

**CITY OF NAPLES
PURCHASING DIVISION
CITY HALL, 735 8TH STREET SOUTH
NAPLES, FLORIDA 34102
PH: 239-213-7100 FX: 239-213-7105**

ADDENDUM NUMBER 2

NOTIFICATION DATE:	BID TITLE:	BID NUMBER:	BID OPENING DATE & TIME:
03/10/14	EMPLOYEE BENEFITS	14-023	03/25/14 2:00 PM

**THE FOLLOWING INFORMATION IS HEREBY INCORPORATED INTO,
AND MADE AN OFFICIAL PART OF THE ABOVE REFERENCED BID.**

The following clarifications are issued as an addendum for the referenced solicitation.

NOTE: There have been a number of requests for a MS WORD format version of Naples - Employee Benefits RFP (RESPONSE FORMS). DemandStar and the City web site do not support MS WORD formats. Instead of a drop box system, please email the Naples Purchasing Division if you would like this information in a MS WORD format in a MS WORD format, and we will email the information to you.

Below are answers to written submitted questions. Note an Addendum 3 for this Request for Proposals will also be issued.

- 1) We are also missing the Dental benefit summaries and Dental claims experience. Please provide this as well.

Answer: The Dental benefit summary is Attachment 7 and the Dental claims experience is Attachment 8 of the original bid document.

- 2) Please clarify what you are referring to by "Tiered Pooling Level" (Page 21).

Answer: Tiered pooling is a risk sharing option that splits an additional level of liability between the City and the carrier in order to reduce stop loss premium cost. The carrier reimburses the City 50% of the first \$50,000.00 Covered Expenses paid for a Covered Person in a Policy Year that are in excess of the Individual Stop Loss Limit, and 100% of additional Covered Expenses paid for a Covered Person in a Policy Year. This arrangement will only apply to the first 4 claimants to exceed the Individual Stop Loss Limit during this Contract Year. For additional claimants, the carrier shall reimburse the City 100% of Covered Expenses paid this Policy Year that are in excess of the Individual Stop Loss Limit. Individual Stop Loss Limit: \$100,000.00

- 3) Who retains the Rx Drug rebates, the City or the carrier?

Answer: The City retains the prescription drug rebates.

4) Is the HRA a First Dollar or a Split Dollar HRA?

Answer: The HRA is first dollar.

5) Could we please receive a copy of the questionnaire in Word?

Answer: Yes. Please email the Naples Purchasing Division, and we will email to you a WORD formatted version.

6) In regard to the GeoAccess requested, access standards were not provided. Please confirm if the access standards below should be used:
Hospitals 1 within 10 miles.

Answer: Yes.

PCP's & Pediatricians 2 within 10 miles or 1 in 5 miles.

Answer: Two within 10 miles.

OB/Gyn's, 2 within 10 miles

Answer: Yes.

Specialists 2 within 10 miles.

Answer: Yes.

Urgent Care Centers 2 within 10 miles.

Answer: Yes.

7) Confirm that since we are providing a proposal, the 'Statement of No Proposal' does not need to be included in our submission or should it be included as 'N/A'.

Answer: If you are bidding any portion of this proposal, do not include this page.

8) Please provide Rx claims utilization data.

Answer: Prescription claims are included in Attachment 6 of the original bid document.

9) In regard to the FSA offered, do members have a debit card today?

Answer: No, claims are auto-adjudicated or submitted manually.

10) Please clarify if the IRS W9 Form is a requirement.

Answer: Current and signed IRS W-9 Forms are required with your proposal.

11) What is the current funding level for the software system mentioned on page 30 #25?

Answer: None.

12) Please confirm if the claims experience is inclusive of claims over the individual stop loss amount.

Answer: Yes.

13) Please indicate if any benefit plan changes were made in the last 24 months. If changes were made, please detail each of the changes made as well as when they were effective.

Answer: None.

14) Please identify specifically what programs and services are included in your administrative fees today (Any disease management, maternity program, Healthy Coaching, budgets/allowances, on-site screenings etc.)

Answer: Please see Attachment #5 of the original bid document, pages 5, 15-16, 18-27. Attached is the CIGNA Wellness Solution as EXHIBIT 1.

15) Please provide utilization information by provider for both hospital and Physician claims for the top 25 providers for each category. If possible, we would like the hospital claims broken out by Inpatient, Outpatient, and ER.

Answer: Attached CIGNA utilization (what is immediately available) as EXHIBIT 2.

16) What additional services (maternity management, HIPAA Certs, claim fiduciary, etc) are included in your fees today?

Answer: See Attachment #5 of the original bid document.

17) Are the plans currently grandfathered and subject to Federal Mental Health Parity legislation.

Answer: The plans are not grandfathered and are subject to FMHP legislation.

18) Please confirm if the City currently receives pharmacy rebates from the PBM today, or if they are used to offset administrative fees.

Answer: The City receives the rebates from the PBM.

19) Please indicate whether the plan sponsor or the Medical vendor is to be claim fiduciary.

Answer: The medical and pharmacy TPA is acting a claim fiduciary.

20) It doesn't seem that we are getting claims for this. Please confirm we will not receive Rx's claims data.

Answer: Prescription claims are included in Attachment 6 with the medical claims experience.

21) Is the City of Naples requesting a pharmacy formulary disruption or a pharmacy clinical savings in the bid. Can you point me in the direction of where you found both of these? If not, please confirm.

Answer: A formulary disruption is not necessary at this time. The City may consider this after initial review of the responses. Pharmacy clinical savings programs are included in Attachment 5 of the original bid document.

22) Please confirm if we will not be receiving claims data to perform a re-pricing analysis. If not we can go ahead and continue working I just want to make sure there's no re-pricing that we have to perform for pharmacy claims.

Answer: Re-pricing is not requested at this time.

23) The last three years of stop loss claims experience

Answer: Please refer to EXHIBIT 4 of this Addendum.

24)What Performance Guarantees does the City have in place currently for the dental and vision lines of business?

Answer: None.

25)In the General Conditions section of the RFP item 41 indicates the following:

EXCEPTIONS: Proposers taking exception to any part or section of the solicitation shall indicate such exceptions on the proposal form. Failure to indicate any exception will be interpreted as the proposer's intent to comply fully with the requirements as written. Conditional or qualified proposals, unless specifically allowed, shall be subject to rejection in whole or in part. What Proposal Form is the City referring to? Can we provide this information in Section E – Ancillary Information?

Answer: Include any bid EXCEPTIONS in a clearly marked addendum to your proposal.

26)Please confirm that a 3 year rate guarantee request is required for all product lines in order to quote.

Answer: The City prefers long term rate guarantees but it is not a condition to propose.

27)On Exhibit V, Dental PPO, under Calendar Year Deductible, Frequency Limit for Class 1, does this pertain to the Prophylaxis (Cleanings)?

Answer: No. The deductible is waived for Class 1.

Attachments:

- EXHIBIT 1 Naples - CIGNA Wellness Solution**
- EXHIBIT 2 Naples - CIGNA Utilization**
- EXHIBIT 3 ATTACHMENT #12 - Cigna Rolling 12 Large Claims (No PHI)**
- EXHIBIT 4 012914 - Naples - EyeMed Vision Utilization Oct10-Sep12**
- EXHIBIT 5 012914 - Naples - EyeMed Vision Utilization Oct12-Dec13**



City of Naples *Cigna's Wellness Solutions*

Cigna's primary goal is to help improve the health, well-being, and sense of security of our members, and we consider our wellness programs of primary importance in helping us achieve that goal. Cigna identifies members at risk, and then informs, empowers, and supports their health care decisions, which improves member health,

To meet your wellness needs, we are currently offering a wellness fund in the amount of \$12,500

Many of our wellness programs and services are included at no charge to our clients and members. These include:

- **Health Assessment and Online Coaching Programs** - Cigna's online health assessment, powered by analytics from the University of Michigan Health Management Research Center (UM-HMRC), helps members identify potential health risks and steps to leading a healthier life. When responses show a member's health risk in the areas of nutrition, physical activity, sleep, or stress, the member is immediately invited to participate in an online coaching program to address that topic.
- **Health Information Line and Audio Library** - Cigna's health information line provides convenient, toll-free access to medical information any time of the day or night. Members can speak with registered nurses to obtain general health information, level of care information, and information about doctors, hospitals, and other health care professionals.
- **Healthy Rewards® Discount Program** - Cigna offers discounts for a variety of health and wellness products and services related to weight management and nutrition, fitness, vision and hearing care, tobacco cessation, alternative medicine, mind/body care, and vitamins.
- **Cigna Health Promotion and Wellness Program** - This program reinforces wellness messages in the workplace and encourages understanding, adoption, and maintenance of healthy lifestyle choices. The year-long program is created around national health observances and other important health themes, as outlined in the year's wellness calendar. Through the "VitaMin" communication series, clients receive several items for distribution to their employees. Items include a monthly newsletter, an informational postcard, and a "myth of the month" e-card. Turnkey health awareness campaigns and non-clinical worksite wellness "lunch and learns" are also available through this complimentary program
- **Healthy Babies® Maternity Education** - This voluntary prenatal program offers expectant parents educational materials from the March of Dimes, toll-free access to information and nurse support, and post-delivery assistance.
- **Wellness Communications** - Targeted reminders are sent annually to members in some markets who appear noncompliant with HEDIS Effectiveness of Care screenings and care standards (e.g., childhood immunizations, breast cancer screenings, Pap test screenings, and colorectal cancer screenings). Our Plain Talk Library® includes brochures on a variety of wellness and preventive care topics.

OAPHRA

TOP 10 FACILITIES RANKED BY TOTAL PAYMENTS*

Based on Processed Dates

01/2012–12/2012

FACILITY NAME	LOCATION	SERVICE LOCATION	ADMITS	% OF ADMITS	CLAIMANTS**	% OF CLAIMANTS	PAYMENTS	% OF PAYMENTS	PAYMENTS PER CLAIMANT
NAPLES COMMUNITY HOSPITAL	NAPLES, FL	TOTAL	33	62.3%	136	11.4%	\$767,449	47.7%	\$5,643
		Inpatient	33		33		\$465,292		\$14,100
		Outpatient	0		103		\$302,157		\$2,934
NAPLES HMA INC	NAPLES, FL	TOTAL	9	17.0%	91	7.7%	\$317,767	19.8%	\$3,492
		Inpatient	9		8		\$193,949		\$24,244
		Outpatient	0		83		\$123,818		\$1,492
LEE MEMORIAL HLTH SYS- FT MYER	FORT MYERS, FL	TOTAL	4	7.5%	29	2.4%	\$185,208	11.5%	\$6,386
		Inpatient	4		4		\$119,027		\$29,757
		Outpatient	0		25		\$66,181		\$2,647
SHANDS AT THE UNIV OF FLORIDA	TAMPA, FL	TOTAL	1	1.9%	4	0.3%	\$66,477	4.1%	\$16,619
		Inpatient	1		1		\$64,638		\$64,638
		Outpatient	0		3		\$1,840		\$613
LUTZ SURGICAL PARTNERS L	LUTZ, FL	TOTAL	0	0.0%	1	0.1%	\$38,250	2.4%	\$38,250
		Inpatient	0		0		\$0		\$0
		Outpatient	0		1		\$38,250		\$38,250
FLORIDA HOSPITAL	ORLANDO, FL	TOTAL	1	1.9%	3	0.3%	\$24,946	1.6%	\$8,315
		Inpatient	1		1		\$22,893		\$22,893
		Outpatient	0		2		\$2,053		\$1,027
NAPLES DAY SURGERY	NAPLES, FL	TOTAL	0	0.0%	13	1.1%	\$15,978	1.0%	\$1,229
		Inpatient	0		0		\$0		\$0
		Outpatient	0		13		\$15,978		\$1,229
QUEST DIAGNOSTICS CLINICAL LAB	TUCKER, GA	TOTAL	0	0.0%	255	21.4%	\$13,998	0.9%	\$55
		Inpatient	0		0		\$0		\$0
		Outpatient	0		255		\$13,998		\$55
TALLAHASSEE MEMORIAL HEALTHCAR	TALLAHASSEE, FL	TOTAL	0	0.0%	1	0.1%	\$11,893	0.7%	\$11,893
		Inpatient	0		0		\$0		\$0
		Outpatient	0		1		\$11,893		\$11,893
MUNROE REGIONAL MEDICAL CENTER	OCALA, FL	TOTAL	1	1.9%	2	0.2%	\$10,789	0.7%	\$5,395
		Inpatient	1		1		\$10,395		\$10,395
		Outpatient	0		1		\$394		\$394
SUBTOTAL	TOP TEN FACILITIES	TOTAL	49	92.5%	535	45.0%	\$1,452,756	90.4%	\$2,715
		Inpatient	49		48		\$876,195		\$18,254
		Outpatient	0		487		\$576,561		\$1,184
TOTAL	ALL FACILITIES	TOTAL	53	100.0%	1,189	100.0%	\$1,607,306	100.0%	\$1,352
		Inpatient	53		111		\$890,464		\$8,022
		Outpatient	0		1,078		\$716,842		\$665

*Includes only those services billed through the facility

**Counts are based on unique patients for a Provider Tax ID.

TOP 10 FACILITIES RANKED BY TOTAL PAYMENTS*
Based on Processed Dates
01/2013–12/2013

FACILITY NAME	LOCATION	SERVICE LOCATION	ADMITS	% OF ADMITS	CLAIMANTS**	% OF CLAIMANTS	PAYMENTS	% OF PAYMENTS	PAYMENTS PER CLAIMANT
NAPLES COMMUNITY HOSPITAL	NAPLES, FL	TOTAL	44	63.8%	150	11.3%	\$968,554	49.5%	\$6,457
		Inpatient	44		36		\$697,652		\$19,379
		Outpatient	0		114		\$270,902		\$2,376
LEE MEMORIAL HLTH SYS- FT MYER	FORT MYERS, FL	TOTAL	10	14.5%	38	2.9%	\$530,404	27.1%	\$13,958
		Inpatient	10		10		\$467,456		\$46,746
		Outpatient	0		28		\$62,948		\$2,248
NAPLES HMA INC	NAPLES, FL	TOTAL	9	13.0%	90	6.8%	\$165,086	8.4%	\$1,834
		Inpatient	9		9		\$61,487		\$6,832
		Outpatient	0		81		\$103,598		\$1,279
FLOWERS HOSPITAL DOTHAN	DOTHAN, AL	TOTAL	4	5.8%	4	0.3%	\$106,490	5.4%	\$26,622
		Inpatient	4		2		\$103,931		\$51,966
		Outpatient	0		2		\$2,559		\$1,279
NAPLES DAY SURGERY	NAPLES, FL	TOTAL	0	0.0%	19	1.4%	\$23,846	1.2%	\$1,255
		Inpatient	0		0		\$0		\$0
		Outpatient	0		19		\$23,846		\$1,255
SPECIALISTS IN UROLOGY SURGERY	NAPLES, FL	TOTAL	0	0.0%	8	0.6%	\$14,939	0.8%	\$1,867
		Inpatient	0		0		\$0		\$0
		Outpatient	0		8		\$14,939		\$1,867
MEDSOLUTIONS INC	FRANKLIN, TN	TOTAL	0	0.0%	119	9.0%	\$14,038	0.7%	\$118
		Inpatient	0		0		\$0		\$0
		Outpatient	0		119		\$14,038		\$118
QUEST DIAGNOSTICS CLINICAL LAB	TUCKER, GA	TOTAL	0	0.0%	293	22.1%	\$13,281	0.7%	\$45
		Inpatient	0		0		\$0		\$0
		Outpatient	0		293		\$13,281		\$45
CHARLOTTE REGIONAL MEDICAL CTR	PUNTA GORDA, FL	TOTAL	1	1.4%	2	0.2%	\$11,508	0.6%	\$5,754
		Inpatient	1		1		\$8,094		\$8,094
		Outpatient	0		1		\$3,414		\$3,414
PHYSICIANS DAY SURGERY CENTER	NAPLES, FL	TOTAL	0	0.0%	10	0.8%	\$9,323	0.5%	\$932
		Inpatient	0		0		\$0		\$0
		Outpatient	0		10		\$9,323		\$932
SUBTOTAL	TOP TEN FACILITIES	TOTAL	68	98.6%	733	55.3%	\$1,857,467	95.0%	\$2,534
		Inpatient	68		58		\$1,338,620		\$23,080
		Outpatient	0		675		\$518,847		\$769
TOTAL	ALL FACILITIES	TOTAL	69	100.0%	1,326	100.0%	\$1,955,714	100.0%	\$1,475
		Inpatient	69		122		\$1,350,293		\$11,068
		Outpatient	0		1,204		\$605,421		\$503

*Includes only those services billed through the facility

**Counts are based on unique patients for a Provider Tax ID.

PROFESSIONAL INPATIENT UTILIZATION AND COSTS BY SERVICE CATEGORY
Based on Processed Dates

PROFESSIONAL INPATIENT:	Utilization Per 1,000 Members				Average Payment Per Service Category			
	01/2012–12/2012	01/2013–12/2013	% Change	NORM*	01/2012–12/2012	01/2013–12/2013	% Change	NORM*
Surgery	56.1	41.0	(26.9%)	44.2	\$1,052	\$1,083	2.9%	\$1,260
Anesthesia	37.0	25.6	(30.8%)	29.8	\$628	\$751	19.6%	\$1,102
Maternity – Deliveries	8.5	14.4	69.4%	11.9	\$1,604	\$1,090	(32.0%)	\$1,671
Maternity – Non Deliveries	0.0	0.0	0.0%	0.3	\$0	\$0	0.0%	\$233
Newborn Care	22.2	33.8	52.3%	24.6	\$1,267	\$209	(83.5%)	\$411
Hospital Visits	313.2	262.6	(16.2%)	251.1	\$143	\$128	(10.5%)	\$86
Radiology	111.1	121.0	8.9%	88.3	\$87	\$54	(37.9%)	\$58
Pathology/Laboratory	207.4	155.9	(24.8%)	83.2	\$89	\$76	(14.6%)	\$76
Diagnostic Testing	38.1	70.8	85.8%	42.1	\$122	\$68	(44.3%)	\$106
Other	100.5	111.8	11.2%	74.3	\$391	\$422	7.9%	\$199
TOTAL PROFESSIONAL INPATIENT	894.2	836.9	(6.4%)	649.8	\$269	\$228	(15.2%)	\$263

PROFESSIONAL INPATIENT:	Total Utilization**				Total Payment Per Service Category			
	01/2012–12/2012	01/2013–12/2013	% Change		01/2012–12/2012	01/2013–12/2013	% Change	
Surgery	53	40	(24.5%)		\$55,758	\$43,301	(22.3%)	
Anesthesia	35	25	(28.6%)		\$21,980	\$18,779	(14.6%)	
Maternity – Deliveries	8	14	75.0%		\$12,830	\$15,258	18.9%	
Maternity – Non Deliveries	0	0	0.0%		\$0	\$0	0.0%	
Newborn Care	21	33	57.1%		\$26,602	\$6,882	(74.1%)	
Hospital Visits	296	256	(13.5%)		\$42,336	\$32,874	(22.3%)	
Radiology	105	118	12.4%		\$9,092	\$6,415	(29.4%)	
Pathology/Laboratory	196	152	(22.4%)		\$17,487	\$11,486	(34.3%)	
Diagnostic Testing	36	69	91.7%		\$4,400	\$4,686	6.5%	
Other	95	109	14.7%		\$37,100	\$46,037	24.1%	
TOTAL PROFESSIONAL INPATIENT	845	816	(3.4%)		\$227,584	\$185,717	(18.4%)	

*OPEN ACCESS PLUS NORMS for claims paid 12/2012 through 11/2013

**A utilization count of one will apply to one episode of the same patient, service category, day and provider. Please note that the dollars in this report may not match other reports due to the methodology used to build the events.

PROFESSIONAL OUTPATIENT UTILIZATION AND COSTS BY SERVICE CATEGORY
Based on Processed Dates

PROFESSIONAL OUTPATIENT:	UTILIZATION PER 1000 MEMBERS				AVERAGE PAYMENT PER SERVICE CATEGORY			
	01/2012–12/2012	01/2013–12/2013	% CHANGE	NORM*	01/2012–12/2012	01/2013–12/2013	% CHANGE	NORM*
Surgery	679.4	689.2	1.4%	532.2	\$232	\$241	3.9%	\$285
Anesthesia	135.4	120.0	(11.4%)	113.6	\$355	\$333	(6.2%)	\$531
Office Visits	3,274.1	3,275.9	0.1%	2,955.8	\$48	\$49	2.1%	\$60
Consultations	98.4	100.5	2.1%	125.2	\$127	\$134	5.5%	\$159
Newborn Care	0.0	2.1	100.0%	5.4	\$0	\$0	0.0%	\$305
Radiology	1,019.0	919.0	(9.8%)	831.3	\$172	\$92	(46.5%)	\$98
Pathology/Laboratory	1,472.0	1,601.0	8.8%	1,093.9	\$50	\$37	(26.0%)	\$53
Diagnostic Testing	402.1	433.8	7.9%	441.8	\$62	\$61	(1.6%)	\$87
Vision, Hearing and Speech Exam	174.6	170.3	(2.5%)	221.9	\$59	\$52	(11.9%)	\$59
Emergency Room	154.5	156.9	1.6%	166.6	\$451	\$469	4.0%	\$246
Physical Therapy	2,184.1	1,502.6	(31.2%)	1,011.6	\$48	\$20	(58.3%)	\$50
Other	2,048.7	2,163.1	5.6%	2,230.0	\$58	\$69	19.0%	\$56
TOTAL PROFESSIONAL OUTPATIENT	11,642.3	11,134.4	(4.4%)	9,729.3	\$82	\$73	(11.0%)	\$84

PROFESSIONAL OUTPATIENT:	TOTAL UTILIZATION**				TOTAL PAYMENTS PER SERVICE CATEGORY			
	01/2012–12/2012	01/2013–12/2013	% CHANGE		01/2012–12/2012	01/2013–12/2013	% CHANGE	
Surgery	642	672	4.7%		\$149,219	\$162,273	8.7%	
Anesthesia	128	117	(8.6%)		\$45,488	\$38,958	(14.4%)	
Office Visits	3,094	3,194	3.2%		\$149,277	\$156,211	4.6%	
Consultations	93	98	5.4%		\$11,819	\$13,129	11.1%	
Newborn Care	0	2	100.0%		\$0	\$0	0.0%	
Radiology	963	896	(7.0%)		\$166,052	\$82,330	(50.4%)	
Pathology/Laboratory	1,391	1,561	12.2%		\$69,897	\$58,099	(16.9%)	
Diagnostic Testing	380	423	11.3%		\$23,671	\$25,873	9.3%	
Vision, Hearing and Speech Exam	165	166	0.6%		\$9,683	\$8,604	(11.1%)	
Emergency Room	146	153	4.8%		\$65,827	\$71,808	9.1%	
Physical Therapy	2,064	1,465	(29.0%)		\$98,565	\$29,586	(70.0%)	
Other	1,936	2,109	8.9%		\$112,352	\$145,681	29.7%	
TOTAL PROFESSIONAL OUTPATIENT	11,002	10,856	(1.3%)		\$901,850	\$792,552	(12.1%)	

*OPEN ACCESS PLUS NORMS for claims paid 12/2012 through 11/2013

**A utilization count of one will apply to one episode of the same patient, service category, day and provider. Please note that the dollars in this report may not match other reports due to the methodology used to build the events.

TOP 10 PHYSICIAN SPECIALTIES RANKED BY TOTAL PAYMENTS
Based on Processed Dates

01/2012–12/2012							
PHYSICIAN SPECIALTY	TOTAL PAYMENTS	% OF TOTAL PAYMENTS	VISITS	CLAIMANTS*	AVG PAYMENT PER VISIT	AVG PAYMENT PER CLAIMANT	VISITS PER CLAIMANT
FAMILY PRACTICE	\$26,910	18.0%	725	341	\$37	\$79	2.1
ORTHOPEDIC SURGERY	\$13,457	9.0%	178	77	\$76	\$175	2.3
PAIN MANAGEMENT	\$9,894	6.6%	74	9	\$134	\$1,099	8.2
PEDIATRICS	\$9,672	6.5%	345	127	\$28	\$76	2.7
DERMATOLOGY	\$8,998	6.0%	227	149	\$40	\$60	1.5
INTERNAL MEDICINE	\$8,860	5.9%	247	123	\$36	\$72	2.0
NEUROLOGY	\$7,541	5.1%	80	30	\$94	\$251	2.7
HEMATOLOGY/ONCOLOGY	\$5,164	3.5%	58	13	\$89	\$397	4.5
OBSTETRICS	\$5,152	3.5%	121	79	\$43	\$65	1.5
ENDODONTICS	\$4,345	2.9%	72	29	\$60	\$150	2.5
OTHER	\$49,283	33.0%	967	491	\$51	\$100	2.0
TOTAL	\$149,277	100.0%	3,094	1,468	\$48	\$102	2.1

01/2013–12/2013							
PHYSICIAN SPECIALTY	TOTAL PAYMENTS	% OF TOTAL PAYMENTS	VISITS	CLAIMANTS*	AVG PAYMENT PER VISIT	AVG PAYMENT PER CLAIMANT	VISITS PER CLAIMANT
FAMILY PRACTICE	\$29,473	18.9%	775	364	\$38	\$81	2.1
INTERNAL MEDICINE	\$11,813	7.6%	244	115	\$48	\$103	2.1
PEDIATRICS	\$11,764	7.5%	376	138	\$31	\$85	2.7
DERMATOLOGY	\$10,246	6.6%	256	163	\$40	\$63	1.6
ORTHOPEDIC SURGERY	\$9,585	6.1%	136	64	\$70	\$150	2.1
NEUROLOGY	\$8,170	5.2%	96	32	\$85	\$255	3.0
UROLOGICAL SURGERY	\$7,641	4.9%	100	45	\$76	\$170	2.2
PAIN MANAGEMENT	\$7,400	4.7%	62	8	\$119	\$925	7.8
OBSTETRICS	\$6,027	3.9%	163	81	\$37	\$74	2.0
GASTROENTEROLOGY	\$4,878	3.1%	68	37	\$72	\$132	1.8
OTHER	\$49,214	31.5%	918	479	\$54	\$103	1.9
TOTAL	\$156,211	100.0%	3,194	1,526	\$49	\$102	2.1

*Counts are based on unique counts of claimants for each specialty.
City of Naples

EXHIBIT 3

CITY OF NAPLES

CLAIMS EXCEEDING REPORT

January 2013 thru December 2013

RAT : POOLED, RETROSPECTIVELY RATED - PARTICIPATING

Claims Exceeding : \$100,000.00

Reported Claims: InNet, OutNet, Drug

PRODUCT TYPE	FAT	RAT	MEMBER ID	SUBSCRIBER NAME	EMPLOYEE ID	REL	GENDER	AGE BAND	ICD CODE	ICD DESCRIPTION	ICD VERSION	LAST DATE OF SERVICE	DRUG CLAIMS	PAID CLAIMS	CLAIMANT TOTAL
OAPIN	1	M	1			SP	F	50-59	*	UNSPECIFIED	*	1/3/2011	\$0	\$1,886	\$1,886
OAPIN	2	R	1			SP	F	50-59	25091	DM1 W COMP NOS NSU	9	9/29/2011	\$0	(\$2,376)	(\$2,376)
OAP1	1	M	1			SP	F	60-64	*	UNSPECIFIED	*	9/16/2013	\$0	\$51,138	\$51,138
OAP1	2	R	1			SP	F	60-64	25013	DM1 W KETOACIDOSIS UNC	9	12/17/2013	\$14,965	\$72,767	\$87,733
			MEMBER ID Total												
OAP1	1	M	2			EE	M	18-29	*	UNSPECIFIED	*	9/4/2013	\$0	\$58,125	\$58,125
OAP1	2	R	2			EE	M	18-29	8080	FRACTURE ACETABULUM-CLSD	9	9/30/2013	\$638	\$132,861	\$133,499
			MEMBER ID Total												
OAP1	1	M	3			EE	M	60-64	*	UNSPECIFIED	*	7/24/2013	\$0	\$11,577	\$11,577
OAP1	2	R	3			EE	M	60-64	25012	DM2/NOS W KETOACID UNC	9	12/20/2013	\$2,216	\$101,953	\$104,169
			MEMBER ID Total												
OAP1	1	M	4			EE	F	50-59	*	UNSPECIFIED	*	9/17/2013	\$0	\$21,834	\$21,834
OAP1	2	R	4			EE	F	50-59	82101	CLSD FX FEMUR SHAFT	9	9/25/2013	\$390	\$121,538	\$121,927
			MEMBER ID Total												
OAP1	1	M	5			SP	F	40-49	*	UNSPECIFIED	*	9/5/2013	\$0	\$102,865	\$102,865
OAP1	2	R	5			SP	F	40-49	78060	FEVER NOS	9	12/21/2013	\$8,209	\$59,740	\$67,949
			MEMBER ID Total												
OAP1	1	M	6			SP	F	18-29	*	UNSPECIFIED	*	7/12/2013	\$0	\$19,192	\$19,192
OAP1	2	R	6			SP	F	18-29	64891	OTH CCE COMP PREG-DEL	9	9/6/2013	\$341	\$132,524	\$132,865
			MEMBER ID Total												
OAP1	1	M	7			SP	F	18-29	*	UNSPECIFIED	*	8/19/2013	\$0	\$26,112	\$26,112
OAP1	2	R	7			SP	F	18-29	41011	ANT AMI NEC-INITIAL	9	9/11/2013	\$353	\$124,957	\$125,310
			MEMBER ID Total												
Grand Total													\$27,112	\$978,568	\$1,005,680



This report contains proprietary and/or confidential information. Disclosure is strictly prohibited except to the extent required by law.

CITY OF NAPLES

CLAIMS EXCEEDING REPORT

January 2012 thru December 2012

RAT : POOLED, RETROSPECTIVELY RATED - PARTICIPATNG

Claims Exceeding : \$25,000.00

Reported Claims: InNet, OutNet, Drug

PRODUCT TYPE	FAT	RAT	MEMBER ID	SUBSCRIBER NAME	EMPLOYEE ID	REL	GENDER	AGE BAND	ICD CODE	ICD DESCRIPTION	LAST DATE OF SERVICE	DRUG CLAIMS	PAID CLAIMS	CLAIMANT TOTAL
OAP1	1	M	1			EE	M	40-49	*	UNSPECIFIED	12/23/2011	\$0	\$121,197	\$121,197
OAP1	2	R	1			EE	M	40-49	82101	CLSD FX FEMUR SHAFT	12/29/2011	\$459	\$59,567	\$60,026
MEMBER ID Total												\$459	\$180,764	\$181,223
OAP1	1	M	2			EE	M	60-64	*	UNSPECIFIED	8/1/2012	\$0	\$25,967	\$25,967
OAP1	2	R	2			EE	M	50-59	2536	NEUROHYPOPH DISORD NEC	6/1/2012	\$0	\$11,436	\$11,436
OAP1	2	R	2			EE	M	60-64	1550	PRIMARY LIVER CA	8/10/2012	\$48	\$89,567	\$89,615
MEMBER ID Total												\$48	\$126,970	\$127,018
OAP1	1	M	3			EE	M	65+	*	UNSPECIFIED	9/18/2012	\$0	\$4,397	\$4,397
OAP1	2	R	3			EE	M	65+	185	PROSTATE CA	9/30/2012	\$1,115	\$99,032	\$100,148
MEMBER ID Total												\$1,115	\$103,429	\$104,545
OAP1	1	M	4			EE	M	60-64	*	UNSPECIFIED	9/18/2012	\$0	\$95,840	\$95,840
OAP1	2	R	4			EE	M	60-64	41404	COR AS-ART BYPASS GRAFT	9/28/2012	\$2,672	\$39,713	\$42,385
MEMBER ID Total												\$2,672	\$135,553	\$138,225
OAPIN	2	R	5			EE	M	50-59	44021	AS EXT W INTERMITT CLAUD	9/16/2011	\$0	\$43	\$43
OAP1	1	M	5			EE	M	50-59	*	UNSPECIFIED	8/24/2012	\$0	\$5,282	\$5,282
OAP1	2	R	5			EE	M	50-59	41401	COR AS- NATIVE VESSEL	9/25/2012	\$425	\$114,199	\$114,624
MEMBER ID Total												\$425	\$119,525	\$119,950
OAP1	2	R	6			SP	F	30-39	34690	MIGRAINE NOS W/O SM	8/15/2009	\$0	(\$238)	(\$238)
OAP1	2	R	6			SP	F	40-49	34690	MIGRAINE NOS W/O SM	12/21/2012	\$8,542	\$152,566	\$161,108
MEMBER ID Total												\$8,542	\$152,328	\$160,870
OAP1	2	R	7			SP	F	40-49	73007	AC OSTEOMYELITIS-ANKLE	11/20/2012	\$7,330	\$98,769	\$106,100
MEMBER ID Total												\$7,330	\$98,769	\$106,100
Grand Total												\$20,591	\$917,338	\$937,929



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CITY OF NAPLES

CLAIMS EXCEEDING REPORT

January 2011 thru December 2011

RAT : POOLED, RETROSPECTIVELY RATED - PARTICIPATNG

Claims Exceeding : \$25,000.00

Reported Claims: InNet, OutNet, Drug

PRODUCT TYPE	FAT	RAT	MEMBER ID	SUBSCRIBER NAME	EMPLOYEE ID	REL	GENDER	AGE BAND	ICD CODE	ICD DESCRIPTION	LAST DATE OF SERVICE	DRUG CLAIMS	PAID CLAIMS	CLAIMANT TOTAL
DPP4	2	R	1			EE	M	40-49	PH	PHARMACY	5/5/2007	\$47	\$0	\$47
OAPIN	1	M	1			EE	M	50-59	*	UNSPECIFIED	9/22/2011	\$0	\$69,030	\$69,030
OAPIN	2	R	1			EE	M	50-59	1960	2ND/NOS HEAD/NECK LN CA	9/29/2011	\$2,703	\$98,244	\$100,947
OAP1	1	M	1			EE	M	50-59	*	UNSPECIFIED	7/1/2010	\$0	\$838	\$838
OAP1	2	R	1			EE	M	50-59	1600	NASAL CAVITY CA	12/14/2011	\$45	\$10,821	\$10,866
MEMBER ID Total												\$2,794	\$178,933	\$181,727
OAPIN	1	M	2			SP	F	50-59	*	UNSPECIFIED	9/30/2011	\$0	\$200	\$200
OAPIN	2	R	2			SP	F	50-59	78650	CHEST PAIN NOS	9/30/2011	\$11,810	\$110,214	\$122,024
OAP1	1	M	2			SP	F	60-64	*	UNSPECIFIED	12/19/2011	\$0	\$6,382	\$6,382
OAP1	2	R	2			SP	F	50-59	41401	COR AS- NATIVE VESSEL	10/19/2011	\$0	\$38,750	\$38,750
OAP1	2	R	2			SP	F	60-64	78659	CHEST PAIN NEC	12/19/2011	\$2,040	\$3,564	\$5,604
MEMBER ID Total												\$13,849	\$159,110	\$172,959
OAP1	2	R	3			EE	F	60-64	1820	CORPUS UTERI CA NEC	4/27/2011	\$2,197	\$32,900	\$35,097
OAP1	2	R	3			EE	F	65+	19889	SECONDARY CA NEC	12/15/2011	\$5,538	\$75,406	\$80,943
MEMBER ID Total												\$7,735	\$108,305	\$116,040
OAP1	1	M	4			EE	M	30-39	*	UNSPECIFIED	8/26/2011	\$0	\$31,847	\$31,847
OAP1	2	R	4			CH	F	30-39	V3001	SINGLE LB-HOSPITAL BY CD	2/2/2009	\$0	\$1,046	\$1,046
MEMBER ID Total												\$257	\$104,576	\$104,833
OAP1	1	M	5			EE	M	65+	*	UNSPECIFIED	9/14/2011	\$0	\$54,713	\$54,713
OAP1	2	R	5			EE	M	65+	1541	RECTUM CA	12/14/2011	\$1,520	\$146,068	\$147,588
MEMBER ID Total												\$1,520	\$200,782	\$202,302
Grand Total												\$26,155	\$751,705	\$777,861



EXHIBIT 4

City of Naples

Plans Included in Reporting

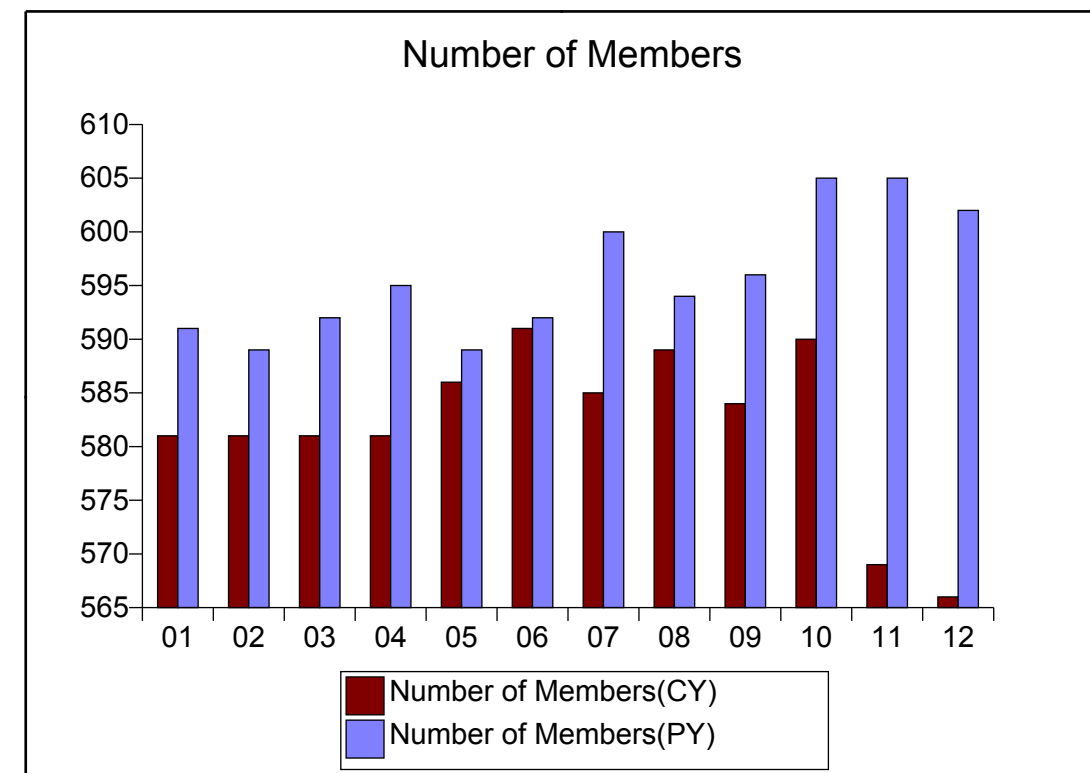
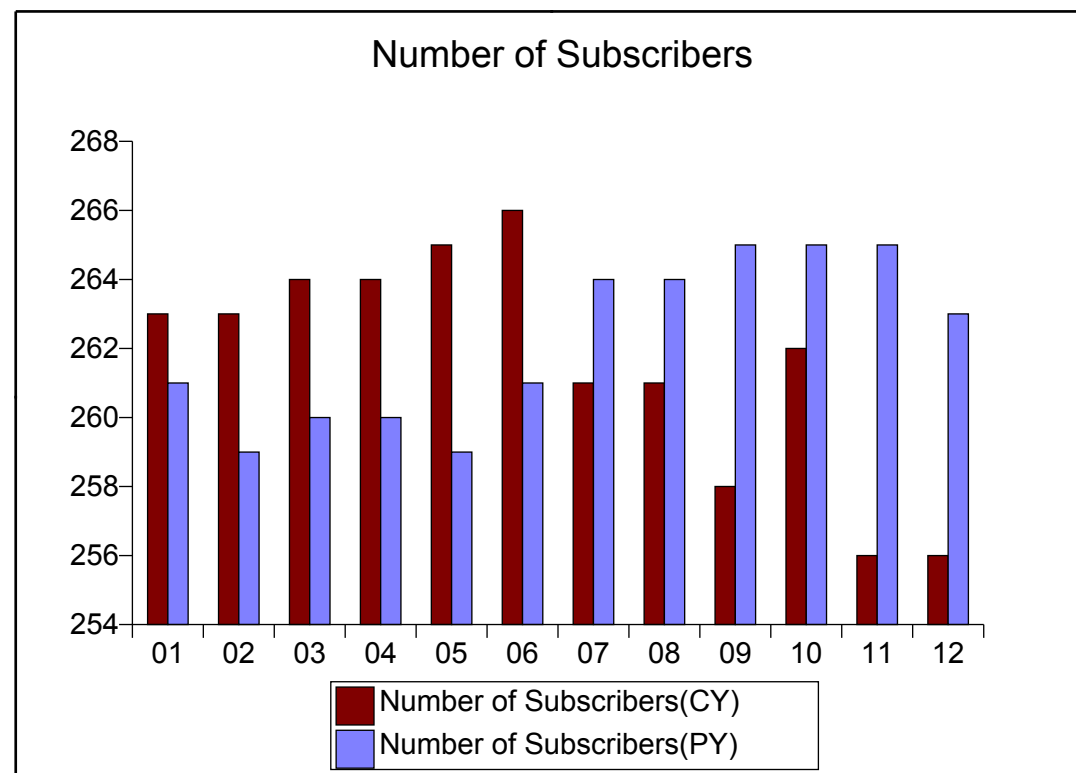
Plan ID	Plan Name	Effective Date	Renewal Date	Voluntary Indicator
9796210	CITY OF NAPLES	10/1/2010	10/1/2014	Y

Monthly Membership Detail Summary

Current Year		
Fiscal Month	Number of Subscribers	Number of Members
2011/10	262	590
2011/11	256	569
2011/12	256	566
2012/01	263	581
2012/02	263	581
2012/03	264	581
2012/04	264	581
2012/05	265	586
2012/06	266	591
2012/07	261	585
2012/08	261	589
2012/09	258	584
Average:	262	582

Prior Year		
Fiscal Month	Number of Subscribers	Number of Members
2010/10	265	605
2010/11	265	605
2010/12	263	602
2011/01	261	591
2011/02	259	589
2011/03	260	592
2011/04	260	595
2011/05	259	589
2011/06	261	592
2011/07	264	600
2011/08	264	594
2011/09	265	596
Average:	262	596

	YOY Variance	
	Count	Percent
Avg Subscribers	(1)	(0.2) %
Avg Members	(14)	(2.3) %

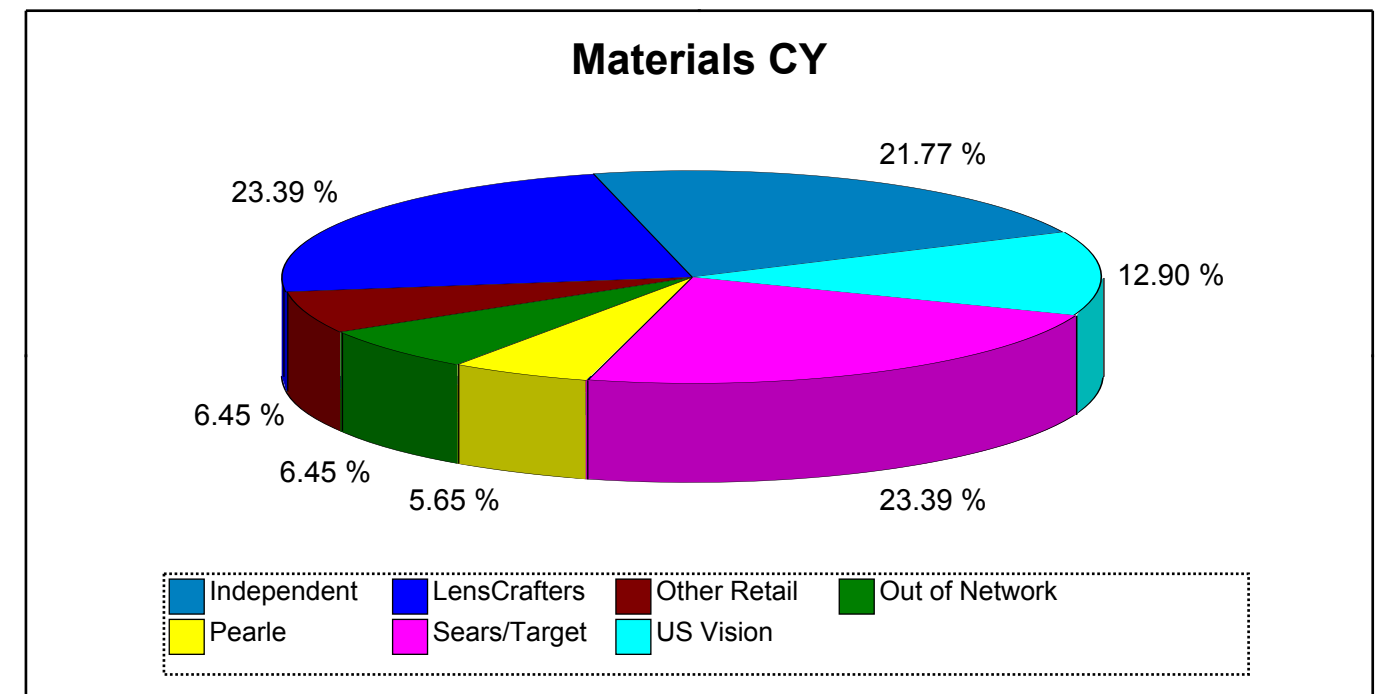
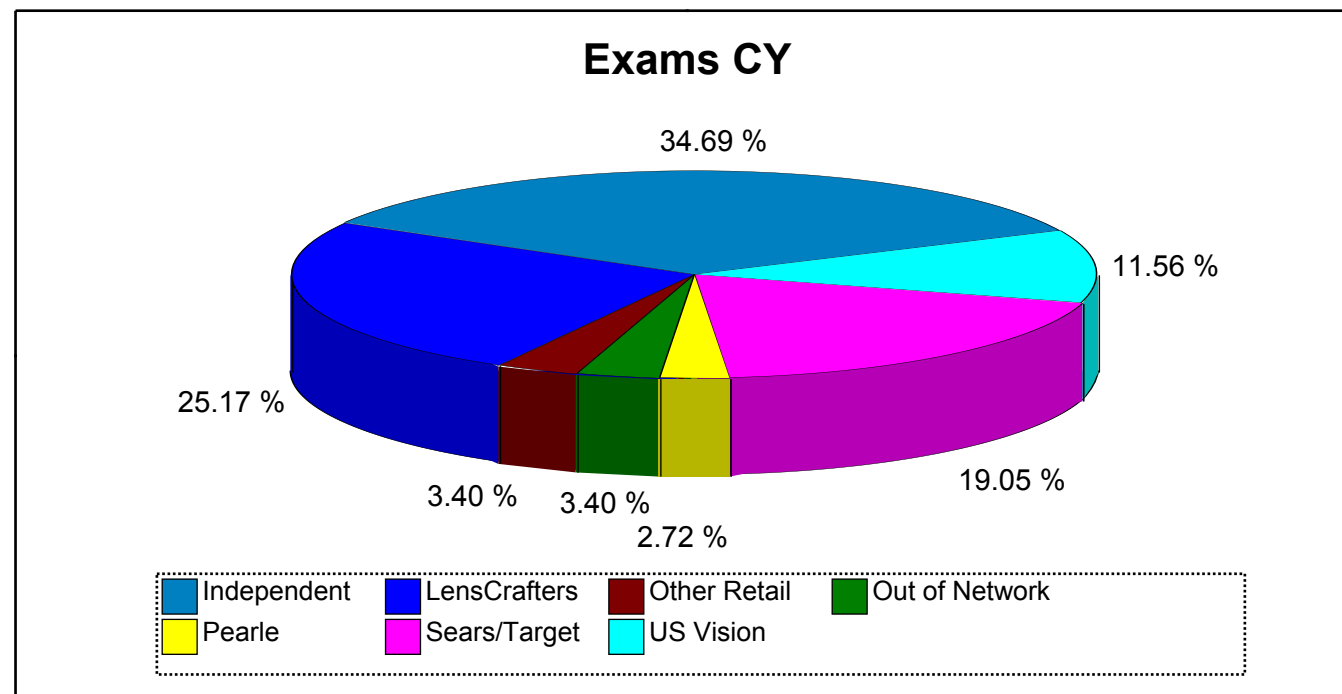


Network Utilization Detail Summary

Note: Data represents covered benefit items only

Network	Number of Exams (CY)	Number of Exams (PY)	Total Exam Claim Dollars (CY)	Total Exam Claim Dollars (PY)	Number of Materials (CY)	Number of Materials (PY)	Total Material Claim Dollars (CY)	Total Material Claim Dollars (PY)
Independent	51	72	\$1,530	\$2,160	27	44	\$2,494	\$4,672
LensCrafters	37	40	\$1,110	\$1,200	29	35	\$3,001	\$3,960
Other Retail	5		\$150		8		\$642	
Out of Network	5	5	\$75	\$75	8	8	\$530	\$672
Pearle	4	3	\$120	\$90	7	6	\$720	\$886
Sears/Target	28	22	\$840	\$660	29	39	\$2,709	\$4,054
US Vision	17	14	\$510	\$420	16	14	\$2,036	\$1,510
Total:	147	156	\$4,335	\$4,605	124	146	\$12,133	\$15,753

	YOY Variance - Total Exams & Materials		
	CY	PY	Variance
In Network	95.2 %	95.7 %	-0.5 %
Retail	66.4 %	57.3 %	9.1 %
Independent	28.8 %	38.4 %	-9.6 %
Out of Network	4.8 %	4.3 %	0.5 %

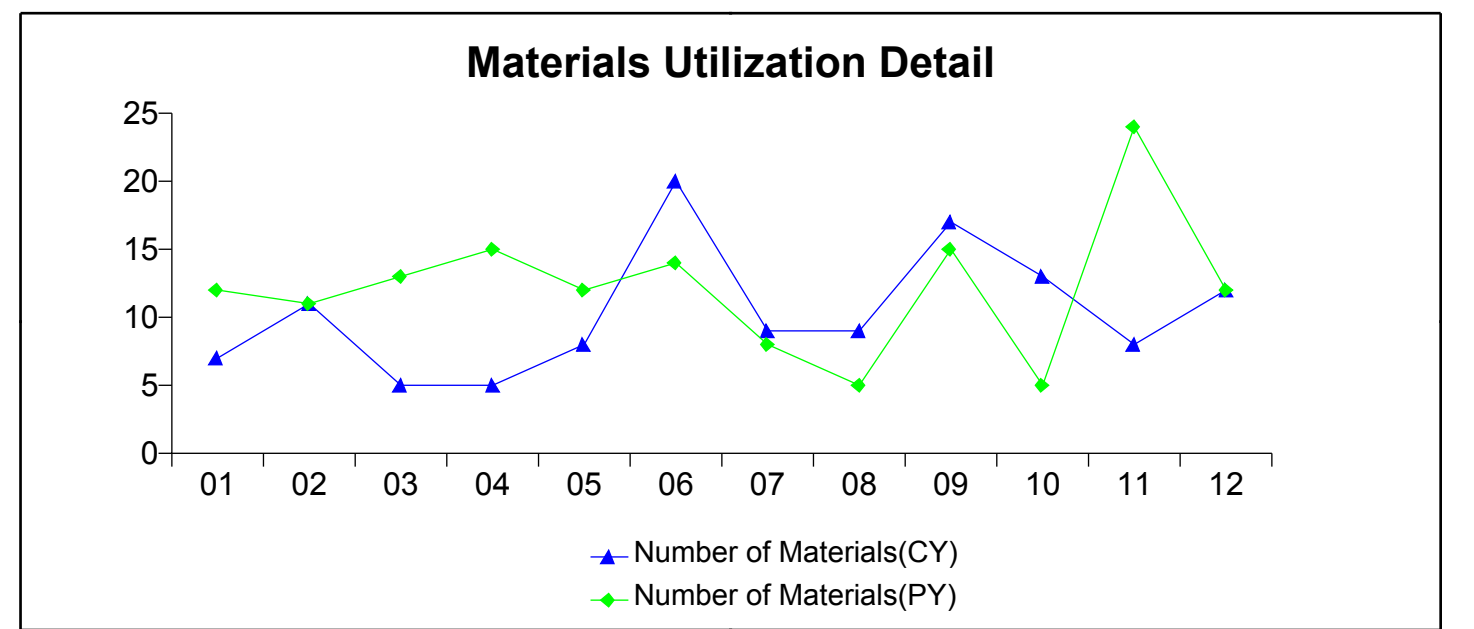
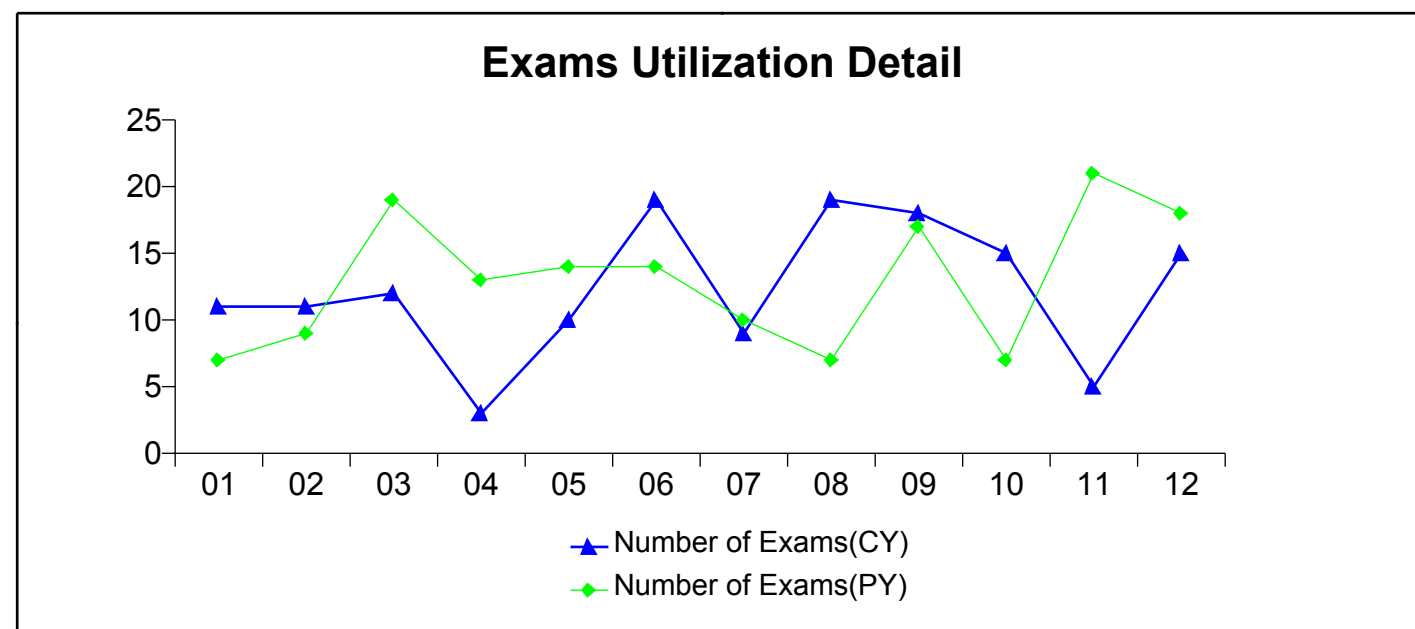


Client Utilization Monthly Detail Summary

Fiscal Month (CY)	Number of Exams (CY)	Total Exam Claim Dollars (CY)	Number of Materials (CY)	Total Material Claim Dollars (CY)
2011/10	15	\$435	13	\$1,534
2011/11	5	\$150	8	\$820
2011/12	15	\$450	12	\$1,174
2012/01	11	\$270	7	\$670
2012/02	11	\$330	11	\$1,057
2012/03	12	\$360	5	\$437
2012/04	3	\$90	5	\$417
2012/05	10	\$300	8	\$782
2012/06	19	\$570	20	\$2,094
2012/07	9	\$270	9	\$768
2012/08	19	\$570	9	\$705
2012/09	18	\$540	17	\$1,674
Total:	147	\$4,335	124	\$12,133

Fiscal Month (PY)	Number of Exams (PY)	Total Exam Claim Dollars (PY)	Number of Materials (PY)	Total Material Claim Dollars (PY)
2010/10	7	\$210	5	\$468
2010/11	21	\$630	24	\$2,631
2010/12	18	\$510	12	\$1,245
2011/01	7	\$210	12	\$1,210
2011/02	9	\$270	11	\$1,210
2011/03	19	\$570	13	\$1,465
2011/04	13	\$390	15	\$1,771
2011/05	14	\$405	12	\$1,291
2011/06	14	\$420	14	\$1,583
2011/07	10	\$270	8	\$851
2011/08	7	\$210	5	\$629
2011/09	17	\$510	15	\$1,400
Total:	156	\$4,605	146	\$15,753

	YOY Variance		
	CY	PY	Variance
Avg Exam Utilization	25.3 %	26.2 %	(0.9) %
Avg Material Utilization	21.3 %	24.5 %	(3.2) %



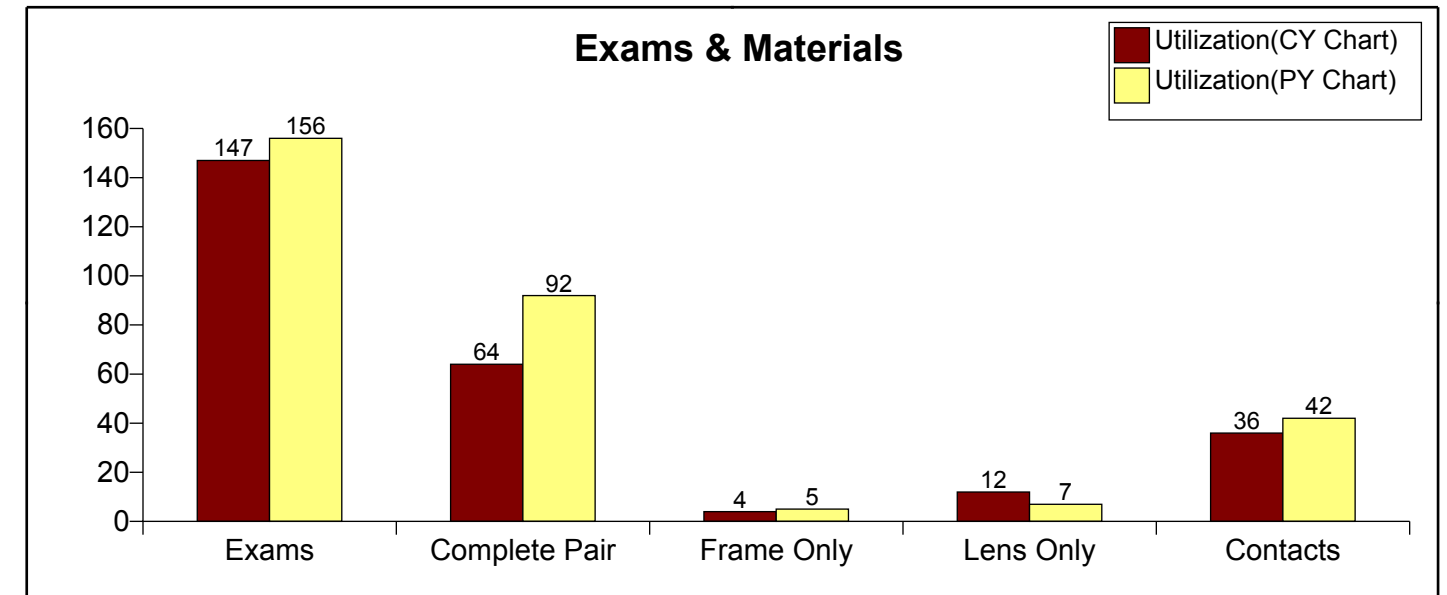
Client Utilization Summary YTD

Exams

	CY	PY
Number of Exams	147	156
Total Exam Claim Dollars	\$4,335	\$4,605

Materials

	CY	PY
Number of Eyewear	80	104
Number of Contacts	36	42
Number of Fit	0	0
Total Eyewear Claim Dollars	\$8,633	\$11,739
Total Contact Lens Claim Dollars	\$3,499	\$4,015
Total Fit Claim Dollars	\$0	\$0
Eyewear Percent of Total Materials	69.0 %	71.2 %
Contacts Percent of Total Materials	31.0 %	28.8 %

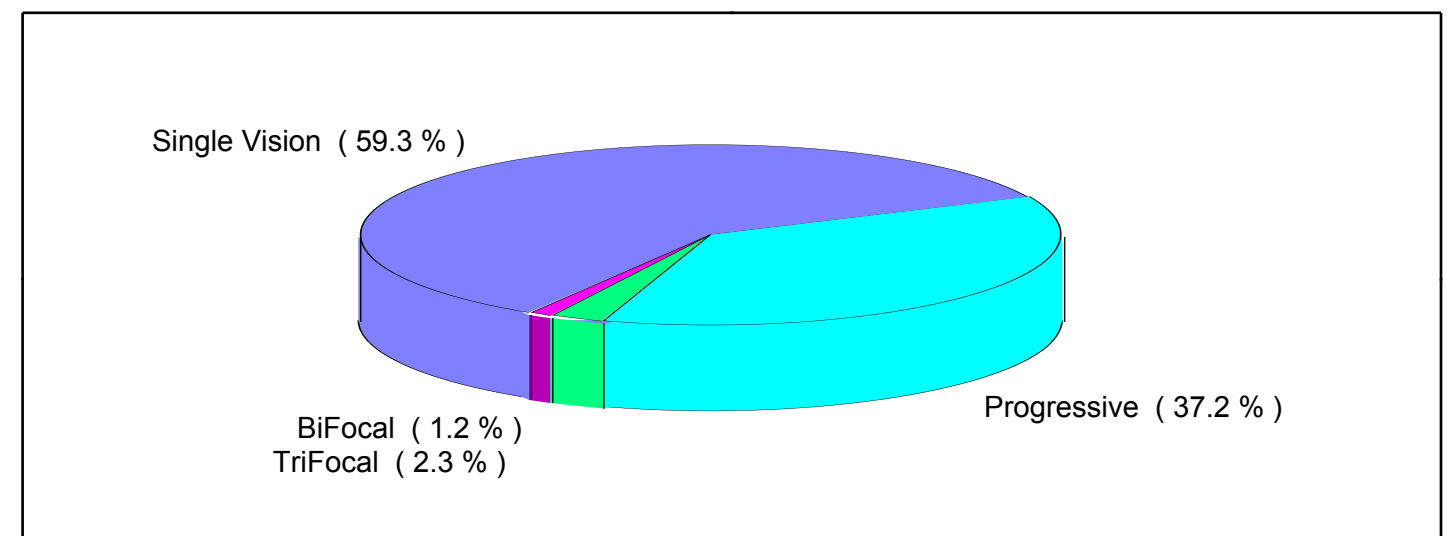
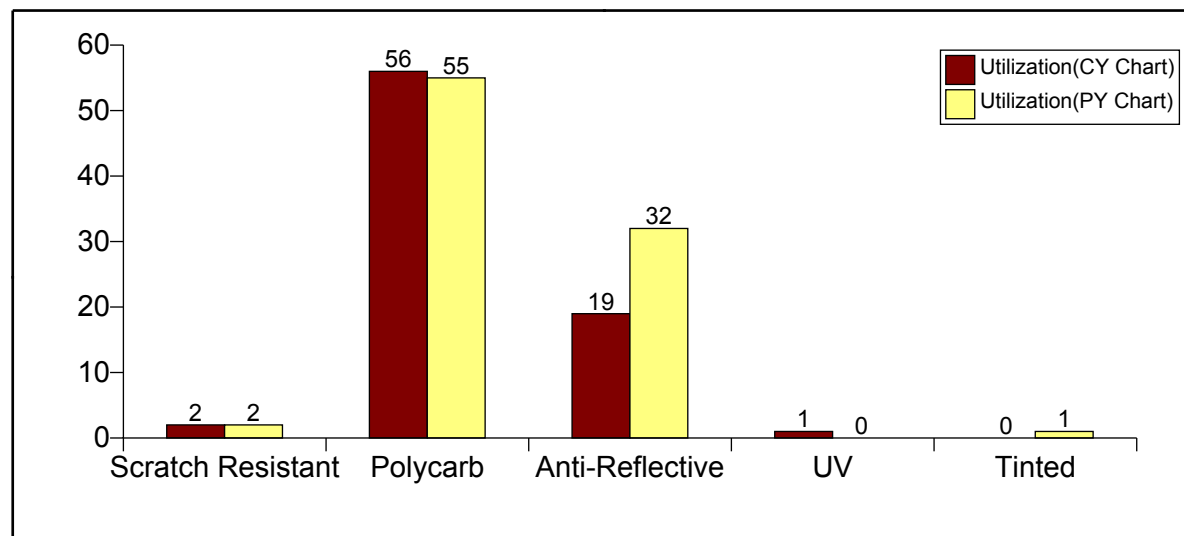


Lens Options

	CY	PY
Scratch Resistant	2.3 %	2.0 %
Standard Polycarbonate	65.1 %	55.6 %
Standard Anti-Reflective Coating	22.1 %	32.3 %
UV Coating	1.2 %	0.0 %
Tint	0.0 %	1.0 %

Lens Distribution

	CY	PY
Single Vision	59.3 %	51.5 %
Bifocal	1.2 %	5.1 %
Trifocal	2.3 %	3.0 %
Progressive	37.2 %	40.4 %



City of Naples

Plans Included in Reporting

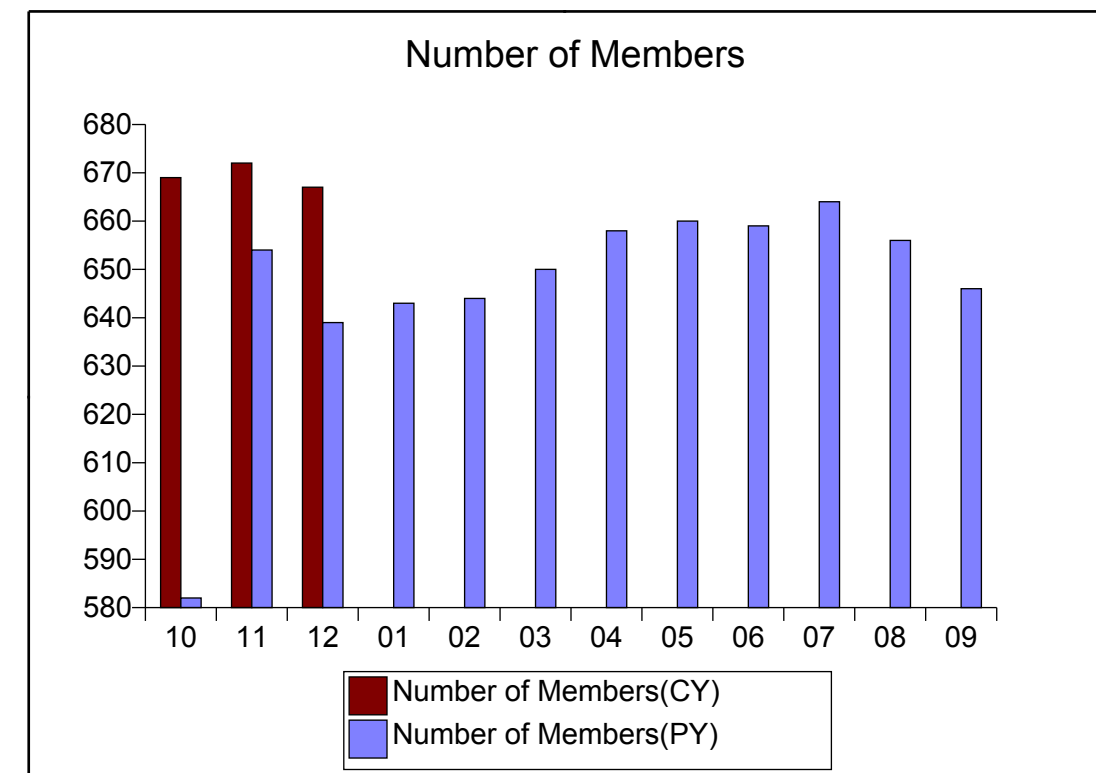
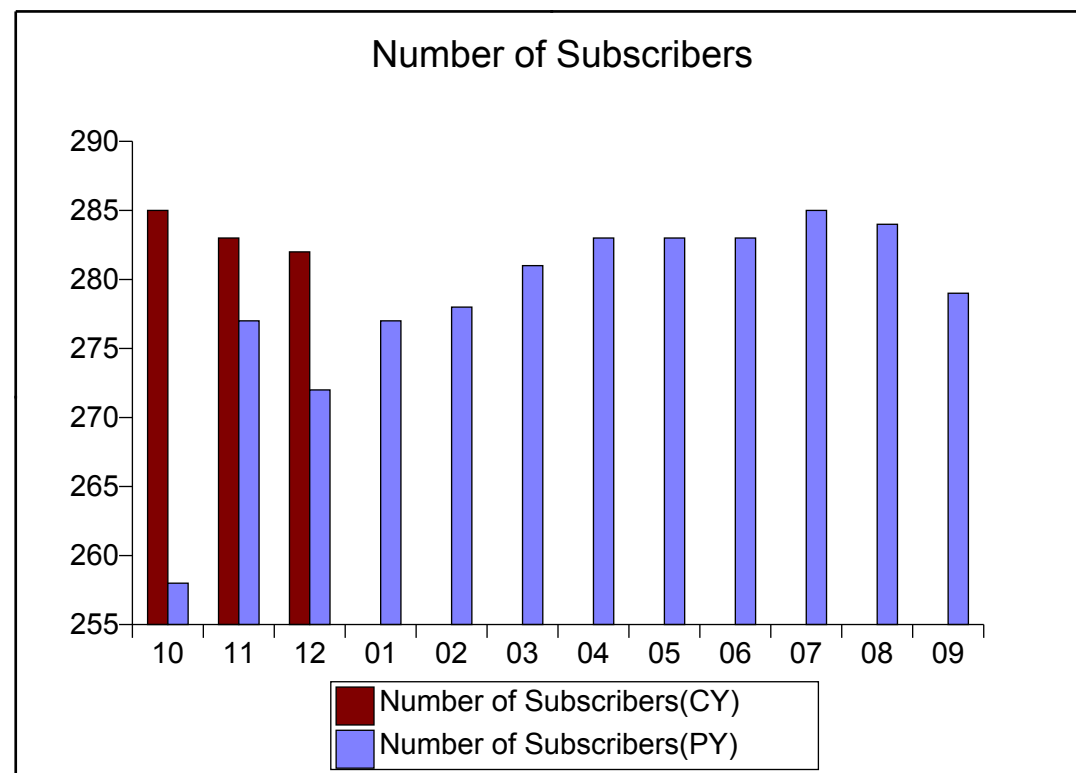
Plan ID	Plan Name	Effective Date	Renewal Date	Voluntary Indicator
9796210	CITY OF NAPLES	10/1/2010	10/1/2014	Y

Monthly Membership Detail Summary

Current Year		
Fiscal Month	Number of Subscribers	Number of Members
2013/10	285	669
2013/11	283	672
2013/12	282	667
Average:	283	669

Prior Year		
Fiscal Month	Number of Subscribers	Number of Members
2012/10	258	582
2012/11	277	654
2012/12	272	639
2013/01	277	643
2013/02	278	644
2013/03	281	650
2013/04	283	658
2013/05	283	660
2013/06	283	659
2013/07	285	664
2013/08	284	656
2013/09	279	646
Average:	278	646

	YOY Variance	
	Count	Percent
Avg Subscribers	5	1.8 %
Avg Members	23	3.6 %

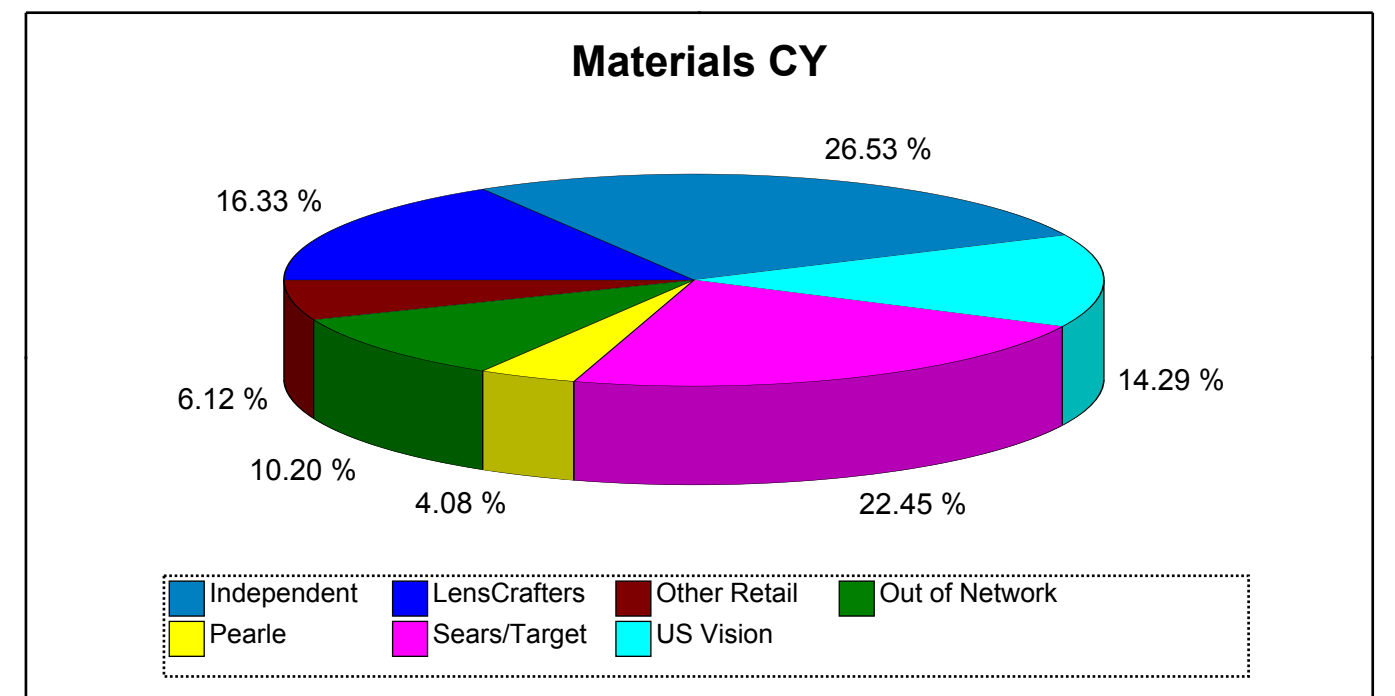
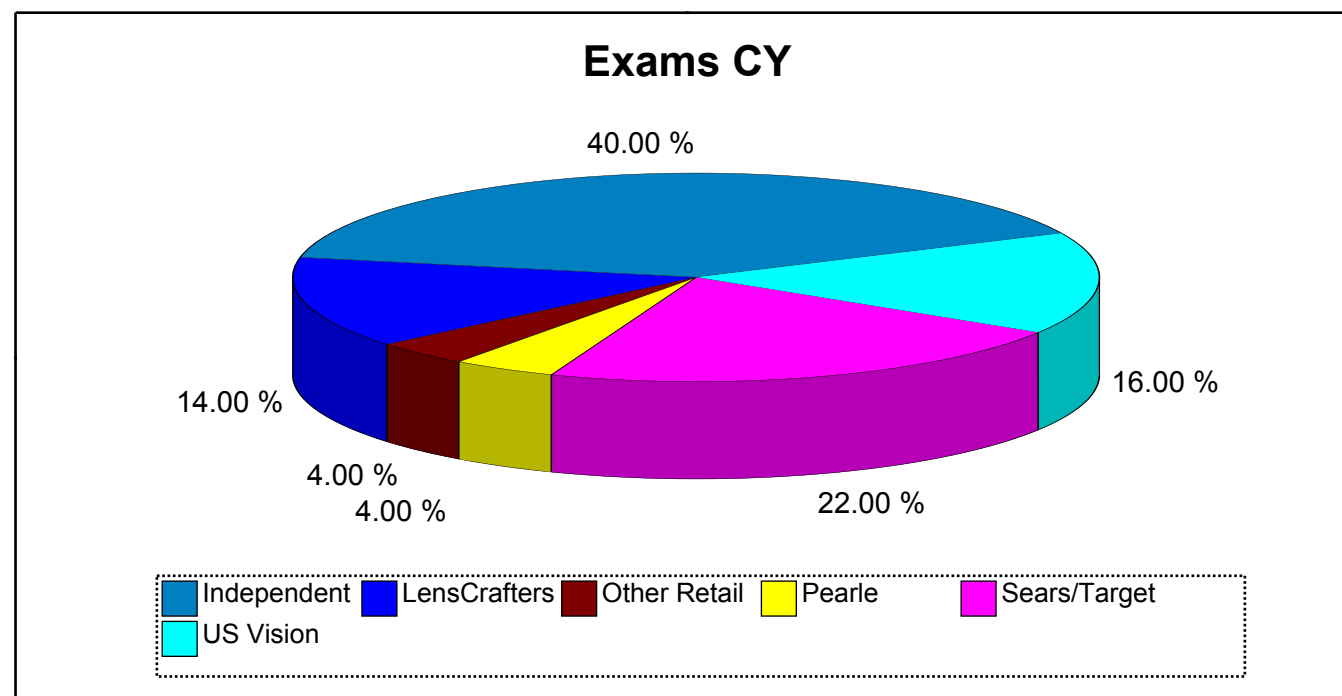


Network Utilization Detail Summary

Note: Data represents covered benefit items only

Network	Number of Exams (CY)	Number of Exams (PY)	Total Exam Claim Dollars (CY)	Total Exam Claim Dollars (PY)	Number of Materials (CY)	Number of Materials (PY)	Total Material Claim Dollars (CY)	Total Material Claim Dollars (PY)
Independent	20	73	\$600	\$2,185	13	44	\$1,293	\$4,197
LensCrafters	7	52	\$210	\$1,560	8	33	\$750	\$3,157
Other Retail	2	10	\$60	\$300	3	13	\$221	\$1,120
Out of Network		7		\$105	5	13	\$242	\$955
Pearle	2	10	\$60	\$300	2	12	\$176	\$1,232
Sears/Target	11	25	\$330	\$750	11	32	\$1,215	\$2,980
US Vision	8	18	\$240	\$540	7	10	\$821	\$1,140
Total:	50	195	\$1,500	\$5,740	49	157	\$4,718	\$14,781

	YOY Variance - Total Exams & Materials		
	CY	PY	Variance
In Network	94.9 %	94.3 %	0.6 %
Retail	61.6 %	61.1 %	0.5 %
Independent	33.3 %	33.2 %	0.1 %
Out of Network	5.1 %	5.7 %	-0.6 %

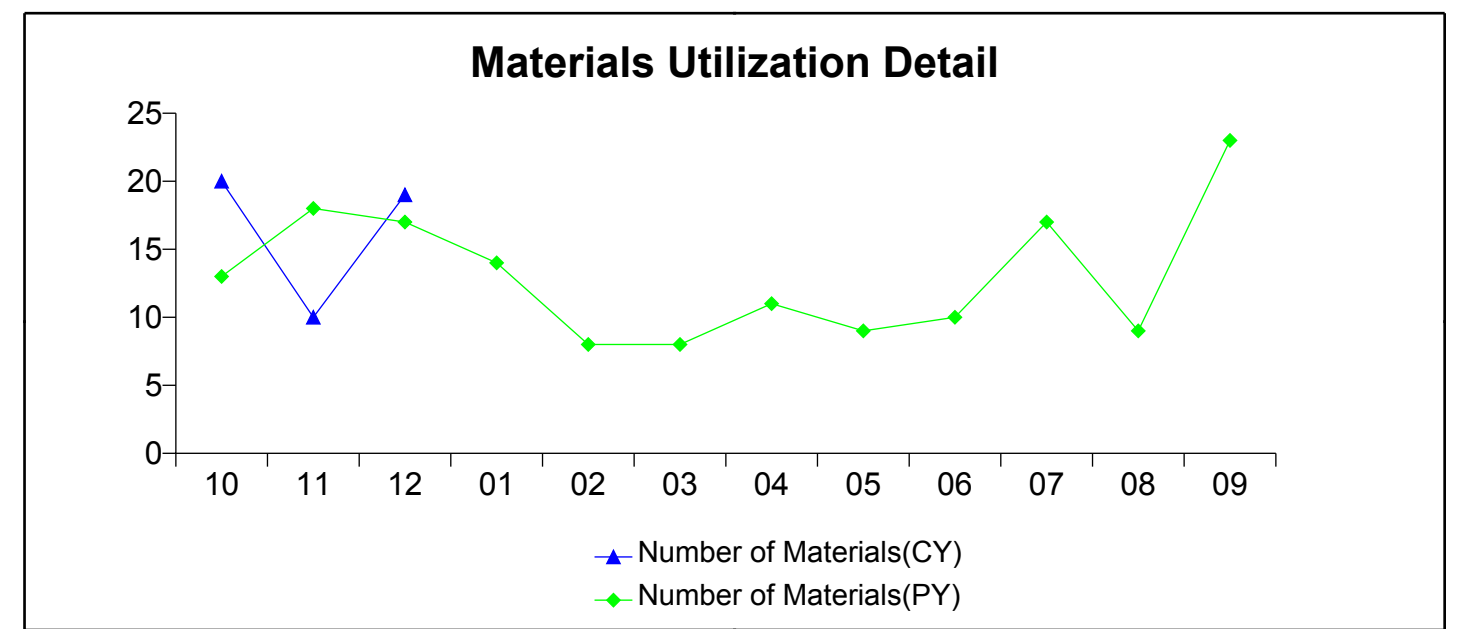
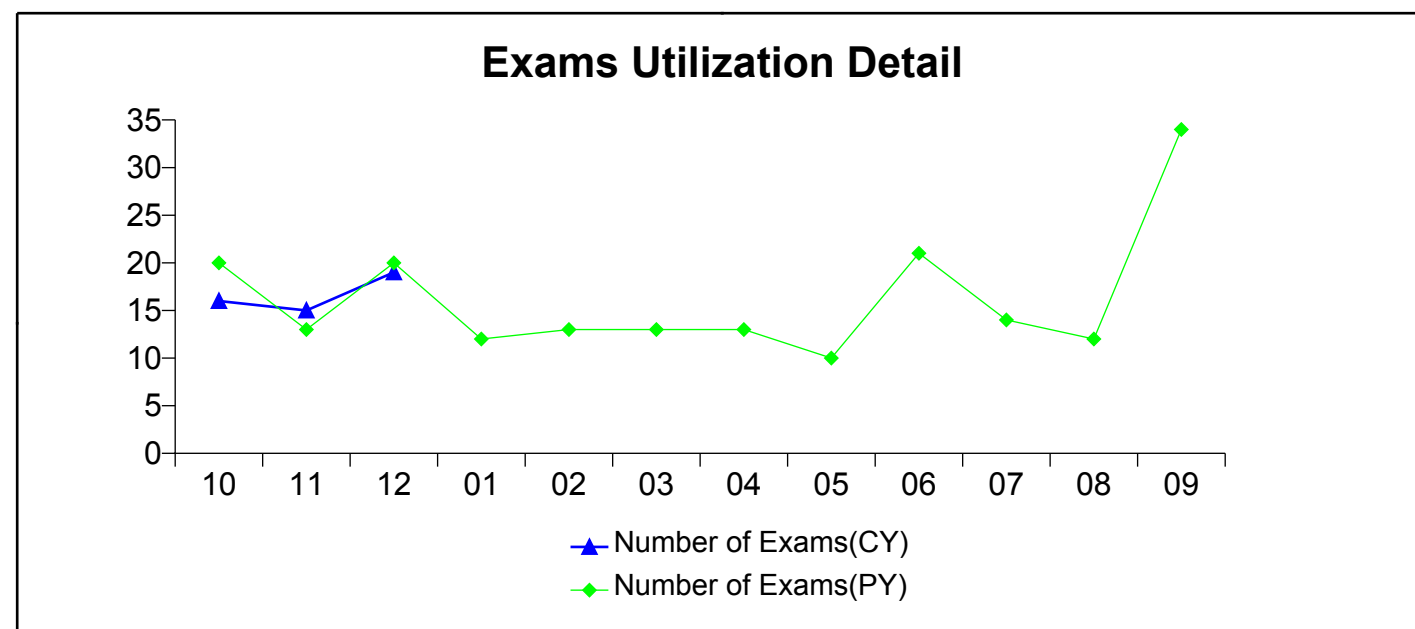


Client Utilization Monthly Detail Summary

Fiscal Month (CY)	Number of Exams (CY)	Total Exam Claim Dollars (CY)	Number of Materials (CY)	Total Material Claim Dollars (CY)
2013/10	16	\$480	20	\$1,956
2013/11	15	\$450	10	\$911
2013/12	19	\$570	19	\$1,850
Total:	50	\$1,500	49	\$4,718

Fiscal Month (PY)	Number of Exams (PY)	Total Exam Claim Dollars (PY)	Number of Materials (PY)	Total Material Claim Dollars (PY)
2012/10	20	\$585	13	\$1,121
2012/11	13	\$390	18	\$1,683
2012/12	20	\$565	17	\$1,517
2013/01	12	\$360	14	\$1,373
2013/02	13	\$390	8	\$811
2013/03	13	\$390	8	\$721
2013/04	13	\$375	11	\$987
2013/05	10	\$300	9	\$1,064
2013/06	21	\$630	10	\$720
2013/07	14	\$405	17	\$1,616
2013/08	12	\$360	9	\$845
2013/09	34	\$990	23	\$2,323
Total:	195	\$5,740	157	\$14,781

	YOY Variance		
	CY	PY	Variance
Avg Exam Utilization	29.9 %	30.2 %	(0.3) %
Avg Material Utilization	29.3 %	24.3 %	5.0 %



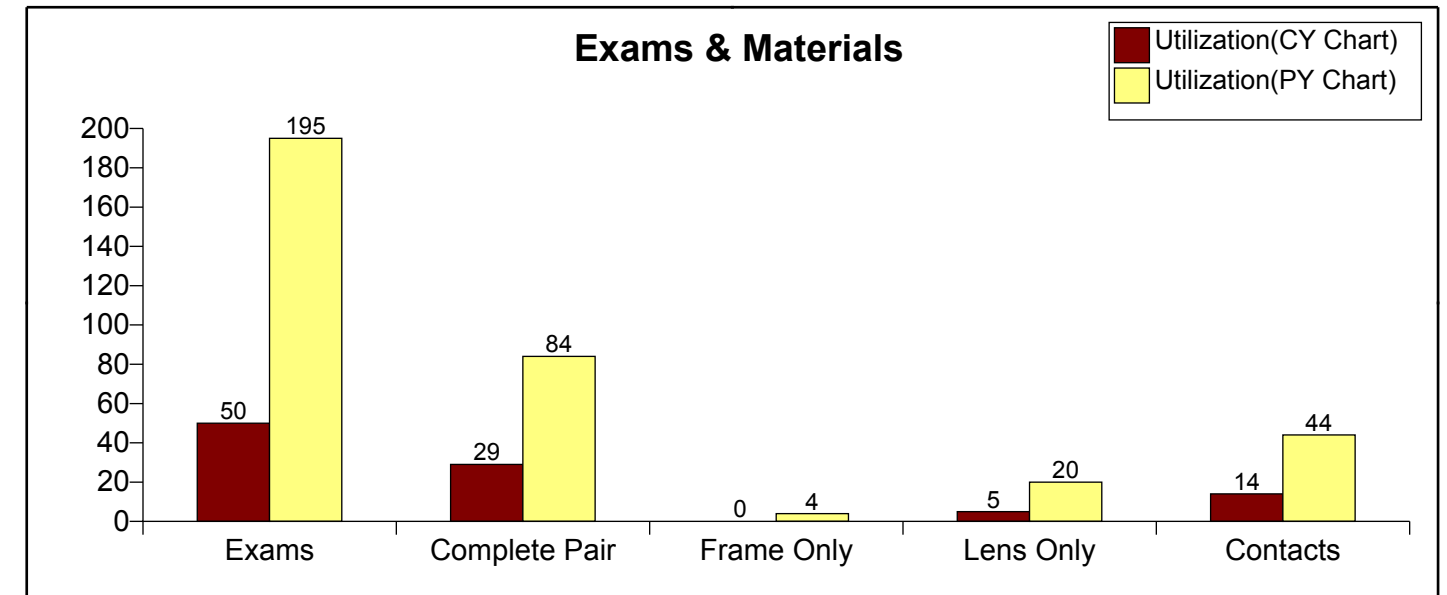
Client Utilization Summary YTD

Exams

	CY	PY
Number of Exams	50	195
Total Exam Claim Dollars	\$1,500	\$5,740

Materials

	CY	PY
Number of Eyewear	34	108
Number of Contacts	14	44
Number of Fit	0	0
Total Eyewear Claim Dollars	\$3,402	\$10,580
Total Contact Lens Claim Dollars	\$1,316	\$4,201
Total Fit Claim Dollars	\$0	\$0
Eyewear Percent of Total Materials	70.8 %	71.1 %
Contacts Percent of Total Materials	29.2 %	28.9 %



Lens Options

	CY	PY
Scratch Resistant	11.1 %	0.9 %
Standard Polycarbonate	50.0 %	64.2 %
Standard Anti-Reflective Coating	25.0 %	21.1 %
UV Coating	0.0 %	0.9 %
Tint	0.0 %	1.8 %

Lens Distribution

	CY	PY
Single Vision	63.9 %	64.2 %
Bifocal	8.3 %	6.4 %
Trifocal	2.8 %	0.9 %
Progressive	25.0 %	28.4 %

