-style-type: none">▪ Benefit summaries▪ Benefit summary rider/slipsheets▪ Enrollment forms and brochures▪ Standard provider directories▪ Enrollment kit envelope	Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/>	
Bulk mailing of enrollment kits in a quantity to satisfy 115% of eligible employees to WILLIAMSON COUNTY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Mail to locations with greater than 20 employees
Home mailing of enrollment kits	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Standard ID Card production and issuance	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Ongoing service and account management under the direction of an account manager	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Drafts of ERISA Summary Plan Descriptions (SPD's) provided with 2 proofs per document	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	WILLIAMSON COUNTY is responsible for the legal sufficiency of these booklets.
Printing of ERISA Summary Plan Descriptions (SPD's) provided. Quantity of 110% of membership.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Eligibility Processing: Electronic Enrollment Processing: <ul style="list-style-type: none">• Each submission to be a single consolidated file which includes data for all customer locations. Separate eligibility submissions for COBRA (one file that includes data for all customer locations) are acceptable.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Paper eligibility certification requires additional fee of \$0.25 PSPM.

Services	Yes/No		Comments
<ul style="list-style-type: none"> Initial load of Primary Physician data (when applicable to be supplied electronically with ongoing changes submitted via Employer eServices Web Site. <p>Submission Format:</p> <ul style="list-style-type: none"> Gateway Standard Format or 834 HIPAA Compliant Format. <p>Submission Frequency:</p> <ul style="list-style-type: none"> Daily changes only with scheduled full files monthly, quarterly, or semi-annually. <p>Or</p> <p>Weekly changes only with Employer eServices Web Site used for online eligibility updates between electronic file submissions and scheduled full files monthly, quarterly, or semi-annually.</p>			
Issuance of Certificates of Creditable Coverage (HIPAA Certificates to employees and dependents upon termination and/or upon request)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Annual government filings of 1099 reports to the IRS regarding payments made to providers	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Provide required data necessary to enable WILLIAMSON COUNTY to file Form 5500	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
United Healthcare will retain claim fiduciary responsibility.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Charge = \$0.75 PSPM
<p>Standard accounting structure:</p> <ul style="list-style-type: none"> Suffixes to accommodate separate claims reporting for different benefit plans. Claim Accounts to accommodate separate claims data for different locations and groups. 	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Maximum of 40 distinct suffix/account splits.
Maintenance of up to 4 separate benefit plans.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
<p>Electronic Bill Presentment & Payment (EBPP), which provides capabilities to:</p> <p>View up to 12 months' invoices online.</p> <p>Sort and search enrollee information.</p> <ul style="list-style-type: none"> Download current billing detail and request subscriber terminations. Remit payment online using direct debit (self and fee-billed customers). 	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Depending on your benefit plan, online services accessed through our Employer eServices Web site include: customer reporting solutions; electronic billing solutions; and online administration options that include online eligibility maintenance, claim status inquiry, request ID card, and secure messaging. Online tutorials and toll-free customer service are also available.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
BANKING			
Central banking – one bank account established at either Fleet National Bank or JPMorgan Chase Bank	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	All applicable banking letters and required agreements must be executed a minimum of 15 days prior to the effective date

Service	Yes	No	Comments
			in order to implement the banking arrangements.
Standard banking reports on a monthly basis to include: Detail Daily Statistics, Summary and Net Charge Distribution, and Issued-Not-Paid Outstanding check reports	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
WILLIAMSON COUNTY provides deposit and maintains a balance in bank account equal to not less than X days of expected bank account activity. This amount will be based on X days of mature expected plan benefit payments with appropriate adjustments for anticipated non-daily activity (e.g. prescription drug benefits and other routine administrative fee payments). The number of days is a function of the frequency and method of transfer. The required minimum balance is based on your financial condition as viewed by us. We will require that you provide certain financial information to determine your ability to meet financial obligations under the agreement. The required balance may be revised based on that evaluation.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	"X days": FedWire = 1 day – daily 5 days – weekly Automated Clearing House = 2 days – daily 6 days – weekly
WILLIAMSON COUNTY pre-authorizes transfers of funds to cover drafts cleared during 1 working day period for FedWire and 2 working days for Automated Clearing House	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Transfers are made Daily or Weekly

EMPLOYER services

Service	Yes	No	Comments
Access for all members to myUHC.com Website providing a private, secure, easy to use application for member service including: <ul style="list-style-type: none"> Claim status Eligibility information Search for network providers Select a new PCP, if applicable Find answers to Frequently Asked Questions Order a replacement ID Card 	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Customer Reporting System (CRS Select), offering 17 on-line internet based statistical and financial reports with up to 5 I.D.'s	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	There is an additional annual charge of \$1,000 for each ID in excess of 5.
EmployerLink [®] Net Customer Workstation including on-line Eligibility maintenance, and Individual Claim Inquiry. Electronic Mail and toll-free access to Employer LinkNet help desk is also included.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	

EMPLOYEE eSERVICES

	Yes	No	
Access for your employees to the myuhc.com Web site, providing a private, secure, easy to use application for customer service including: <ul style="list-style-type: none"> • Claim status • Eligibility information • Search for network physicians and other health care providers • Select a new primary physician if applicable • Online health and well-being information • Discussion groups and live events with medical professionals • Order a replacement ID Card • Links to pharmacy, mental health/substance abuse, vision, FSA, PBA, and/or dental sites, if these services are provided by UnitedHealth Group. 	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	

UNDERWRITING SERVICES

Service	Yes	No	
Overall annual year end reconciliation	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Claim projections	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Annual projection of impact for benefit changes	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Annual projection of premium equivalent rates	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Annual reserve estimates	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	

CLAIM SERVICES

	Yes	No	
Plan implementation of WILLIAMSON COUNTY's employee benefits plans, set up of plan design, eligibility data, and a testing of sample claims	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Claim history load from one prior carrier using an electronic method to backload financial information to an individual's history. Standard items include calendar year deductible, out of pocket, lifetime maximums, and mental health/substance abuse lifetime maximums.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Additional charges will apply for history loads from more than one prior carrier.
Claim processing services	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Claim adjudication services including payout control, eligibility management, prospective fraud and abuse detection and control, and focused Quality Review Programs and systems	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Standard claim forms and ID cards provided under WILLIAMSON COUNTY's name	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	

			Comments
Hospital audits	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Additional fee to be billed at 35% of the savings realized.
Credit balance recoveries.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Additional fee to be billed at 10% of recoveries.
Standard COB for all claims with investigation once every 12 months	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Production and distribution of standard EOBs to employees, if applicable	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	EOBs are not produced if member responsibility is \$0 or equal to the copayment amount and benefits are assigned to the provider (applies to EPO and POS plans). Additional charges will apply to remove this suppression.
Utilization of software to evaluate claims prior to payment to ensure that members are receiving appropriate care and to guard against inappropriate payments	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Our quotation includes the processing of runout claims for six months following the termination of our contract.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Additional fees are charged at termination for this service
During the term of the Agreement or six months following termination, WILLIAMSON COUNTY or its representatives may perform an annual audit of United Healthcare services, at its own expense, subject to United Healthcare standard requirements regarding prior notice, confidentiality, length, time and place, and findings	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
R&C guidelines for out of network surgical, medical, lab and x-ray claims using HIAA 80 th percentile	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Toll-free access to a customer service unit during normal business hours	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	

MANAGED PHARMACY SERVICES

Integrated Pharmacy Services including:		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
1. Claim Processing <ul style="list-style-type: none"> ▪ Electronic processing in-network retail pharmacy claims via TelePAID™ on-line claims adjudication system. ▪ Concurrent Drug Utilization Review (DUR). ▪ Retrospective DUR. 2. Eligibility Management <ul style="list-style-type: none"> ▪ Acceptance of United's eligibility feeds. 3. Benefits Management 4. Reporting <ul style="list-style-type: none"> ▪ Pharmacy data available in United's Financial and Statistical Applications 5. Pharmacy Network Management 6. Call Center Services <ul style="list-style-type: none"> ▪ Toll-free telephone access to customer service for the program for use by covered persons, benefit personnel, pharmacists and physicians. ▪ Toll-free access to pharmacists for DUR assistance. ▪ Toll-free access to voice response unit for location of network pharmacies by zip code. ▪ 24 Hour access to pharmacist via toll-free telephone service for covered persons. ▪ TDD-TTY services for hearing impaired. ▪ Telephonic/fax-back PDL (physician). ▪ Telecommunications support for 800 numbers. ▪ Clinical program support for the 800 numbers. 7. Support Staff <ul style="list-style-type: none"> ▪ Pharmacy management support teams (clinical/sales/operations/services). 8. Account Management <ul style="list-style-type: none"> ▪ Clinical and program consulting, analysis and cost projections ▪ Annual review and analysis of: Program Utilization, Plan design and impact 9. Clinical Programs <ul style="list-style-type: none"> ▪ Physician DAW interventions via fax and telephone. ▪ MAC pricing. ▪ Generic substitution programs. ▪ PDL compliance programs. ▪ Brand to generic retail and mail service patient education mailings. ▪ Mail service substitution programs. 			
			Postage paid return envelopes are <u>not</u> included and not available. Pharmacy claim administration cannot support combined Rx and Medical deductibles, OOP Maximums, or Lifetime Maximums.

Dispensing fees	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Dispensing fees (when applicable) are fees paid to pharmacists and are included as a claim cost.
Preferred Drug List Rebates	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	United will retain 20% of all preferred drug list rebates attributable to prescription drug products utilized by participants as part of our reasonable compensation and WILLIAMSON COUNTY will receive the balance.

MANAGED CARE SERVICES

	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Network access, management and administrative activities including provider relations, clinical profiling, contracting and credentialing, and network analysis and system development	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Standard on all network plans
Medical management functions, as guided by a medical director, including, health policy and quality assurance and medical management analysis and structure	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Standard on all plans
Care Coordination SM including health information and education, Admission Counseling, Inpatient Care Advocacy, Welcome Home SM readmission prevention, IMPACT SM complex illness support, Healthy Pregnancy Program, and Complex Illness support.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Standard on all plans
Predictive Modeling, using data from a proprietary system, to identify individuals at risk and offer proactive programs to improve their health status.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Standard on all managed plans. Additional charges apply for integrating an outside vendor's pharmacy data.
Reminder Programs, providing quarterly home mailing of preventive care reminders to identified individuals, including mammograms, cervical cancer screening, pediatric and adolescent immunizations, influenza/pneumonia immunization for enrolled individuals over age 65, and eye examinations for individuals with diabetes.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Standard on EPO
Transplant Benefit Management Services, including access to United Resource Networks Transplant Network and Transplant Access Program, travel and lodging benefit, and Care Coordination SM .	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Standard on all plans
United Resource Networks negotiated discounts for transplant recipients utilizing non-contracted facilities for transplants	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Additional fee of \$8,000 per negotiation
Standard Disease Management Programs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Standard on all plans

UNITED BEHAVIORAL HEALTH SERVICE (MENTAL HEALTH/SUBSTANCE ABUSE)

UBH Care Management including: <ul style="list-style-type: none">▪ Network access, development and maintenance including provider relations, credentialing and contracting, network analysis and system development▪ Ongoing case management coordinated through a network of psychiatrists, psychologists, social workers, and facilities▪ Post discharge care management services▪ Customer service, claim processing and adjudication services	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Standard on EPO
Inpatient psychiatric utilization review and case management, with UBH network access, including network maintenance and development	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Standard on PPO
Inpatient psychiatric utilization review and case management for managed Indemnity plans	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Standard on Indemnity Plans

OPTIONAL SERVICES CHECKLIST**OPTIONAL CLAIM SERVICES**

PPO Network access and discounts available to Out of Area Indemnity or Out of Area Managed Indemnity plan participants.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	WILLIAMSON COUNTY will be billed 30% of the PPO discount savings on a monthly basis.
Application of the Shared Savings Plan to Indemnity and Managed Indemnity claims, and to the out-of-network claims on PPO and POS plans. The Shared Savings Program includes a Facility Fee Schedule, Physician Fee Schedule, and Physician Fee Negotiation.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	WILLIAMSON COUNTY will be billed 35% of the savings on a monthly basis.
Facility R&C Program providing savings on selected outpatient and inpatient claims that are not eligible for network or SSP discounts	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Fee equal to 30% of reduction to billed charges, billed monthly
Application of subrogation services	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Fee is 33 1/3% of the subrogation recovery savings on a monthly basis.
Voluntary External Claim Review Program (Third Level Appeal)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	External Review costs range from between \$300 to \$1,000 (with an average case cost of \$450) per case for a single physician reviewer.

OPTIONAL CUSTOMER REPORTING SERVICES

Optional Customer Reporting System – Expanded, offering on-line Internet access to all available reports with up to 5 I.D.'s.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	\$23,000 per year + \$0.35 PSPY (an additional \$5,000/year applies if WILLIAMSON COUNTY continues to receive paper reports)
Non-standard or ad hoc reports, or standard reports at a non-standard frequency	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Fees are determined on a report-specific basis

EMPLOYEE HEALTH EDUCATION AND MEDICAL SELF-CARE PROGRAM SERVICES AVAILABLE ON A FEE BASIS

<p>Optum Care24 – Integrated EAP, work/life and health information service with resources that address physical and emotional well-being and daily living needs. Program features include:</p> <ul style="list-style-type: none"> ▪ Toll-free 24-hour access to registered nurses and master's level counselors for consultation ▪ Up to three face to face sessions with local affiliate counselor per issue per year ▪ Telephonic financial consultation ▪ Telephonic legal consultation with referral option to local attorney network ▪ Telephonic dependent care consultation ▪ Telephonic management consultation ▪ On-site topical training programs ▪ On-site Critical Incident Stress Debriefings ▪ National database of community resources ▪ Audio Health Information Library ▪ Account management support ▪ Employee communications <p>Five Visit EAP Model Upgrade</p> <p>Enhanced Dependent Care Resources – Custom search and resource verification service</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>\$1.96 PSPM</p> <p>\$.20 PSPM</p> <p>\$.20 PSPM</p>
<p>Optum NurseLine – 24 hour health information line staffed by registered nurses to assist with symptom-based calls, general health information, decision support and a health information audio tape library.</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	<p>\$.90 PSPM</p>
<p>Optum Assistance –Telephonic EAP with 3 visit face-to-face option and legal, financial, dependent care, management consultation, training and CISM work/life resources.</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	<p>\$ 1.28 PSPM</p>
<p>Optum Taking Care Publications</p> <p>Self Care Guides:</p> <p>Taking Care: Self Care for You and Your Family</p> <ul style="list-style-type: none"> ▪ Home mailed ▪ Bulk shipping <p>Taking Care After 50</p> <ul style="list-style-type: none"> ▪ Home mailed ▪ Bulk shipping <p>Newsletters:</p> <p>Taking Care Newsletter home mailed</p> <ul style="list-style-type: none"> ▪ Available 12, 6 or 4 times a year <p>Taking Care: Health Living After 50 home mailed</p> <ul style="list-style-type: none"> ▪ Available 6 or 4 times a year 	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>\$ 6.00 per book</p> <p>\$ 6.73 per book</p> <p>\$ 3.83 per book</p> <p>\$ 4.56 per book</p> <p>\$.53 per issue</p> <p>\$.53 per issue</p>

FLEXIBLE SPENDING ACCOUNT SERVICES

Standard FSA Services including: <ul style="list-style-type: none"> • Initial supply of standard employee brochures • Single claim submission with automatic roll-over, check minimum \$25 • Weekly payment cycle • Customer Service representation during normal business hours • Eligibility information processed via electronic file submission (FTP or EDT) or tape cartridge with up to two files or tape cartridges per month • Standard FSA banking arrangements using separate bank account for FSA plan • Direct deposit of payments to employee bank accounts • Account information through myuhc.com for participants enrolled in United Health plans 	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Standard FSA reports including: <ul style="list-style-type: none"> • Monthly Status Reports, providing detailed account status for each participant • Monthly Charge Reports, providing details on all charges to program participation • Utilization Reports, providing information on program utilization for participants with change in status 	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Annual Statements	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Quarterly available for additional fee
Customized employee communications	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Automatic roll-over from external carriers	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Eligibility format other than tape, and/or greater than two tapes per month	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Non-standard reports	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	

COBRA SERVICES

COBRA Direct Billing Administration (Billing and Collection): <ul style="list-style-type: none"> • Enrollment services • Direct billing, collection, and distribution services • Billing adjustments • COBRA Set-up • Interface with HMO vendor • Standard enrollment kits • Claim certification reports • Bank Account Services • Standard COBRA Reports 	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Standard COBRA Services
Qualifying Notification Services including: <ul style="list-style-type: none"> • Set-up (one time) • Customized cover letter (one time) • Pre-Solicitation package 	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
New Hire Notification including: <ul style="list-style-type: none"> • Set-up (one time) • Notification letters 	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	

NON-STANDARD SERVICES**ADDITIONAL CLAIM SERVICES**

Non-standard claim forms.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
WILLIAMSON COUNTY logo on ID Card	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Black & White logo, in an acceptable format to the ID Card.
Annual re-issuance of ID cards to all employees if changes in benefits do not occur	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Non-standard EOBs, and/or copies of EOBs sent to the employer	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Claim audits that exceed the United Healthcare standard	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	

ADDITIONAL ACCOUNT MANAGEMENT SERVICES

	Response		Comments
Customized communication materials	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Customized physician and provider directories	N/A	No <input checked="" type="checkbox"/>	
Employee satisfaction surveys specific to WILLIAMSON COUNTY	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Additional drafts of the SPD	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Customized printing of SPD's	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Eligibility information received in non-standard format, from multiple sources and/or submission more frequently than weekly.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Provide claim information and reports for third party Stop Loss Insurer	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Track A reporting \$0.35 PSPM
Multiple bank accounts and/or multiple class codes for WILLIAMSON COUNTY	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Each Additional account/class code is \$3000
WILLIAMSON COUNTY authorization of each individual transfer	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Individual conversion policies	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	\$0.75 PSPM
Non-standard contracts that would include customized style sheets, foreign language translations, greater than two document proofs and engagement of United Healthcare attorneys for negotiation of the agreements	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	

MEDICARE SUPPLEMENTAL SERVICES

Cross-Over Option including initial enrollment solicitation and canvassing (or re-canvassing), and direct electronic transfer to United of Medicare Part B and Durable Medical Equipment claims that have been processed by the Medicare carrier as the primary payor.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	\$5,000 set-up fee + \$1.10 per member solicited
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PRICING ASSUMPTIONS

- The services and/or insurance provided by United Healthcare in this quotation will be effective from November 01, 2003 through November 01, 2004.
- Quotation is offered on a total replacement basis. United Healthcare will be the exclusive health care administrator.
- Our quotation is based on New Dates of Loss and claims with dates of services on or after the effective date.
- There will no change in the current contribution levels, which are assumed to be at least 90% employer contributions for employees and 0% for dependents.
- Coverage is contingent upon a minimum participation of 75% of eligible employees.
- Unless otherwise noted, commissions are excluded.
- This quotation assumes a standard United Healthcare accounting structure:
 - Suffixes to accommodate separate claims reporting for different benefit plans.
 - Claim accounts to accommodate separate claims data for locations/groups and plans. Quotation assumes no more than 40 separate structures.
- United Healthcare reserves the right to revise this quotation under the following circumstances:
 - The number of covered employees and dependents increases or decreases by more than 10% from what is shown in the financial rate exhibit.
 - The average contract size, defined as the total number of enrolled members divided by the total number of enrolled employees, varies by 10% or more from the assumed average contract size of 2.40.
 - The benefits or service requirements requested and/or quoted change prior to or after the effective date.
 - An award is not made within 90 days of the issuance of this quotation.
 - Changes in federal, state or other applicable legislation or regulation require changes to this quotation.

- WILLIAMSON COUNTY is required to sign the Administrative Service Agreement prior to the effective date of our claim processing services. The effective date may be delayed if the Agreement is not signed.
- Although fee payment terms will be specified in contracts between WILLIAMSON COUNTY and United Healthcare, we expect timely payment of all fees. The due date of fees is the first of the month. After 15 days, we will assess an interest penalty on any unpaid amount.
- Our quotation does not include the processing of runout claims following the termination of our contract – United Healthcare will process runout claims for a period of six months after termination of the contract. The charge for processing runout claims is equal to the administration fee at the time of cancellation, times the average number of subscribers for the three month period preceding the cancellation, times two. If the group terminates their contract at the end of the first year, a matured administration fee will be used as the basis for the runout claim fee. **United Healthcare will only process runout claims if the customer is current with all premium and fee obligations.
- In the unlikely event that the arrangement is terminated by WILLIAMSON COUNTY during the implementation phase, implementation costs incurred by United Healthcare will be the responsibility of WILLIAMSON COUNTY
- This quotation assumes that WILLIAMSON COUNTY will retain claim fiduciary responsibility.
- Fee payment terms:
 - i. Fee payment is due on the first of each month and the Expected Receipt Date is the 15th of that month. After the 15th, we will assess an interest penalty on any unpaid amount.
 - ii. Additional routine fees associated with self-insured groups, including Value-Based Pricing fees and Shared Savings Program fees, will be collected as follows:
 - (a) An estimate of the current month's fees will be billed in the current month.
 - (b) Subsequent months' bills will reflect a true up of the prior month as well as an estimate for the current month.
 - (c) These fees will be collected through the bank account on the due date.
 - iii. Annual reconciliation fees associated with ASO contracts are due upon receipt of notice of the amounts due, with an Expected Receipt Date of 30 days thereafter. After 30 days we will assess an interest penalty on any unpaid amount.

STOP LOSS RATING ASSUMPTIONS

Individual and Aggregate Stop Loss

- The Individual and Aggregate Stop Loss protection benefits are based on the proposed plan of benefits. WILLIAMSON COUNTY will provide United Healthcare with a copy of the plan document when finalized. United Healthcare reserves the right to change the rates for the stop loss policy if the plan of benefits in the finalized plan document differs from the proposed plan of benefits.
- All medical benefits under the policy/contract with United Healthcare are included in calculating the Individual and Aggregate Stop Loss benefit, except for the following:
 - Benefits for services incurred prior to the effective date of the policy.
 - Losses in excess of usual and customary for out of network claims.
 - Losses associated with services and supplies that are considered experimental.
 - Losses associated with benefits not covered by the underlying employee benefit plan, which are nevertheless paid by the employee benefit plan.

Individual Stop Loss

- The Actively-at-Work provision may be waived, subject to disclosure of losses for claims paid by the prior carrier that exceed one half of the Individual Stop Loss deductible to United Healthcare. This Disclosure Statement may be completed no earlier than 30 days prior to the effective date and no later than 15 days after the effective date. United Healthcare reserves the right to set separate Individual Stop loss Risk Levels or exclude specific individuals from coverage based upon the Disclosure Statement. (A sample of the Disclosure Form is provided at the end of this document)
- This quotation assumes that WILLIAMSON COUNTY members are covered under full extended benefits from the prior carrier.
- Pre-Existing condition limitations will not apply to employees covered under the current plan.
- Prescription Drug Claims are excluded from the Individual Stop Loss benefits.
- The policy's limit of liability is \$1,000,000 during each individual's lifetime.

- Run-in claims from the prior claims administrator are not limited on a per individual basis at this time. We reserve the right to apply run-in limits based on Disclosure Statement.

Aggregate Stop Loss

- Individual claims above the selected Individual Stop Loss level will not count toward satisfaction of the Aggregate Attachment Point. The claims of an individual who has been excluded from Individual coverage will not accumulate toward the Aggregate Attachment Point.
- Prescription Drug claims will not be included in Aggregate Stop Loss benefits.
- The offer of Aggregate Stop Loss is contingent upon the purchase of Individual Stop Loss from United Healthcare.
- Aggregate Stop Loss Factors are administered on a composite basis. Any attachment points quoted by product or sub-group in this proposal will be used to establish a composite attachment point on the basis of the final enrollment levels.
- The minimum obligation will be 95% of the first month's enrollment times the Attachment Factor times 12.
- Monthly Accommodation is included in our quote.
- The policy's limit of liability is \$1,000,000 during each policy year.

STOP LOSS INSURANCE
EMPLOYER DISCLOSURE STATEMENT

The Employer is required to disclose the information requested on this form for the following:

1. an employee, dependent, retiree or COBRA beneficiary who had claims that exceeded one half the quoted Individual Stop Loss deductible during the twelve month period preceding the requested effective date.
2. an employee who is away from work due to disability on the date this form is signed, or who is expected to be away from work due to disability on the requested effective date.
3. a dependent, retiree or COBRA beneficiary who is disabled (unable to perform normal duties of a person of like age and sex) on the date this form is signed or who is expected to be so disabled on the requested effective date.

Name	Emp Or Dep	Date of Birth	Sex	Date Disabled	Diagnosis	Current Health Status	Date of or Expected to Return to work	Claims Paid In last 12 months	Claims Pending payment

The information shown above will be treated as confidential by United Healthcare.

The Employer named below, through its authorized officer, hereby represents that the above list is true, complete and accurate to the best of their knowledge, and nothing has been knowingly or intentionally omitted. The Employer further acknowledges, understands and agrees that this information may be used by United Healthcare in evaluating and determining the acceptability of the Employer's risk and that no coverage shall be provided unless agreed by United Healthcare.

Employer _____

Signed by _____

FINANCIAL EXHIBIT - DENTALPAGE

**UnitedHealthcare Dental Rate Proposal and Underwriting Confirmation Form
for Williamson County
Self Insured Plan**

Based on the information provided and our analysis of your organization, UnitedHealthcare - Texas is pleased to offer the following dental administrative services only plan for an effective date no later than November 01, 2003.

OPTION I: Dental Indemnity xxx - Custom

Benefits 100% Preventive, 90% Minor Restorative, 90% Endodontics/Periodontics/Oral Surgery, 0% Major In- and Out- Services, 0% Orthodontia; \$50/150 Calendar Year Deductible (waived for Preventive), \$750 of-Network: Calendar Year Max; No waiting periods. Standard exclusions and limitations. Indemnity benefits paid at UCR.

	<u>Assumed # of Emps</u>	<u>Proposed Rates</u>
Per Employee Per Month (PEPM)	884	\$3.21
Monthly Administrative Fees		\$2,837.64
Annual Administrative Fees		\$34,051.68
Year Two PEPM		\$3.37
Year Three PEPM		\$3.54

Claims Projection PEPM (Combined)	\$58.01
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OPTION II: Dental Indemnity xxx - Custom

Benefits 100% Preventive, 90% Minor Restorative, 90% Endodontics/Periodontics/Oral Surgery, 65% Major In- and Out- Services, 50% Orthodontia for Child Only; \$50/150 Calendar Year Deductible (waived for of-Network: Preventive), \$0 Calendar Year Orthodontia Deductible, \$1,500 Calendar Year Max, \$2,000 Lifetime Orthodontia Max; No waiting periods. Standard exclusions and limitations. Indemnity benefits paid at UCR.

	<u>Assumed # of Emps</u>	<u>Proposed Rates</u>
Per Employee Per Month (PEPM)	884	\$3.21
Monthly Administrative Fees		\$2,837.64
Annual Administrative Fees		\$34,051.68
Year Two PEPM		\$3.37
Year Three PEPM		\$3.54

Claims Projection PEPM (Combined)	\$58.01
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FINANCIAL EXHIBIT - DENTALPAGE **Quote Assumptions:**

- Rates are valid for 90 days from today or effective date, whichever is sooner.
- Rates are effective from 11/01/03 through 10/31/06.
- Rates are based on an Average Contract Size of 2.60
- Quote is based on 884 employees and 2298 members.
- UnitedHealthcare reserves the right to adjust the above fee should the Average Contract Size change by +/- 10%.
- Rate applies to procedures performed in the USA
- Rate assumes no other dental vendor
- Rate assumes normal admin services - claims processing, data processing, enrollment & billing, customer service, dental case management, provider relations, and statistical/management information reporting
- Rates assume standard exclusions & limitations (see attached).
- Rates are net of broker commissions
- Rates are guaranteed for 36 months
- Deductibles and maximums are assumed on a calendar year basis unless otherwise stated.
- Run -In claims are not paid.
- Dependent children are covered to age 19; age 25 if full-time student.
- Rates assume a dual option

Please note: this is a custom dental plan. In the event that this case sells, you are required to do the following: (1) send an e-mail to uhcsoldcase@dbp.com listing the group information and why this is a custom plan, and (2) complete a Plan Submission Form and submit it to the Implementation Department. Failure to follow these protocols may result in incorrect plan set-up and an overall delay in the installation of the case and the delivery of dental ID cards. Please call your Dental Sales Consultants or Underwriter if you have any questions.

UNITEDHEALTHCARE DENTAL MANAGED INDEMNITY **COVERED DENTAL SERVICES** (CUSTOM-WITH ORTHODONTICS)

DENTAL PLAN CODE – TBD

	Non-Orthodontics	Orthodontics
Individual Annual Deductible	\$10	\$
Family Annual Deductible	\$150	\$
Maximum	\$1500 per person per calendar year	\$5000 per person per lifetime

Annual deductible applies to preventive and diagnostic services	No
Annual deductible applies to orthodontic services	No
For new enrollees, a 12-month waiting period applies to major services & orthodontics	No
Orthodontic eligibility requirement	Child Only

Covered Services	Plan Pays*	Benefit Guidelines
PREVENTIVE AND DIAGNOSTIC DENTAL SERVICES		
Periodic Oral Examinations	100%	Up to once per six month period.
Bitewing X-rays	100%	One series of films per year.
Complete Series or Panorex X-rays	100%	One time per 36 months.
Dental Prophylaxis (Cleanings)	100%	Up to 2 per year.
Fluoride Treatments	100%	For covered persons under the age of 16 years, up to once per six month period.
Sealants	100%	For covered persons under the age of 16 years, once per first or second permanent molar every 5 years.
BASIC DENTAL SERVICES (Minor Restorative, Endodontics, Periodontics and Oral Surgery)		
Amalgam Restorations (Fillings)	90%	One restoration allowed per surface every 3 years.
Composite Resin Restorations (Fillings)	90%	One restoration allowed per surface every 3 years.
Space Maintainers	90%	For covered persons under the age of 16 years, once per lifetime.
Root Canal Treatment	90%	Once per site per lifetime.
Root Planing	90%	Once every 24 months per quadrant.
Periodontal Surgery	90%	Once every 36 months per site.
Simple Extraction	90%	
Surgical Extraction including Impacted Wisdom Teeth	90%	
General Anesthesia	90%	When clinically necessary.
Palliative Treatment (Relief of Pain)	90%	Covered as a separate benefit only if no other services except exam and X-rays were performed during the visit.
MAJOR DENTAL SERVICES		
Crowns	65%	Once every 5 years.
Fixed Bridges	65%	Once every 5 years (alternate benefits for a partial denture may be applied).
Full Dentures	65%	Once every 5 years; no allowance for overdentures or customized dentures.
Inlays and Onlays	65%	Once every 5 years.
Partial Dentures	65%	Once every 5 years; no allowance for precision or semi precision attachments.

Recement Bridges, Crowns, Inlays	65%	Once every 6 months per restoration.
Relining Dentures	65%	Once every year after the 6 month period following initial insertion.
Repairs to Full Dentures, Partial Dentures, Bridges	65%	For repairs or adjustments done after 12 months following the initial insertion.
ORTHODONTIC SERVICES		
Diagnose or correct misalignment of the teeth or bite including Phase I and Phase II	50%	Preauthorization required.

*The percentage of benefits is based on the usual and customary rates prevailing in the geographic area in which the expenses are incurred.

The material contained in the above table is for informational purposes only and is not an offer of coverage. Please note that the above table provides only a brief, general description of coverage and does not constitute a contract. For a complete listing of your coverage, including exclusions and limitations relating to your coverage, please refer to your Certificate of Coverage or contact your benefits administrator. If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern. All terms and conditions of coverage are subject to applicable state and federal laws. State mandates regarding benefit levels and age limitations may supersede plan design features.

UnitedHealthcare Dental Managed Indemnity Plan is either underwritten or provided by: United Healthcare Insurance Company, Hartford, Connecticut; United Healthcare Insurance Company of New York, Hauppauge, New York; or United HealthCare Services, Inc.

UNITEDHEALTHCARE DENTAL MANAGED INDEMNITY **COVERED DENTAL SERVICES (CUSTOM-NO ORTHODONTICS)**

DENTAL PLAN CODE TBD

Individual Annual Deductible	\$50
Family Annual Deductible	\$150
Annual Maximum	\$750 per person per calendar year

Annual deductible applies to preventive and diagnostic services	No
For new enrollees, a 12-month waiting period applies to major services	No

Covered Services	Plan Pays*	Benefit Guidelines
PREVENTIVE AND DIAGNOSTIC DENTAL SERVICES		
Periodic Oral Examinations	100%	Up to once per 6 months period.
Bite-Wing X-rays	100%	One series of films per year.
Complete Series or Panorex X-rays	100%	One time per 36 months.
Dental Prophylaxis (Cleanings)	100%	Up to once per 6 months period
Fluoride Treatments	100%	For covered persons under the age of 16 years, up to once per 6 months period
Sealants	100%	For covered persons under the age of 16 years, once per first or second permanent molar every 5 years.
BASIC DENTAL SERVICES (Minor Restorative, Endodontics, Periodontics and Oral Surgery)		
Amalgam Restorations (Fillings)	90%	One restoration allowed per surface every 3 years.
Composite Resin Restorations (Fillings)	90%	One restoration allowed per surface every 3 years.
Space Maintainers	90%	For covered persons under the age of 16 years, once per lifetime.
Root Canal Treatment	90%	Once per site per lifetime.
Root Planing	90%	Once every 24 months per quadrant.
Periodontal Surgery	90%	Once every 36 months per site.
Simple Extraction	90%	
Surgical Extraction including Impacted Wisdom Teeth	90%	
General Anesthesia	90%	When clinically necessary.
Palliative Treatment (Relief of Pain)	90%	Covered as a separate benefit only if no other services except exam and X-rays were performed during the visit.
MAJOR DENTAL SERVICES		
Crowns	0%	Once every 5 years.
Fixed Bridges	0%	Once every 5 years (alternate benefits for a partial denture may be applied).
Full Dentures	0%	Once every 5 years; no allowance for overdentures or customized dentures.
Inlays and Onlays	0%	Once every 5 years.
Partial Dentures	0%	Once every 5 years; no allowance for precision or semi precision attachments.
Relining Dentures	0%	Once every year after the 6 month period following initial insertion.
Repairs to Full Dentures, Partial Dentures, Bridges	0%	For repairs or adjustments done after 12 months following the initial insertion.

*The percentage of benefits is based on the usual and customary rates prevailing in the geographic area in which the expenses are incurred.

The material contained in the above table is for informational purposes only and is not an offer of coverage. Please note that the above table provides only a brief, general description of coverage and does not constitute a contract. For a complete listing of your coverage, including exclusions and limitations relating to your coverage, please refer to your Certificate of Coverage or contact your benefits administrator. If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern. All terms and conditions of coverage are subject to applicable state and federal laws. State mandates regarding benefit levels and age limitations may supersede plan design features.

UnitedHealthcare Dental Managed Indemnity Plan is either underwritten or provided by: United HealthCare Insurance Company, Hartford, Connecticut; United HealthCare Insurance Company of New York, Hauppauge, New York; or United HealthCare Services, Inc.

UnitedHealthcare/Dental Exclusions and Limitations**GENERAL LIMITATIONS**

Oral Examinations	Covered as a separate benefit only if no other service was done during the visit other than X-rays. Limited to once every 6 months.
Complete Series or Panorex Radiographs	Limited to one time per 36 months.
Bitewing Radiographs	Limited to 1 series of films per calendar year.
Extraoral Radiographs	Limited to 2 films per calendar year.
Dental Prophylaxis	Limited to once every 6 months.
Diagnostic Casts	Limited to one time per 24 months.
Fluoride Treatments	Limited to Covered Persons under the age of 16 years, and limited to once per six month period. Treatment should be done in conjunction with dental prophylaxis.
Sealants	Limited to Covered Persons under the age of 16 years and once per first or second permanent molar every 5 years.
Space Maintainers	Limited to Covered Persons under the age of 16 years, once per lifetime. Benefit includes all adjustment within 6 months of installation.
Amalgam Restorations	Multiple restorations on one surface will be treated as a single filling.
Pin Retention	Limited to 2 pins per tooth; not covered in addition to Cast Restoration.
Gold Inlays and Onlays	Limited to one time per 5 calendar years. Covered only when silver fillings cannot restore the tooth.
Crowns	Limited to one time per tooth every 5 calendar years. Covered only when a filling cannot restore the tooth.
Post and Cores	Covered only for teeth that have had root canal therapy.
Sedative Fillings	Covered as a separate benefit only if no other service, other than X-rays and exam, were done during the visit.
Scaling and Root Planing	Limited to 1 time per quadrant per 24 months.
Periodontal Maintenance	Limited to 2 times within the first 12 months following active and adjunctive periodontal therapy, exclusive of gross debridement.
Full Dentures	No additional allowances for over-dentures or customized dentures.
Partial Dentures	No additional allowances for precision or semi precision attachments.
Relining Dentures	Limited to relining done more than 6 months after the initial insertions. Limited to 1 time per calendar year.
Repairs to Full Dentures, Partial Dentures, Bridges	Limited to repairs or adjustments done within 12 months after the initial insertion.
Palliative Treatment	Covered as a separate benefit only if no other service, other than exam and radiographs, were done during the visit.

than exam and radiographs, were done during the visit.

Occlusal Guards

Limited to one guard every 5 years.

GENERAL EXCLUSIONS

The following are not covered:

1. Dental Services that are not necessary.
2. Hospitalization or other facility charges.
3. Any dental procedure performed solely for cosmetic/aesthetic reasons. (Cosmetic procedures are those procedures that improve physical appearance.)
4. Reconstructive Surgery regardless of whether or not the surgery which is incidental to a dental disease, injury, or Congenital Anomaly when the primary purpose is to improve physiological functioning of the involved part of the body.
5. Any dental procedure not directly associated with dental disease.
6. Any procedure not performed in a dental setting.
7. Procedures that are considered to be Experimental, Investigational or Unproven. This includes pharmacological regimens not accepted by the American Dental Association (ADA) Council on Dental Therapeutics. The fact that an Experimental, Investigational or Unproven Service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in Coverage if the procedure is considered to be Experimental, Investigational or Unproven in the treatment of that particular condition.
8. Services for injuries or conditions covered by Worker's Compensation or employer liability laws, and services that are provided without cost to the Covered Person by any municipality, county, or other political subdivision. This exclusion does not apply to any services covered by Medicaid or Medicare.
9. Expenses for dental procedures begun prior to the Covered Person's eligibility with the Plan.
10. Dental Services otherwise Covered under the Policy, but rendered after the date individual Coverage under the Policy terminates, including Dental Services for dental conditions arising prior to the date individual Coverage under the Policy terminates.
11. Services rendered by a provider with the same legal residence as a Covered Person or who is a member of a Covered Person's family, including spouse, brother, sister, parent or child.
12. Dental Services provided in a foreign country, unless required as an Emergency.
13. Replacement of crowns, bridges, and fixed or removable prosthetic appliances inserted prior to plan coverage unless the patient has been eligible under the plan for 12 continuous months. If loss of a tooth requires the addition of a clasp, pontic, and/or abutment(s) within this 12 month period, the plan is responsible only for the procedures associated with the addition.
14. Replacement of missing natural teeth lost prior to the onset of plan coverage until the patient has been eligible for 12 continuous months.
15. Full mouth radiograph series in excess of once every 36 months. Panoramic radiographs in excess of once every 36 months, except when taken for diagnosis of third molars, cysts, or neoplasms.
16. Hard tissue periodontal surgery and soft tissue periodontal surgery per surgical area in excess of once in any 36 month period. This includes gingivectomy, gingivoplasty, gingival curettage (with or without a flap procedure), osseous surgery, pedicle grafts, and free soft tissue grafts.
17. Osseous grafts, with or without resorbable or non-resorbable GTR membrane placement in excess of once every 36 months per quadrant or surgical site.
18. Root planing and scaling (ADA Code 4341) in excess of once every 24 months per quadrant.

19. Full mouth debridement (ADA Code 4355) in excess of once every 36 months.
20. Replacement of complete or partial dentures, fixed bridgework, or crowns previously submitted for payment under the Plan within sixty (60) months of initial or supplemental placement. This includes retainers, habit appliances, and any fixed or removable interceptive orthodontic appliances.
21. Replacement of complete or partial dentures, crowns, or fixed bridgework if damage or breakage was directly related to provider error. This type of replacement is the responsibility of the Dentist. If replacement is necessary because of patient non-compliance, the patient is liable for the cost of replacement.
22. Denture relines for complete or partial conventional dentures for the 6 month period following the insertion of a prosthesis. Tissue conditioning and soft and hard relines for immediate full and partial dentures for the first six 6 months. After the six month waiting period, relines are covered not more than once every 12 months.
23. Fixed or removable prosthodontic restoration procedures for complete oral rehabilitation or reconstruction.
24. Attachments to conventional removable prostheses or fixed bridgework. This includes semi-precision or precision attachments associated with partial dentures, crown or bridge abutments, full or partial overdentures, any internal attachment associated with an implant prosthesis, and any elective endodontic procedure related to a tooth or root involved in the construction of a prosthesis of this nature.
25. Procedures related to the reconstruction of a patient's correct vertical dimension of occlusion (VDO).
26. Placement of dental implants, implant-supported abutments and prostheses. This includes pharmacological regimens and restorative materials not accepted by the American Dental Association (ADA) Council on Dental Therapeutics.
27. Placement of fixed bridgework solely for the purpose of achieving periodontal stability.
28. Billing for incision and drainage (ADA Code 7510) if the involved abscessed tooth is removed on the same date of service.
29. Treatment of malignant or benign neoplasms, cysts, or other pathology, except excisional removal. Treatment of congenital malformations of hard or soft tissue, including excision.
30. Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue.
31. Services related to the temporomandibular joint (TMJ), either bilateral or unilateral. Upper and lower jaw bone surgery (including that related to the temporomandibular joint). No Coverage is provided for orthognathic surgery, jaw alignment, or treatment for the temporomandibular joint.
32. Acupuncture; acupressure and other forms of alternative treatment.
33. General Anesthesia, except if required for patients under 6 years of age or patients with behavioral problems or physical disabilities.
34. Drugs/medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the patient visit.
35. Occlusal guards except if prescribed to control of habitual grinding, including those specifically used as safety items or to affect performance primarily in sports-related activities.
36. Charges for failure to keep a scheduled appointment without giving the dental office 24 hours notice.



FSA QUOTE

Williamson County 11/1/03 - 11/1/04

BASIC SERVICES:

FEE PER PARTICIPATING EMPLOYEE

\$3.51

PPEPM

ASSUMPTIONS

Quote assumes one separate bank account and standard banking arrangements.

Minimum participation of 15% or 50 employees (whichever is higher) is required.

Includes weekly payment cycle, \$25 minimum check amount and >25% auto reimbursement.

Includes one employee statement annually. See below for cost of additional statements.

Includes Solicitation and Enrollment Kits for 115% of the number of eligible employees in the 1st year. See below for additional kits.

Assumes two certification tapes per month. See below for cost of additional tapes.

Assumes no external rollover. See below for cost of external rollover.

ADDITIONAL FEES:

	General	Customer Specific
Additional employee statements ¹ :	\$1.87 per statement	\$0.00 per participating employee ¹
External Rollover:		
1st year Set Up	\$2,000 per set up	\$0 per year ²
external tape feeds	\$267 per tape	\$0 per year ²
Certification Tapes ³ :	\$333 per tape	\$0 per year ³
Solicitation & Enrollment Kits 1st year ⁴	\$0.67 per kit	\$0.67 per kit ⁴
Renewal year	\$0.67 per kit	\$0.67 per kit

1 The "per statement" charge only applies to statements in excess of one per employee per year. The Customer Specific employee statement charge is based on 0 employee statements/year in excess of the standard 1/year. (Assumes customer has 1 statements per employee/year.)

2 Assumes no external rollover.

3 The 'per tape' charge only applies to tapes in excess of two per month. The Customer Specific charge is based on 0 tapes/month in excess of the standard 2/month. (Assumes customer submits 2 certification tapes/month.)

4 Charge for kits in excess of 115% of eligible employees



UHC Direct Bill COBRA Retail Pricing
Williamson County
11/1/03 - 11/1/04

<u>Standard Services</u>	
*Group Setup Fee (one time fee at implementation)	\$2,000.00
On-going Maintenance Fee (annual fee in subsequent years after implementation)	\$1,150.00
COBRA Continuant Takeover Charge (one-time charge per current continuant from previous COBRA administrator)	\$15.50
Ongoing COBRA Continuant Per Month Charge	\$9.75
Outside Carrier Eligibility Feeds and Premium Remittance (per carrier per month)	\$38.50
<u>COBRA Qualifying Event Services</u>	
Qualifying Event Services (fee per Qualifying Event - includes timely distribution of election form via proof of mail with instructions and premium billing services)	\$24.00
Customer-sent Qualifying Event Takeover Charge (one-time charge per continuant if customer sends out QE notices)	\$15.50
<u>Optional Services</u>	
COBRA Initial Rights Notifications (per notice)	\$4.00
HIPAA Initial Rights Notifications (per notice)	\$4.00
Post COBRA HIPAA Certificates of Coverage (per certificate)	\$6.25
Retiree Direct Billing (per continuant per month)	\$7.00
Past Due Notices to Continuants (per notice)	\$2.00
Retro COBRA Initial Rights Notices (per notice)	\$4.00

*Pricing assumes each customer as a single billing entity with up to 20 plans. Additional plans or customer-specific complexities may require additional charges at implementation.

Note: The 2% COBRA administration portion from premium collected from continuants is credited back to the customer.

4/28/03

Retail Network Participating Chains*

A A & P ABCO Foods Acme Albertson's Arrow Prescription Center Aurora Pharmacies	Duane Reade Duluth Clinic Pharmacy E Eagle Pharmacies Eaton Apothecary Eckerd Drug Emerald	Hi-School Homeland Stores Horizon Pharmacy Horton & Converse Pharmacies Huron Pharmacy Hy-Vee I Ike's Integrity Healthcare Services IPS Pharmacy K K Mart Pharmacy Kare Keltsch Pharmacies Kerr Drug Keystone Pharmacy King Kullen King Soopers Kinney Knight Drug Kroger	NCS Healthcare NeighborCare O OSCO P P & C Pack N Save Pamida Pharmacy Pathmark Pharmacy Paul's Cut-Rate Phar-Mor PharMerica Pharmhouse Planned Parenthood of NJ Price Chopper Price Cutter Price Rite Publix	Smith's Food & Drug Smitty's Snyder Drug Stores Solo Stadtlanders Pharmacy Star Pharmacy Strand Pharmacy Stop & Shop Pharmacy Super 1 Super D Super Foodmart Super Fresh Super G Super Sav-on-Drugs Super Saver Superfresh
B Bakers Bartell's Basha's United Pharmacy Bel Air Pharmacies Bi-Lo Bi-Mart Big Bear Biggs Pharmacy Brooks Pharmacy Brookshire	F Fagen Pharmacy Fairview Pharmacies Farmco Drug Centers Farmer Jack Fedco Professional Pharmacy Felpausch Pharmacies Finast Foodarama Food City Pharmacy Food For Less Foodtown Pharmacy Foodworld Fred Meyer Fred's Pharmacy Friendly Hills Pharmacy Fruth Fry's Food and Drug Furr's G Gemmel Genovese Drug Gerbes Pharmacy Giant Giant Eagle Giant Food & Discount Drug Good Neighbor Grand Union H H.E.B. Pharmacy Haggen Hannaford Food & Drug Happy Harry's Harp's Harris Teeter Pharmacy Hart Drug Stores Harvest Foods HealthPartners Hen House Henry Ford Medical Center	L L & M Leader Drug Stores Lewis Drug Longs Drug Store Lucky M Marc's Pharmacy Marsh Drugs Martin's Maxi Drug Mays Med-X Medic Drug Medical Arts Medicap Pharmacy Medicine Chest Medicine Shoppe Mediserve Medistat Pharmacies Medsav Meijer Pharmacy Minyard N National Markets	Q Quality Food Centers Quality Markets Quick Check R Rainbow Pharmacy Raley's Pharmacies Randalls Food & Pharmacy Rite-Aid Riverside Rosauers Rx Place RXD S Safeway Sak N' Save Sartoris Pharmacy Sav-A-Center Sav-On Sav-RX @ Save Mart Schnuck's Pharmacies Schwegmann Scolari's Sentry Pharmacy Shopko Pharmacy Shoprite Simon's Warehouse	T Talbert Target Stores Texas Drug Warehouse Thriftway Thrifty Thrifty White Times Tom Thumb Tops Markets TOPS Pharmacy Services Twin Knolls Pharmacy U Ukrop's United Pharmacy USA Drug V ValuRite Vix Von's W Wal-Mart Pharmacy Waldbaums Walgreens Wegmans Weis Winn Dixie X Xpect Discounts

100-2719 9/00

Subject to change without notice.

*with 10 or more stores

AGENDA ITEM 27

Discuss and take appropriate action concerning awarding contract for HMO health plan provider as of January 1, 2004.

Moved: **Commissioner Boatright**

Seconded: **Judge Doerfler**

Motion: To award contract for HMO health plan provider to United Healthcare EPO as of January 1, 2004.

Vote: **5 - 0**

AGENDA ITEM 28

Discuss and take appropriate action concerning setting employee insurance rates as of January 1, 2004.

Moved: **Commissioner Boatright**

Seconded: **Judge Doerfler**

Motion: To set employee insurance rates as of January 1, 2004.

Vote: **5 - 0**

< Attachment >