

UnitedHealthcare
Medical Plan Design and Fee Detail

Customer Name: Kalamazoo Public Schools
Effective Date: 10/1/2011

	Plan 1 Current Plan
Plan Offering	Single Option
Multiple Option with:	
Plan Name	7ED-P MOD
Product	Choice +
HRA or HSA	No
Benefits*	Network
Office Copay (PCP/SPC)	\$5
Other Copays (IP/ER/UC)	0 IP \$25 ER \$10 UC
Deductible	\$0/\$0
Coinsurance	100%
Out-of-Pocket	\$0/\$0
Pharmacy Deductible	0
Pharmacy	\$10/20/40
Pharmacy Mail Order	2.5x
	Out of Network
Deductible	\$250/\$500
Coinsurance	80%
Out of Pocket	\$2,000/\$4,000
	Other
Lifetime Maximum	Unlimited
UBH Option	Full Care Management
Plan Decrement	1.00

ADMINISTRATION FEE DETAIL

Fee Prior to Rebates	\$46.33
Rx Rebate Credit	\$0.00
Total Net Quoted Fee	\$46.33
Second Year Fee Guarantee Prior to Rebates	\$50.04
Second Year Rx Rebate Credit	TBD
Total Net Second Year Fee Guarantee	TBD
Third Year Fee Guarantee Prior to Rebates	\$52.54
Third Year Rx Rebate Credit	TBD
Total Net Third Year Fee Guarantee	TBD

UnitedHealthcare
ASO Administration Fee Components

Customer Name:	Kalamazoo Public Schools
Effective Date:	10/1/2011
Subscribers:	1,373
Members:	3,726
Average Contract Size:	2.71
Average Age/Gender Adjustment:	1.02

		Choice +
		Standard ASO Administration - Proposed
Administration Fee Components		
Pharmacy Fee:	UHCP	Included
UBH Fee:	Full Care Management	Included
Optum Fees:	Care 24	Not Included
	Nurseline	Included
	KA PHS w/ DM 2.0	Not Included
Additional Options:	Conversion:	Not Included
	Claim Fiduciary:	Not Included
	HSA Fee	N/A
	HRA Fee	N/A
	Third Party Stoploss Reporting	N/A
	Subscribers	1,373
	Total Administration Fee Cost (PSPM)	\$46.33

Additional Services Included in our Administration Fee	Included in Quote
Wellness Budget	NO
Communications Budget	NO
Reporting Budget	NO
Data Extracts	NO
Auditing Budget	NO
Cross Carrier Data Feeds	NO
Expanded eCR Reporting	NO
Health Advisor	NO

Assumptions

The quote is based on the following assumptions. Changes to these assumptions may result in an adjustment to the rates or revocation of the quote. Please refer to the Financial Commentary for further assumptions.

- Rates are guaranteed for the contract period of 10/1/11 through 9/30/12.
- UnitedHealthcare is the only carrier offered.
- Quote assumes 1373 subscribers 3726 members and an average contract size of 2.71. UnitedHealthcare reserves the right to adjust the rates if the enrollment at issue varies by +/- 10% from the submitted census.
- Employer contributes a minimum of 75% toward the employee only costs and 50% toward the dependent costs.
- UnitedHealthcare reserves the right to adjust rates in the event of (i) any changes in federal, state or other applicable law or rules; (ii) changes in Plan design required by the applicable regulatory authority (e.g. mandated benefits) or by the Plan Sponsor; (iii) any taxes, surcharges, assessments or similar charges being imposed by a governmental entity on the Plan or UnitedHealthcare; or, (iv) as otherwise permitted in our policy.
- 80% / 20% Rebate Share of Rx Rebates. Quote also assumes the United Rx National Network is used, the Advantage PDL is used, and the Rx plan design is Open.
- Please refer to the ASO Medical Plan Exhibit for plan design overviews and the ASO Administration Fee Components exhibit for additional programs included in the administration fee.
- Packaged Savings does not apply.
- Quote does not include commissions.
- Administration fee includes 3 benefit plans and a maximum of 25 claim accounts.
- Quote includes 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.
- A signed Administrative Service Agreement must be submitted prior to the effective date of our claim processing services. The effective date may be delayed if the Agreement is not signed.
- If the arrangement is terminated by the group during the implementation phase, implementation costs incurred by UnitedHealthcare will be the responsibility of the group.
- UnitedHealthcare reserves the right to adjust the rates if an award is not made within 90 days of the issuance of this quotation.
- Our quotation is based on new dates of loss and claims with dates of services on or after the effective date. UnitedHealthcare will process runout claims for a period of six months after termination of the contract for an additional fee. 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 cancellation, times two. If the group terminates their contract at the end of the first year, a matured administration fee will be used at the basis for the runout claim fee.



ponents



UnitedHealthcare

Effective Date: 10/1/2011

Performance Standards and Credits

Effective for the period: October 01, 2011 through September 30, 2012

Category	Guarantee Description	Measurement Criteria	Credit Amount
Administrative Services			
Implementation			
These guarantees apply only to the initial 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.	\$13,600
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.	\$13,600
3. "Medical Eligibility Tape Loading"	Load all medical eligibility tapes to eligibility system within 3 business days of receipt. This is applicable to electronic tape loads only, does not apply to paper eligibility.	Elapsed time from date tape received to the date upon which the tape is loaded to the eligibility system.	\$13,600
Claim Operations			
1. Time to Process: percent of claims paid in 10 business days	94.00 % in ten business days Gradients are 94.00% within 11 business days 94.00% within 12 business days 94.00% within 13 business days 94.00% within 14 business days 94.00% within 15 or more business days	Site level, by standard claim operations reports.	\$2,720 \$5,440 \$8,160 \$10,880 \$13,600
2. Financial Accuracy: percent of submitted charges processed correctly	99.30% Gradients are 99.29%-99.06% 99.05%-98.81% 98.80%-98.56% 98.55%-98.30% Below 98.30%	Office level.	\$2,720 \$5,440 \$8,160 \$10,880 \$13,600
3. Procedural Accuracy: percent of claims processed without non-financial error	97.00% Gradients are 96.99%-96.50% 96.49%-96.00% 95.99%-95.50% 95.49%-95.00% Below 95.00%	Office level.	\$2,720 \$5,440 \$8,160 \$10,880 \$13,600
Customer 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	Team level	\$2,720 \$5,440 \$8,160 \$10,880 \$13,600
2. Abandonment Rate.	2.00% Gradients are 2.01%-2.50% 2.51%-3.00% 3.01%-3.50% 3.51%-4.00% Greater than 4.00%	Team level	\$2,720 \$5,440 \$8,160 \$10,880 \$13,600
3. Call Quality Score	93.00% Gradients are 92.99%-91.00% 90.99%-89.00% 88.99%-87.00% 86.99%-85.00% Below 85.00%	Office level	\$2,720 \$5,440 \$8,160 \$10,880 \$13,600
Customer Satisfaction Survey			
1. Claimant & Key Customer Overall Satisfaction	80% satisfaction score based on % responding: Completely Satisfied, Very Satisfied and Somewhat Satisfied Products are PPO, POS, EPO, Managed Indemnity, HMO	Telephone Survey Based on UNET Service Center performance scores Key Customer study may be	\$6,800
Middle Market Customer Scorecard Survey			
1. Employer health care decision makers	Based on the response to the question, "Overall, how satisfied are you with UnitedHealthcare?" If the response is a score of 5-10 on the 0-10 scale where 0 means very dissatisfied and 10 means very satisfied, the guarantee has been met.	Based on Employer health care decision makers' overall satisfaction with UnitedHealthcare.	\$6,800
Total At Risk			\$136,000

Medicare Supplemental plans are excluded from Performance Guarantees.

UnitedHealthcare
ASO New Business Exhibit

<p>Customer Name: Kalamazoo Public Schools Effective Date: 10/1/2011</p>
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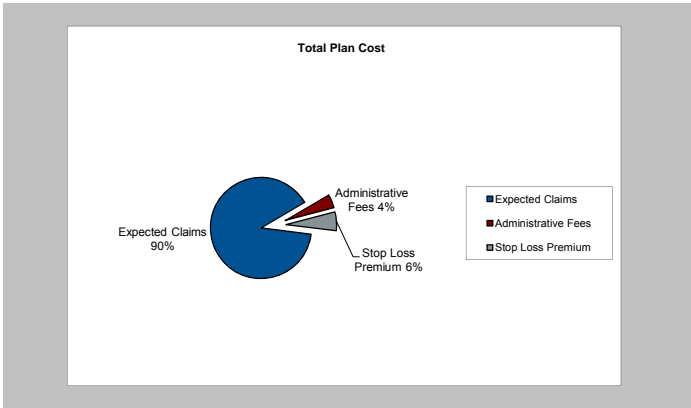
	Proposed Option 1	Proposed Option 2	Proposed Option 3	Proposed Option 4
Fixed Costs:				
Administration				
ADMINISTRATION FEE - Excludes Commissions				
<u>Plan Name</u>	<u>Enrollment</u>			
Choice +	1,373			
Total Subscribers	1,373			
COMPOSITE FEE PSPM	\$46.33	\$46.33	\$46.33	\$46.33
Individual Stop Loss - excludes commissions				
ISL Total Quoted Subscribers	1,373	1,373	1,373	1,373
ISL Deductible	\$150,000	\$200,000	\$250,000	\$300,000
ISL Liability Limit	Unlimited	Unlimited	Unlimited	Unlimited
ISL Contract Basis	12/12	12/12	12/12	12/12
ISL Run In Limit	N/A	N/A	N/A	N/A
ISL Includes Retirees	N/A	N/A	N/A	N/A
ISL Includes Medicare Retirees	N/A	N/A	N/A	N/A
Lasered Claimants**	No	No	No	No
ISL Includes RX	Yes	Yes	Yes	Yes
ISL Rate PSPM	\$59.96	\$42.34	\$31.63	\$24.44
Aggregate Stop Loss - excludes commissions				
ASL Total Quoted Subscribers	1,373	1,373	1,373	1,373
ASL Corridor	125%	125%	125%	125%
ASL Liability Limit	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
ASL Contract Basis	12/12	12/12	12/12	12/12
ASL Run In Limit	N/A	N/A	N/A	N/A
ASL Includes Medicare Retirees	N/A	N/A	N/A	N/A
ASL Rate PSPM	\$3.80	\$3.80	\$3.80	\$3.80
Fixed Cost PSPM	\$110.09	\$92.47	\$81.76	\$74.58
Monthly Fixed Cost	\$151,153	\$126,956	\$112,255	\$102,392
Annual Fixed Cost	\$1,813,835	\$1,523,469	\$1,347,064	\$1,228,706
Expected Claims PSPM	\$948.83	\$948.83	\$948.83	\$948.83
Attachment Factor PSPM	\$1,186.03	\$1,186.03	\$1,186.03	\$1,186.03
Projected Monthly Aggregate Liability	\$1,628,423	\$1,628,423	\$1,628,423	\$1,628,423
Projected Annual Aggregate Attachment Point	\$19,541,074	\$19,541,074	\$19,541,074	\$19,541,074
Monthly Maximum Liability	\$1,779,576	\$1,755,379	\$1,740,678	\$1,730,815
Annual Maximum Liability	\$21,354,909	\$21,064,544	\$20,888,138	\$20,769,780

**** Lasered Claimant Notes:**
No Lasered Claimants Pending Review of the Stop Loss Disclosure Form

UnitedHealthcare
Proposed Cost Exhibit

Customer Name:	Kalamazoo Public Schools
Effective Date:	10/1/2011
Subscribers:	1,373
Members:	3,726
Average Contract Size:	2.71
Average Age/Gender Adjustment:	1.02

			EXPECTED Plan Cost			MAXIMUM Plan Cost		
Claim Liability:		Subscribers	Claims PSPM	Monthly	Annual	Attachment Point	Monthly	Annual
	7ED-P MOD	1,373	\$948.83	\$1,302,738	\$15,632,859	\$1,186.03	\$1,628,423	\$19,541,074
Total Claim Liability		1,373	\$948.83	\$1,302,738	\$15,632,859	\$1,186.03	\$1,628,423	\$19,541,074
Administration Fee:		Subscribers	Admin PSPM	Monthly	Annual	Admin PSPM	Monthly	Annual
	Choice +	1,373	\$46.33	\$63,612	\$763,343	\$46.33	\$63,612	\$763,343
Total Administration Fee		1,373	\$46.33	\$63,612	\$763,343	\$46.33	\$63,612	\$763,343
Stop Loss Protection		Subscribers	Premium Rate	Monthly	Annual	Premium Rate	Monthly	Annual
	Individual	1,373	\$59.96	\$82,324	\$987,883	\$59.96	\$82,324	\$987,883
	Aggregate	1,373	\$3.80	\$5,217	\$62,609	\$3.80	\$5,217	\$62,609
Total Stop Loss Administration Premium				\$87,541	\$1,050,492		\$87,541	\$1,050,492
TOTAL PLAN COST		1,373		\$1,453,891	\$17,446,694		\$1,779,576	\$21,354,909



Notes

<u>Imprest</u>	<u>Balance</u>	<u>Frequency</u>	<u>Frequency</u>
Required Deposit	\$375,000	Weekly ACH	6
FSA Imprest:	N/A		
HRA Imprest:	N/A		

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Case Level Estimation of MNRP Savings Compared to 80th Percentile of R&C:

110% x Medicare	140% x Medicare
N/A	N/A

Savings are on a Mature basis.

Savings are as a % of Medical Only Claims

Savings are not applicable to Managed Indemnity or Non-Differential PPO plans

Claim estimate and attachment factor will be recalculated if MNRP is selected.

UnitedHealthcare

Proposal

Terminal Liability Proposal

Effective for the period: **October 01, 2011 through September 30, 2012**

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 subscriber times average exposures for the last three months before cancellation times **two**.*

The attachment point per subscriber per month (PSPM) during the three month extension period equals the fully mature attachment point for the immediately preceding active period. In other words, the attachment point (PSPM) 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. The 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 (quote outlined is for Proposed Option 1 on the Exhibit)

ASL Level: **125%**

ASL PSPM: **\$0.67**

ISL Level **\$150,000**

ISL PSPM: **\$13.16**

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

	Factor PSPM	Subscribers
Average	\$1,395.33	1,373

Confidential/Proprietary/Competitively Sensitive Information

Administrative Services Assumptions

UnitedHealthcare® is pleased to provide the following checklist to describe services for Kalamazoo Public Schools's medical, pharmacy, mental health and substance abuse employee benefits plans. Although the final terms of the arrangement will be reflected in the contracts between Kalamazoo Public Schools and the applicable UnitedHealth Group® affiliate/contracting entity, 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 for implementation.

Standard and Additional Services

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

Any service not specifically listed within this document is assumed to be excluded from quoted fees.

A. Account Management Services

Service	Included in Medical Fee	Comments
Implementation and maintenance of account.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Enrollment meetings and support with representatives available for onsite enrollment meetings in locations with 50 or more employees and technology enabled support for smaller locations.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	This assumes local business travel and normal hours.
Standard initial enrollment materials including: <ul style="list-style-type: none"> ● Benefit summaries. ● Benefit summary rider/slip sheets. ● Enrollment forms and brochures. ● Directions for accessing our directory of physicians and other health care professionals via myuhc.com®. ● Enrollment kit envelope. 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Bulk mailing of initial enrollment kits in a quantity to satisfy 115 percent of eligible employees to Kalamazoo Public Schools.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Ongoing account management including: <ul style="list-style-type: none"> ● Dedicated account resources under the direction of an account manager. ● Ongoing management and review of benefits and data. 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Summary Plan Description (SPD) Assistance. Prepare a customized draft of an SPD, either for each plan or multiple plans, with one additional draft in response to Kalamazoo Public Schools's comments and a final draft SPD. "Plan", for purposes of this paragraph, means each individual plan design to be administered. The SPD will be in English.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Kalamazoo Public Schools is responsible for the legal sufficiency of these booklets. ERISA places the obligation for the creation of plan documents on the employer (plan sponsor). Printing of the SPD is available in our standard size and with our standard cover in a quantity equal to 110% of the number of Employees participating in the plan, and ship to a single location.
Standard accounting structure: <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. 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Maximum of 25 distinct suffix/account splits. Additional structure requires Underwriting review and approval.
Maintenance of up to 3 separate benefit plans.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Maintenance of additional benefit plans may incur additional cost.
Electronic Bill Presentment and Payment (EBPP) , which provides capabilities to: <ul style="list-style-type: none"> ● View up to 12 months' invoices online. ● Sort and search enrollee information. ● Download current billing detail and request subscriber terminations. ● Remit payment online using direct debit (self- and fee-billed customers). 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Service	Included in Medical Fee		Comments
<p>Online services accessed through our Employer eServices Web site include (depending on your benefit plan): 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 also are available.</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<p>Issuance of Certificates of Creditable Coverage (HIPAA Certificates to employees and dependents upon termination and/or upon request).</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

B. Eligibility Management Services

Service	Included in Medical Fee		Comments
Standard ID card production and issuance including Kalamazoo Public Schools logo.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
UnitedHealthcare-generated alternative member ID numbers (not based on SSN). Electronic Eligibility Processing Electronic enrollment processing: <ul style="list-style-type: none"> ● Each submission to be a single consolidated file that includes data for all customer locations. Separate eligibility submissions for COBRA (one file that includes data for all customer locations) are acceptable. ● Initial load of primary physician data (when applicable) to be supplied electronically with ongoing changes submitted via Employer eServicesSM Web site. Submission format: <ul style="list-style-type: none"> ● UnitedHealth Group[®] Standard 3005 Format; HIPAA 834 Compliant Format; or HR-XML format. ● Single data source required. Submission frequency: <ul style="list-style-type: none"> ● (Preferred) Changes file daily in combination with a full population file on a monthly schedule. Or <ul style="list-style-type: none"> ● (Acceptable) Changes file weekly or bi-weekly in combination with a full population file on a monthly or quarterly schedule. Or <ul style="list-style-type: none"> ● (Acceptable) Full file weekly or bi-weekly. ■ Transmission method: <ul style="list-style-type: none"> ● FTP - (Preferred). ● Direct connect (Acceptable). 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If it is determined that eligibility processing will require additional file submissions or the format differs from the standards noted, we will evaluate those deviations - which may incur additional cost.

C. Banking Services

Service	Included in Medical Fee		Comments
Central Banking – one bank account opened by UnitedHealthcare at JPMorgan Chase Bank or Bank of America. Kalamazoo Public Schools pre-authorizes daily transfer of funds (UnitedHealthcare initiated) to cover the amount of funds which have been withdrawn from your bank account during the one working day period using wire transfer.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	All applicable banking letters and other required agreements must be executed a minimum of 15 days prior to the effective date in order to implement the banking arrangements.
Kalamazoo Public Schools provides deposit and maintains a balance in bank account equal to not less than 6 days of expected bank account activity. This amount will be based on 250 banking 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).	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Weekly EFT/ACH - 6
Standard online banking reports on a monthly basis to include: Detail Daily Statistics, Summary and Net Charge Distribution, and Issued-Not-Paid Outstanding Check reports.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

D. Underwriting and Financial Services

Service	Included in Medical Fee		Comments
Overall program accounting (year-end reconciliation).	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Claim projections.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Annual Projection of cost impact for benefit design changes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Annual Projection of conventional premium equivalent rates.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Annual Reserve estimates.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Annual government filings of 1099 reports to the IRS regarding payments made to physicians and other health care professionals.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Annually Provide required data necessary to enable Kalamazoo Public Schools to file Form 5500.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

E. eServices® Customer Reporting Services

Service	Included in Medical Fee		Comments
An online customer reporting system , offering online Internet based statistical and financial reports. Up to five customer IDs are included.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	There is an additional annual charge of \$1,000 for each ID in excess of five.

F. Claims Administration Services

Service	Included in Medical Fee		Comments
Plan implementation of Kalamazoo Public Schools employee benefits plans, set up of benefit design, eligibility data, and a testing of sample claims.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Claim history load from one prior carrier using an electronic method to back-load 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.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Additional charges will apply for history loads from more than one prior carrier.
Standard claims processing including: <ul style="list-style-type: none"> • Re-pricing and payment of claims. • Auto and manual adjudication using proprietary software. • Claim edit/review and cost containment program including utilization of software to evaluate claims prior to payment to guard against inappropriate unbundling of reimbursement requests. • Pending and subsequent claim review. 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Standard claim forms (when applicable).	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Medical claim review of specific health care claims to promote coding accuracy, benefit interpretation, and apply reimbursement and medical policy including utilization of software to evaluate claims prior to payment to guard against inappropriate unbundling of reimbursement requests.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Non-Network Reimbursement programs For non-emergency non-network claims. Reimbursement at R&C level of one of the following:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	80 th percentile of schedule 110 percent of Medicare 140 percent of Medicare
Non-Network Reimbursement programs Pay the Enrollee Program will direct claim payment to the enrollee for services rendered by non-network physicians and facilities.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Standard coordination of benefits for all claims with automated investigation once every 12 months.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Production and distribution of monthly Health Statements in lieu of EOBs, which summarizes all claim activity for the previous month, including remaining account balances for deductibles, out-of-pocket expenses, and other pertinent health-related information to help consumers.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Application of Subrogation services.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	The fee is 33 1/3 percent of the subrogation recoveries savings on a monthly basis.

Service	Included in Medical Fee		Comments
<p>Abuse and Fraud Management Program.</p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<p>The fee is thirty-two and five-tenths percent (32.5 percent) of the gross recovery amount.</p> <p>If outside counsel is retained for a group of payers seeking the recovery, a proportionate amount of the outside legal fees, equal to the payer's exposure in the case to the total exposure in the case, will be deducted from the gross recovery amount, after the fee has been deducted.</p>
<p>During the term of the Agreement or six months following termination, Kalamazoo Public Schools or its representatives may perform an annual audit of UnitedHealthcare services, at its own expense. UnitedHealthcare will accommodate this audit subject to its standard requirements regarding prior notice, confidentiality, scope, length, time and place, and findings.</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<p>Kalamazoo Public Schools is obligated to pay incurred audit expenses. Other charges may apply if the audit does not meet UnitedHealthcare standards.</p>

G. Member Services

Service	Included in Medical Fee		Comments
<p>Toll-free access to a customer care center, staffed by customer care professionals, during the hours of 8:00 a.m. to 8:00 p.m., in the enrollee's time zone, using a dedicated number for Kalamazoo Public Schools.</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<p>Access for your employees to the myuhc.com^a Web site, providing a private, secure, easy to use application for customer service including:</p> <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, HRA, HSA, and/or dental sites, if services provided by UnitedHealth Group. 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<p>Online health assessment tool accessed through the myuhc.com Web site.</p> <ul style="list-style-type: none"> ● A comprehensive health and lifestyle survey that measuring lifestyle habits and health-related risk areas. ● Immediate online feedback and results provided to the participant. 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

H. Network Services

Service	Included in Medical Fee		Comments
Network access, management and administrative activities including physician (and other health care professional) relations, clinical profiling, contracting and credentialing, and network analysis and system development.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Standard on all network plans.
UnitedHealth PremiumSM Designation Program which recognizes physicians and hospitals whose practices are consistent with evidence and consensus-based standards of practice.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Available in designated markets.
Access to networks of chiropractic and complementary alternative medicine providers through the ACN Group® network.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Transplant Benefit Management Services , including access to United Resource Networks Transplant Network and Transplant Access Program , travel and lodging benefit, and Personal Health Support.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Standard on all managed plans.
United Resource Networks transplant cost negotiation program , negotiated discounted reimbursement rate for transplant recipients utilizing non-contracted facilities for transplants.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Out of Network Shared Savings Program Application of the Shared Savings Program providing additional savings on select facility and physician claims not eligible for standard network discounts. Facility savings programs apply to all medical products; and physician savings programs apply to select products offering an out-of-network component (i.e., excludes EPO and HMO), and select out-of-network claims of network based plans. This program provides access to discounted charges made available to UnitedHealthcare from health care providers who contract with, or will negotiate with, a third party to provide such discounted charges. The Shared Savings Program includes a Facility Fee Schedule, Physician Fee Schedule, Facility Fee Negotiation Program and Physician Fee Negotiation Program.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Although it is not included in the ASO fee on a PEPM basis, Shared Savings is included in our standard package of services. The monthly charge to Kalamazoo Public Schools will be 35% of the savings achieved.
Facility Reasonable & Customary Charge Determination and Negotiation Reductions Program which provides for reduction of facility billed charges in accordance with appropriate guidelines.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Offered only in conjunction with Shared Savings Programs. The monthly charge will be 30% of the savings achieved.
Core HealthAllies[®] Value Discount Program enabling plan participants to access pre-negotiated savings of 10 to 50 percent on out-of-pocket health care purchases. The program includes savings for: <ul style="list-style-type: none"> ● Long term care services. ● Complementary/alternative medicine. ● Wellness. ● Infertility. ● Hearing. 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	The Basic HealthAllies [®] Value Discount Program can also be made available to non-covered employees or employees covered outside of UnitedHealthcare for an additional fee.

I. Care Management and Outreach Services

Service	Included in Medical Fee		Comments
ASO Base - an integrated Care Management solution enabled by eSync which incorporates case management, HealthNotes , HealthNote Reminders and Asthma Disease Management.			
Case Management <ul style="list-style-type: none"> • Inpatient Care Management – includes intake/notification, pre-certification, concurrent and retrospective utilization review and claim appeals • Transitional Case Management • High Risk Case Management - Members are identified through a variety of referral sources including High Cost Claimant, Predictive Modeling, Notification, Self Referrals, Health Assessments, NurseLine and Care24 (when purchased). 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
HealthNotes Communication Programs <ul style="list-style-type: none"> • HealthNotes - Provides clinically appropriate outreach to 100% of members with identified gaps, extending our reach beyond just telephonic for high risk gaps. This provides a solution to address all identified gaps across a population. • HealthNote Reminders - Mail-based annual preventive care reminders. 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Decision Support <ul style="list-style-type: none"> • Admission Counseling • NurseLine - a comprehensive health information service that provides 24-hour toll-free and online access to registered nurses. • Care24 – combines EAP services with NurseLine • ER Decision Support 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Care24 and ER Decision Support are available at an additional charge.
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Condition Specific Programs <ul style="list-style-type: none"> Disease Management Programs <ul style="list-style-type: none"> • Asthma Complex Conditions <ul style="list-style-type: none"> • Bariatric Resource Services • Cancer Resource Services • Congenital Heart Disease Resource Services • Healthy Pregnancy Program • Kidney Resource Services • Neonatal Resource Services • Parent Steps Infertility Discount Program • Transplant Resource Services (formerly URN) • Reproductive Resource Services 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Available at an additional charge
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

Service	Included in Medical Fee		Comments
<p>Wellness Online</p> <ul style="list-style-type: none"> • Health and Wellness Portal - provides members with access to online Health and Wellness content, online health assessments, online health coaching, personal health records, and automated messaging. • Health Rewards • Rewards for Action • Activation Messaging • Health Assessment • Online Health Coach • Personal Health Record <p>Print</p> <ul style="list-style-type: none"> • Taking Care Newsletter • 100 Smart Choices Self Help Books <p>Telephonic</p> <ul style="list-style-type: none"> • Standard Wellness Coaching • Healthy Weight • QuitPower <p>Consumer Discount Network</p> <p>Health Kiosk</p> <p>Worksite Wellness</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>Available at an additional charge NOTE – Rewards for Action and Activation are only available for Consumer Driven Health plans</p> <p>Available at an additional charge</p> <p>Available at an additional charge</p> <p>Available at an additional charge</p> <p>Available at an additional charge</p> <p>Available at an additional charge</p> <p>Available at an additional charge</p> <p>Available at an additional charge</p> <p>Available at an additional charge</p>	
<p>Physical Health</p> <ul style="list-style-type: none"> • Chiropractic Network • PT/OT/ST Network • Clinical Support Program – Chiro • Clinical Support Program - PT/OT • Complementary Alternative Medicine (CAM) Network Management 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<p>Integration of <u>ongoing external pharmacy vendor data into predictive model</u></p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>Additional charge: Existing PBM relationship – 1st year \$21,500; After 1st year - \$18,000 New PBM relationship – 1st year- \$31,000 ; After 1st year - \$18,000</p>	
<p>Integration of <u>historical external pharmacy vendor data into predictive model</u></p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>Additional charge: Existing PBM relationship - \$5,000 New PBM relationship - \$14,500 Fee waived if ongoing predictive model data integration elected</p>	
<p>Integration of <u>historical medical data into predictive model</u></p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>Additional charge: Existing vendor relationship - \$27,000 New vendor relationship - \$48,000</p>	

Personal Health Support 2.0 (Public Sector and Non-ASO Advantage Only)

Service	Included in Medical Fee		Comments
PHS 2.0 - an integrated total population management solution enabled by eSync which incorporates case management performed by a team of designated nurses, HealtheNotes and HealtheNote Reminders, and Treatment Decision Support.			
Case Management <ul style="list-style-type: none"> • Inpatient Care Management – includes intake/notification, pre-certification, concurrent and retrospective utilization review and clinical appeals. • Transitional Case Management • High Risk Case Management - Members are identified through a variety of referral sources including High Cost Claimant, Predictive Modeling, Notification, First Fill Pharmacy, • Self Referrals, Health Assessments, Cross program referrals (i.e. DM & Wellness programs) and NurseLine and Care24 (when purchased). 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
HealtheNotes Communication Programs <ul style="list-style-type: none"> • HealtheNotes - Provides clinically appropriate outreach to 100% of members with identified gaps, extending our reach beyond just telephonic for high risk gaps. This provides a solution to address all identified gaps across a population. • HealtheNote Reminders - Mail-based annual preventive care reminders. 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Decision Support <ul style="list-style-type: none"> • Treatment Decision Support • NurseLine - a comprehensive health information service that provides 24-hour toll-free and online access to registered nurses. • Care24 – combines EAP services with NurseLine • ER Decision Support 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Condition Specific Programs Disease Management Programs <ul style="list-style-type: none"> • Asthma • Coronary Artery Disease • Diabetes • Congestive Heart Failure • Healthy Back • COPD Complex Conditions <ul style="list-style-type: none"> • Bariatric Resource Services • Cancer Resource Services • Congenital Heart Disease Resource Services • Healthy Pregnancy Program • Kidney Resource Services • Neonatal Resource Services • Parent Steps Infertility Discount Program • Transplant Resource Services (formerly URN) • Reproductive Resource Services 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	NOTE - COPD is not available to Public Sector clients at this time. Please submit BAR request for consideration if required NOTE – Parent Steps is now embedded in the Consumer Discount Network.

Service	Included in Medical Fee		Comments
Wellness Online <ul style="list-style-type: none"> • Health and Wellness Portal - provides members with access to online Health and Wellness content, online health assessments, online health coaching, personal health record, and automated messaging. • Health Rewards • Rewards for Action • Activation Messaging • Health Assessment • Online Health Coach • Personal Health Record Print <ul style="list-style-type: none"> • Taking Care Newsletter • 100 Smart Choices Self Help Books Telephonic <ul style="list-style-type: none"> • Standard Wellness Coaching • Healthy Weight • QuitPower Consumer Discount Network Health and Wellness Kiosk Worksite Wellness	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	NOTE – Rewards for Action is only available for CDH. NOTE – Activation messaging is only available to CDH. NOTE - Consumer Discount Network is embedded for Key Accounts and Public
Physical Health <ul style="list-style-type: none"> • Chiropractic Network • PT/OT/ST Network • Clinical Support Program – Chiro • Clinical Support Program - PT/OT • Complementary Alternative Medicine (CAM) Network Management 	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	
Consumer Activation			
Integration of <u>ongoing external pharmacy vendor data into predictive</u>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Additional charge: Existing PBM relationship – 1 st year - \$21,500; After 1 st year - \$18,000 New PBM relationship – 1 st year - \$31,000 After 1 st year - \$18,000
Integration of <u>historical external pharmacy vendor data into predictive</u>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Additional charge: Existing PBM relationship - \$5,000 New PBM relationship - \$14,500 Fee waived if ongoing predictive model data integration elected
Integration of <u>historical medical data into predictive model</u>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Additional charge: Existing vendor relationship - \$27,000 New vendor relationship - \$48,000

J. OptumHealth Behavioral Solutions — Mental Health and Substance Abuse Services

Service	Included in Medical Fee		Comments
<p>OptumHealth Behavioral Solutions (UBH) care management including:</p> <ul style="list-style-type: none"> ● Network access, development and maintenance including physician (and other health care provider) relations, credentialing and contracting, network analysis and system development. ● Ongoing case management by licensed care manager coordinated through a network of psychiatrists, psychologists, social workers, and facilities. ● Risk-aligned outpatient care management using predictive tool and claims algorithm. ● Intensive inpatient care management, including discharge planning, post discharge care management and follow-up services. ● Outcomes measurement using scientifically validated survey tool to measure treatment efficacy, provider and member satisfaction. ● Claims processing, adjudication and member services. ● Account management, reporting and communication materials. ● Customized interface with internal employee assistance program (EAP) and non-UBH EAP vendors. 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<p>Limited care management, including:</p> <ul style="list-style-type: none"> ● Network access, development and maintenance including physician (and other health care provider) relations, credentialing and contracting, network analysis and system development. ● Management of outlier outpatient care based on select automated algorithms. ● Management of outlier inpatient cases based on clinical need and 30-day readmissions. ● Post-discharge “Welcome Home” letters encouraging follow-up appointments. ● Claims processing, adjudication and member services. 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<p>Inpatient psychiatric utilization review and case management for managed indemnity plans (performed by UBH).</p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

K. Managed Pharmacy Services

Service	Included in Medical Fee		Comments
<p>Integrated Pharmacy Services including:</p> <p>Claim processing</p> <ul style="list-style-type: none"> • Electronic processing of in-network retail pharmacy claims via an online point of service claims adjudication system. • Concurrent drug utilization review (DUR). • Retrospective DUR. <p>Eligibility management</p> <ul style="list-style-type: none"> • Acceptance of UnitedHealthcare eligibility feeds. <p>Benefits management</p> <p>Reporting</p> <ul style="list-style-type: none"> • Pharmacy data available through eServices Customer Reporting. <p>Retail Pharmacy Network Management</p> <p>Home Delivery/Mail Order Services.</p> <p>Customer Care Center Services</p> <ul style="list-style-type: none"> • Toll-free telephone access to customer care 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. <p>Support staff</p> <ul style="list-style-type: none"> • Pharmacy management support teams (clinical/sales/operations/services). <p>Account management</p> <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. 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Postage paid return envelopes are <u>not</u> included and are not available.
<p>Standard clinical programs:</p> <ul style="list-style-type: none"> • Standard Notification. • Quantity Level Limits. • Quantity per Duration. 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<p>Enhanced clinical programs: Includes standard clinical programs, plus:</p> <ul style="list-style-type: none"> • Enhanced Notification. • Quantity per Duration – Enhanced. 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Available at an additional charge.

Service	Included in Medical Fee		Comments
<p>Comprehensive clinical programs: Includes enhanced clinical programs, plus:</p> <ul style="list-style-type: none"> ● Comprehensive Notification. <p>Additional programs:</p> <ul style="list-style-type: none"> ● Physician dispense as written (DAW) interventions via fax and telephone. ● Retail flags and edits. ● Pharmacy audits. ● MAC pricing (retail). ● Generic substitution programs. ● Mail order service substitution programs ● Physician Profiling ● Pharmacist Profiling 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<p>Available at an additional charge.</p>
<p>ClinRX Solutions: Includes a designated clinical Pharmacist leading clinical collaborations among Kalamazoo Public Schools's direct and indirect healthcare service providers.</p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<p>Available at an additional charge.</p>
<p>Mail Advantage: Targets members on maintenance medications for transition to Medco by Mail to achieve drug savings.</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<p>My RX Choices: Provides real-time access to information on lower cost medication alternatives, as well as the ability to compare medications side-by-side.</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<p>Half-Tab Program: Informs members about opportunities to achieve saving by splitting certain medications in half.</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<p>ValueMax: Informs members taking high cost Tier 2 or 3 medications about lower cost options</p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<p>Available at an additional charge.</p>
<p>Dispensing fees</p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<p>Dispensing fees (when applicable) are fees paid to pharmacists and are included as a claim cost.</p>
<p>Integration of <u>historical external pharmacy vendor data into predictive model</u></p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<p>Additional charge: Existing PBM relationship - \$5,000 New PBM relationship - \$14,500</p>
<p>Retail Pricing for less than 46-day supply</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<p>Prescriptions filled at the mail order pharmacy that are less than a 46-day supply will be processed at retail pricing.</p>

L. Health Savings Account (HSA) Services – If Applicable

Service	Included in HSA ASO Fee		Comments
<p>Standard HSA services, including:</p> <ul style="list-style-type: none"> ● Pre-enrollment brochures – one per employee. ● Web site and telephone line access instructions. ● Welcome kit package for new members. ● Human Resources Communication Toolkit. ● Monthly member statements with member specific claim, account, and health related information. ● Customer care professional 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 HSA banking arrangements using a separate bank account for the HSA plan (opened by employee, or employer through automated batch eligibility feed). ● Account information through myuhc.com for participants enrolled in UnitedHealthcare health plans. 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<p>Employee bank account set-up</p> <ul style="list-style-type: none"> ● Account set-up. ● Account banking platform. ● Debit card production. ● Card issuance (Includes up to two cards per account). ● Welcome kit. ● Online account forms. ● Mailing of materials to set up account and activate card. 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<p>Employee bank account maintenance and activity</p> <ul style="list-style-type: none"> ● Monthly statement generation - online. ● Online account access. ● Customer support. ● ATM Withdrawals, Cash Advance, Overdraft, etc. 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<p>Please see list of HSA Account Fees included in the Financial Section of our Proposal.</p>

M. Health Reimbursement Account (HRA) Services –If Applicable

Service	Included in HRA ASO Fee		Comments
<p>Standard HRA services, including:</p> <ul style="list-style-type: none"> ● Pre-enrollment brochures – one per employee. ● Web site and telephone line access instructions. ● Welcome kit package for new members. ● Human resources communication toolkit. ● Monthly member statements with member specific claim, account, and health related information. ● Customer care professional 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. ● Account information through myuhc.com for participants enrolled in UnitedHealthcare health plans. ● Consumer Account Card, which offers direct payment for HRA out-of-pocket expenses. 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Additional charge required.

N. Flexible Spending Account (FSA) Services - If Applicable

Service	Included in FSA Fee		Comments
Standalone FSA Program.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Assumes UnitedHealthcare is the medical plan administrator.
Standard FSA services including: <ul style="list-style-type: none"> ● Initial supply of standard employee brochures. ● Single claim submission with automatic roll-over from established feeds (i.e., Spectera® Vision, UnitedHealthcare Dental, and UnitedHealthcare Pharmaceutical SolutionsSM). ● Check minimum \$25. ● Daily payment cycle. ● Customer care professional 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 a separate bank account for FSA plan. ● Direct deposit of payments to employee bank accounts with online direct deposit administration at myuhc.com. ● Account information through myuhc.com for participants enrolled in UnitedHealthcare health plans. 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Standard FSA reports including: <ul style="list-style-type: none"> ● Monthly Status Reports, providing detailed account status for each participant. ● Monthly Change Reports, providing details on all changes to program participation. ● Utilization Reports, providing information on program utilization for participants with change in status. 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Quarterly statements (paper).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Additional charge required.
Annual statement (paper).	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Consumer Account Card , which offers direct payment for FSA out-of-pocket expenses.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Additional charge required.
UnitedHealthcare will retain claim fiduciary responsibility for the UnitedHealthcare administered FSA plan.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	There is an additional fee of \$.10 PEPM for UnitedHealthcare to assume claim fiduciary responsibility.
Customized employee communications.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Automatic roll-over from external carriers.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Eligibility format other than tape, and/or greater than two tapes per month.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Non-standard reports.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
FSA claim administration for over-the-counter medication.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Covered individuals are required to submit a claim form, along with dated, printed receipts for their purchase of eligible over-the-counter drugs.
Access to myuhc.com <ul style="list-style-type: none"> ● Online access to account information including access to online direct deposit administration and auto rollover election. 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

O. Commuter Expense Reimbursement Account (CERA) Services –If Applicable

Service	Included in CERA Fee		Comments
Standalone program.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Assumes UnitedHealthcare is Medical and FSA plan administrator.
Standard CERA services including: <ul style="list-style-type: none"> ● Brochure for incorporation into employer’s enrollment materials. ● Out-of-pocket expenses (if any) reimbursed through a credit to payroll deduction. ● Customer care professional representation during normal business hours; online access through myuhc.com. ● Online ability to change transportation parking elections (myuhc.com). ● Eligibility information transmitted via secured file transfer protocol (FTP) method. ● Standard online employee and employer monthly reports. ● Standard CERA banking arrangements using the existing FSA bank account. ● Monthly deduction file for payroll system processing. 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Reimbursement checks issued instead of payroll deduction for required out-of pocket purchases only.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Printed enrollment materials, other than brochure, for all eligible employees.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Customized employee communications.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Non-standard reports.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Payroll files created more than once per month.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Multiple payroll files created once per month.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

P. COBRA Services – If Applicable

Service	Included in COBRA Fees		Comments
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. Past due notices. 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	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. 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Fees provided separately.
Initial rights hire notification including: <ul style="list-style-type: none"> Set-up (one time). Notification letters. 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Fees provided separately.

Q. Medicare Supplement Services

Service	Included in Medical Fee		Comments
Medicare crossover of claims, using a direct electronic transfer to UnitedHealthcare of Medicare Part B and durable medical equipment claims that have been processed by the Medicare carrier as the primary payer (does not include Medicare Part A claims).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Additional charge of \$5,000 for set up.
Medicare crossover initial enrollment solicitation and canvassing (or re-canvassing).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Additional charge of \$1.10 per member solicited.

R. Optional Claim Services

Service	Included in Medical Fee		Comments
Kalamazoo Public Schools will retain claim fiduciary responsibility for the UnitedHealthcare-administered medical	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Hospital Audit Program.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Additional fee to be billed at 31 percent of the savings realized.
Credit Balance Recovery Program.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Additional fee to be billed at 10 percent of recoveries.
Voluntary External Claim Review Program (third level appeal).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	External review costs to be charged on a per case basis.
Processing of run-out claims for six or twelve months following the termination of our contract.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Additional fee to be billed at time of termination.

Non-Standard Services

S. Additional Claim Services

Service	Included in	Fee Provided	Comments
Non-standard claim forms.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Customized text on ID cards.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Annual re-issuance of ID cards to all employees if changes in benefits do not occur.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Non-standard explanation of benefits (EOBs), and/or copies of EOBs sent to the employer.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Claim audits that exceed the UnitedHealthcare standard.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

T. Additional Account Management Services

Service	Included	Fee Provided	Fee	Comments
Customized communication materials.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Customized physician and provider directories.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Home mailing of enrollment kits.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Employee satisfaction surveys specific to Kalamazoo Public Schools.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Additional revisions to drafts of the SPD in excess of two.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Kalamazoo Public Schools provided alternative member ID numbers.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Eligibility processing outside the services electronic eligibility model or information received in non-standard format (i.e., other than the UnitedHealth Group Standard 3005 format or 834 HIPAA compliant format), from multiple sources and/or additional submissions more frequently than daily.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Interface with third party stop loss vendor.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		If Kalamazoo Public Schools elects a carrier other than UnitedHealthcare Insurance Company for their stop loss coverage, there is an additional fee for UnitedHealthcare to prepare and provide claim statistical reports, designed to meet the requirements of most insurers, to support the customer's filing of Individual Stop Loss (ISL) claims. Additional fee of \$1.00 PEPM
Multiple bank accounts and/or multiple class codes for Kalamazoo Public Schools.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		Additional Fee required.
Kalamazoo Public Schools authorization of each individual transfer.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
An expanded online customer reporting system, offering online Internet access to all available reports.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		An additional fee of \$23,000 per year plus \$0.35 PEPY will apply.
Non-standard or ad hoc reports, or standard reports at a non-standard frequency.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Individual conversion policies.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Non-standard contracts that would include customized style sheets, foreign language translations, greater than two document proofs and engagement of UnitedHealthcare attorneys for negotiation of the agreements.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		

U. Additional Optional Services

Service	Included in Fee Provided		Comments
Taking Care Newsletter — a 12-page newsletter dedicated	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Additional charges will apply.
100 Smart Choices Self-Help Book — a self-care book that features many self-help charts and easy-to-follow illustrations.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Additional charges will apply.
U.S. expatriate coverage with BUPA International.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
HealthAllies® Value Discount Program			
Basic HealthAllies® Value Discount Program enabling plan participants to access pre-negotiated savings of 10 to 50 percent on out-of-pocket health care purchases. The program includes savings for: <ul style="list-style-type: none"> • Dental services. • Vision services. • Long term care services. • Complementary/alternative medicine. • Wellness. • Infertility. • Hearing. 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	The Basic HealthAllies® Value Discount Program can also be made available to non-covered employees or employees covered outside of UnitedHealthcare for an additional fee.
Enhanced HealthAllies® Network including the following providers: <ul style="list-style-type: none"> • General medicine. • Hospitals. • Pharmacy. • Behavioral health. • Diagnostic medicine. • Rehabilitative medicine. 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	The Enhanced HealthAllies Network can be made available to non-covered employees or employees covered outside of UnitedHealthcare for an additional fee.
Data Integration			
Integration of <u>ongoing</u> external <u>pharmacy</u> vendor data into predictive model	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Additional charge: Existing PBM relationship – 1 st year \$21,500; After 1 st year - \$18,000 New PBM relationship – 1 st year- \$31,000 ; After 1 st year - \$18,000
Integration of <u>historical</u> external <u>pharmacy</u> vendor data into predictive model	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Additional charge: Existing PBM relationship - \$5,000 New PBM relationship - \$14,500 Fee waived if ongoing predictive model data integration elected
Integration of <u>historical</u> <u>medical</u> data into predictive model	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Additional charge: Existing vendor relationship - \$27,000 New vendor relationship - \$48,000

Pricing Assumptions- ASO

The quote is based on the following assumptions. Changes to these assumptions may result in an adjustment to the rates or revocation of the quote.

- The services provided by UnitedHealthcare in this quotation will be effective from 10/1/2011 through 9/30/2012.
- Our quotation is based on new dates of loss and claims with dates of services on or after the effective date of 10/1/2011.
- UnitedHealthcare will be the exclusive health care administrator.
- Kalamazoo Public Schools contributes a minimum of 75% toward the employee only costs and 50% toward the dependent costs.
- This quote assumes 1,373 subscribers, 3,726 members and an average contract size of 2.71.
- UnitedHealthcare reserves the right to revise this quotation including stop loss under the following circumstances:
 - The total number of enrolled medical employees varies by more than 10 percent from the assumed medical enrollment of 1,373.
 - The average contract size, defined as the total number of enrolled employees plus dependents divided by the total number of enrolled employees, varies by 10 percent or more from the assumed average contract size of 2.71.
- 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 law or rules.
- In the event of any changes in plan design required by the applicable regulatory authority (e.g. mandated benefits) or by the Plan sponsor.
- In the event that any taxes, surcharges, assessments, or similar charges are imposed by governmental entities or agencies on the Plan or UnitedHealthcare, in its role as administrator or insurer.
- As otherwise permitted in our contracts.
- This quote assumes that UnitedHealthcare retains 20% of Rx Rebates. It also assumes the United Rx National Network is used; the Advantage Preferred Drug List (PDL); and the plan design is Open.
- Payment of the pharmacy rebates will terminate as of the date that, based on a change in law or governmental action or for other reasons, pharmaceutical manufacturers on an industry wide basis eliminate the payment of rebates to pharmacy benefit managers, including our subcontractor, and in turn our subcontractor ceases remitting such payments to us. In addition, if, at a future date, one or more drug manufacturers eliminate or significantly reduce payment of rebates, the amount of the rebates we pay to you is likely to decrease. Termination of the rebate program or a reduction in rebates may constitute a material change such that we have the right to increase the service fees for the pharmacy benefits management services.
- We reserve the right to adjust our rebate guarantee if changes made to our prescription drug list (PDL) for the purpose of achieving lower net drug cost for Kalamazoo Public Schools and our other ASO customers result in significant reductions to the rebate level.
- Commissions are excluded.

- Our quotation excludes the processing of runout claims upon the termination of our contract. We will complete the processing of runout claims for six months following the termination of our contract for an additional fee. The charge for processing run-out claims is equal to the last two months' administration fee at the time of cancellation. 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. UnitedHealthcare will only process run-out claims if Kalamazoo Public Schools is current with all premium and fee obligations.
- The combined total of all financial penalties associated with any Operational or Discount Guarantees included in this response will in no event total more than 20% of the charged fees.
- Quote includes 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.

- In the unlikely event that the arrangement is terminated by Kalamazoo Public Schools during the implementation phase, implementation costs incurred by UnitedHealthcare will be borne by Kalamazoo Public Schools.

- This quotation assumes Kalamazoo Public Schools will retain claim fiduciary responsibility.
- This quotation assumes a standard UnitedHealthcare accounting structure will be utilized.
 - Suffixes, to accommodate separate claims reporting for different benefit plans.
 - Claim accounts, to accommodate separate claims data for locations/groups and plans (maximum of 25 distinct suffix/account splits).
 - Maintenance of up to 3 separate benefit plans.
- A signed Administrative Service Agreement must be submitted prior to the effective date of our claim processing services. The effective date may be delayed if the Agreement is not signed.
- UnitedHealthcare will duplicate the requested plan of benefits in principle and in a manner compatible with our understanding of the basic plan designs. Our quotation may be adjusted contingent upon review of all medical plan design specifics. Based upon this review, our fees may be adjusted, or changes to the plans may be required to enable us to administer claim payments.

- Fee Payment Terms - Fee payment is due on the first of each month and the expected receipt date is the fifteenth of that month. After the fifteenth, we will assess an interest penalty on any unpaid amount.

- Kalamazoo Public Schools represents and warrants that the eligible employer group is not subject to other state insurance laws, including, but not limited to, small group rating laws.

Pricing Assumptions – Stop Loss

- Our quotation is based on new dates of loss and claims with dates of services on or after the effective date of 10/1/2011.
- Our quotation is based on claims with dates of loss on or after 10/1/2011 and paid on or after 10/1/2011 effective date.
- UnitedHealthcare will be the exclusive health care administrator.
- Kalamazoo Public Schools contributes a minimum of 75% toward the employee only costs and 50% toward the dependent costs.
- This quote assumes 1,373 subscribers, 3,726 members and an average contract size of 2.71.
- The Stop Loss protection benefits are based on the proposed plan of benefits. Kalamazoo Public Schools will provide UnitedHealthcare with a copy of the plan document when finalized. UnitedHealthcare 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 UnitedHealthcare are included in calculating the Stop Loss benefit, except for the following:
 - Benefits for services incurred prior to the effective date of the policy, unless specially provided in the quotation.
 - Losses associated with benefits not covered by the underlying employee benefit plan, which are nevertheless paid by the employer.
 - Losses as a result of war or international armed conflict.
 - Losses associated with payments for occupational accidents or illness which are also eligible expenses covered by Workers' Compensation.
- This quotation assumes that the Plan' maximum allowable charge for non-network medical providers is determined at PHCS 80th percentile.

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 UnitedHealthcare. 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. UnitedHealthcare 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 as a separate tab).
- Pre-Existing condition limitations will not apply to employees covered under the current plan.
- Paid claim accumulations are based on issued claim drafts.
- Retirees are excluded from the Individual Stop Loss Coverage. Medicare eligible retirees are excluded from the Individual Stop Loss Coverage.
- Prescription Drug Claims are included in the Individual Stop Loss benefits. The Rx Plan must be administered by UnitedHealthcare.
- The policy's limit of liability is Unlimited during each individual's lifetime.
- Run-in claims from the prior claims administrator are limited to N/A per individual.

Aggregate Stop Loss

- Individual claims above the selected case 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.
- Paid claim accumulations are based on cashed claim drafts.

- Retirees are excluded from the Aggregate Stop Loss Coverage. Medicare eligible retirees are excluded from the Aggregate Stop Loss Coverage.
 - Prescription Drug Claims are included in the Aggregate Stop Loss benefits. The Rx Plan must be administered by UnitedHealthcare.
 - The offer of Aggregate Stop Loss is contingent upon the purchase of Individual Stop Loss from UnitedHealthcare.
 - 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 not included in our quote.
 - The policy's limit of liability is \$1,000,000 during each policy year.
 - Run-in claims from the prior claims administrator are limited to a total of N/A.

UnitedHealthcare
Stop Loss Insurance

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 the lesser of \$75,000 or 50% of the quoted Individual Stop Loss deductible during the twelve month period preceding this Statement.
2. any individual confined in a hospital or institution within 90 days prior to this report.
3. 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 and any 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.
4. any individual who has been diagnosed with any heart condition or cancer, premature birth, any autoimmune disorder, hemophilia, has renal failure and/or is receiving dialysis, had or has been diagnosed to need any transplant (organ or blood) or is on a transplant list or are receiving 8 or more hours per day of home health care.
5. any individual who has previously been covered under the plan and may become eligible or re-eligible to enroll in the plan due to plan changes required by the federal Healthcare Reform laws, including those with more than \$500,000 in claims during the last 5 years or who have known ongoing medical conditions.

Name	EE or Dep	D.O.B	Sex	Date Disabled	Diagnosis or Nature of Disability	Current Treatment and Health Status	Date Expected to Return to Work	Claims Paid in the last 12 months	Claims pending payment

The information shown above will be treated as confidential by UnitedHealthcare.

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 UnitedHealthcare in evaluating and determining the acceptability of the Employer's risk and that no coverage shall be provided unless agreed by UnitedHealthcare.

If the Employer fails to disclose an individual(s) and UnitedHealthcare determines that this individual(s) was an unacceptable risk that should have been disclosed, such individual will be excluded from the Specific and Aggregate Excess Loss coverage.

The Policyholder asserts that due diligence was performed in acquiring the information necessary to complete this Disclosure Statement, including a review of the following (check all that apply): Precertification Reports Case Management Reports Claim Reports Large Loss Reports Diagnosis/Procedure Reports Disability/FMLA reports from each location of the Policy Holder

Employer _____

Signed by _____ Dated: _____