



**Nassau County School Board
(NCSB)
Request for Proposal
RFP # 2012-02
Voluntary Group Dental and Vision
Insurance**

SUBMIT BID(S) TO: NASSAU COUNTY SCHOOL BOARD
1201 ATLANTIC AVENUE
FERNANDINA BEACH, FLORIDA 32034,
ATTN: SUSAN FARMER, BUSINESS SERVICES

SEALED BID(S) SHALL BE RECEIVED AT THE OFFICE OF BUSINESS SERVICES
(ABOVE ADDRESS) UNTIL 3:00 PM, April 17, 2012 AND MAY NOT BE
WITHDRAWN WITHIN 90 DAYS AFTER SUCH DATE AND TIME.

LATE SUBMISSIONS WILL NOT BE ACCEPTED

ISSUE DATE: March 15, 2012
DEADLINE FOR QUESTIONS: April 2, 2012
PROPOSAL DUE DATE: April 17, 2012
BID OPENING: April 17, 2012 at 3:00 PM
EFFECTIVE DATE: October 1, 2012

Questions concerning the scope of work, response submittal, or process should be directed, in writing, to the Executive Director of Business Services, Susan Farmer.

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CS150 Dental Claims Report

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Elite Preferred Dental Claims Report

HS Dental Plan Detail

HS Dental Claims Report

Dental and Vision Current Rate Chart

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Appendix A – As a Fillable Word Document

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Dental and Vision Non Detailed Plan Overview

Vendor Acknowledgement Form

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NASSAU COUNTY SCHOOL BOARD Request
for Proposal
#2012-02 Group Dental/Vision Insurance

Vendor Acknowledgement Form

Voluntary Dental and/or Vision Insurance

VENDOR NAME AND ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

AUTHORIZED SIGNATURE/TITLE (TYPED): _____

AUTHORIZED SIGNATURE/TITLE: _____

SEALED RFP: All RFP bid sheets, requested documents and this form shall be executed and submitted in a sealed envelope. (Do not include more than one bid per envelope.) The face of the envelope shall contain, in addition to the address, the date and time of the RFP bid opening. All bids are subject to the conditions specified herein. Those which do not comply with these conditions are subject to rejection.

IF NOT SUBMITTING A BID, PLEASE CHECK REASON(S) BELOW AND EMAIL TO SUSAN FARMER AT susan.farmer@nassau.k12.fl.us:

- | | | |
|----|---|-------|
| 1. | Insufficient time to respond | _____ |
| 2. | We do not offer requested product | _____ |
| 3. | Specifications were unclear or restrictive | _____ |
| 4. | Our schedule will not permit us to respond | _____ |
| 5. | Remove our Company name from this RFP | _____ |
| 6. | Could not meet specifications | _____ |
| 7. | Keep our Company name for future RFP's | _____ |
| 8. | Could not meet professional liability terms | _____ |
| 9. | Other: _____ | |

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GENERAL PROVISIONS

Proposal Opening:

Proposals shall be open to the public at NCSB's Business Services Department, on the date, location, and at the time specified on the Proposal form. It is the Vendor Company's (hereinafter referred to as "Company") responsibility to ensure that their Proposal is delivered at the proper due date, time, and place of the Proposal opening. Proposals, which for any reason are not so delivered, will not be considered. Offers by fax, email, or telephone are not acceptable. Any and all special conditions and specifications attached hereto which vary from the General Provisions shall have precedence.

Acknowledgement of Amendments:

Company shall acknowledge receipt of any amendment to this RFP bid solicitation by email, by returning a copy of the issued amendment with the submittal, or notation on the submitted proposal. The acknowledgment must be received by NCSB's Business Services Department by the time and at the place specified for the receipt of proposals. Failure to acknowledge an issued amendment may result in submittal rejection and disqualification.

Disputes:

Any actual or prospective Company who disputes the reasonableness, or competitiveness of the terms and conditions of the invitation to Proposal or contract award recommendation, shall file a Notice of Protest with the Superintendent of Schools within 72 hours of receipt of Proposal solicitation or posting of the Proposal tabulation with recommendations and must file a formal written protest within ten days following the filing of Notice of Protest. Failure to observe such timeliness will constitute a waiver of proceedings and of right to protest- Chapter 120, Florida Statutes.

Proposal results shall be posted in NCSB's meeting room after the intended recommendation is made, tentatively to be announced on or about June 4, 2012. Formal announcement of the recommendation will be posted on NCSB's website in addition to being posting inside NCSB's meeting room 72 hours prior to final award and shall remain posted for a minimum period of 96 hours.

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Conflict of Interest:

The Company, by responding to this request, certifies that to the best of his/her knowledge or belief, no elected/appointed official or employee of NCSB is financially interested, directly or indirectly, in the offer of services specified in this request.

Expenses Incurred in Preparing Proposal:

NCSB accepts no responsibility for any expense incurred by the Company in the preparation and presentation of a proposal. Such expenses shall be borne exclusively by the Company.

Contract Term and Requirements:

It is NCSB's intent to develop an ongoing contract for the services specified herein, contingent upon the appropriation of funds. The contents of the proposal submitted by the successful firm, with any amendments or subsequent revisions, will become part of the resulting contract.

Extension:

NCSB reserves the option to extend the period of this contract, or any portion thereof, for additional contract periods. Extension of the contract period shall be by mutual agreement in writing.

Liability:

The supplier shall hold and save NCSB, its officers, agents, consultants, and employees harmless against the claims by third parties resulting from the supplier's breach of this contract or the supplier's negligence.

Mandatory Requirements:

NCSB has established certain mandatory requirements which must be included as part of Proposal. The use of the terms "shall", "must", and "will" (except to indicate simple futurity) in this RFP indicates a mandatory requirement or condition.

Ethics:

All Companies shall comply with the requirements of law regarding ethics as set forth in Chapter 112, Florida Statutes, and rules promulgated by the Florida Commission of Ethics.

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Confidential Proposal Materials:

If a response to this RFP includes any information that constitutes a trade secret of the Proposal, such information shall be clearly marked as "CONFIDENTIAL".

An entire page or paragraph in which such information appears should not be marked confidential unless the entire page or paragraph consists of such confidential information. Only the confidential portion(s) should be so identified and marked.

In addition if applicable, the Company should submit a separate listing of the confidential Proposal sections with the Proposal. It shall be the responsibility of the Company to defend the confidentiality of its trade secrets through the judicial process.

Financial statements and other financial information submitted or obtained by NCSB in connection with this RFP, if applicable, are public records and cannot be made confidential.

NCSB shall examine each Proposal to determine which information is properly marked as confidential. Following contract execution, NCSB, in consultation with each proposing Company, shall request a redacted version of the Company's Proposal, which shall be available for public access.

Hiring and Other Business Relationships with NCSB Staff:

During the period from the RFP issuance until the signing of the Contract, Companies are prohibited from officially or unofficially making any employment offer or proposing any business arrangement whatsoever to any NCSB employee. A Company making such an offer or proposition may be disqualified from further consideration, or a Contract signed pursuant to the RFP may be terminated.

Cone of Silence

NCSB has established a cone of silence to be applied to all competitive procurement processes, including this RFP. The cone of silence will be imposed beginning with the advertisement for this RFP and/ or release of this RFP and will end upon selection of the selected Company by Nassau County School Board.

The cone of silence prohibits any communications regarding this RFP between a potential Company and NCSB staff, except for communications with NCSB

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procurement agent or contracting officer responsible for administering this RFP, provided the communication is strictly limited to matters of process or procedure; between a potential Company and a NCSB Board member; and between a potential Company and any member of a technical evaluation committee. Unless specifically provided otherwise, the cone of silence does not apply to communications with NCSB's Legal Affairs Department; oral communications during any presentation; demonstration and/or interview at a publicly noticed technical evaluation committee meeting; oral communications during any duly noticed Board meeting; communications relating to bid protests made in accordance with the NCSB's Bid Protest Policy. Any communications regarding matters of process or procedure from a potential Company must be submitted to Susan Farmer, Executive Director of Business Services.

Applicable Laws and Procedures:

Applicable provisions of all federal, state, county, and local laws, and administrative procedures, regulations, or rules shall govern the development, submittal and evaluation of all replies received in response hereto and shall govern any and all claims and disputes which may arise between persons submitting a Proposal hereto and the NCSB. Lack of knowledge of the law or applicable administrative procedures, regulations or rules by any Company shall not constitute a cognizable defense against their effort.

The validity, interpretation and performance of the RFP shall be governed by and construed under the laws of the State of Florida. Any and all litigation arising under this RFP shall be instituted in the appropriate court in Nassau County, Florida.

Taxes:

NCSB as purchaser of services is exempt from Federal, State and Local government taxes. The following exemption number appears on the face of the purchase order: Florida Sales Tax Exemption Number 85-8015369201C-8, Federal Tax Number is 59-6000756.

Headings:

The headings used in the RFP are for convenience only and shall not affect the interpretation of any of the terms and conditions hereof.

Minor Irregularities:

NCSB reserves the right to waive any minor irregularity, technicality, or omissions if NCSB determines that doing so shall serve NCSB's best interest.

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Warranties of Vendor:

Company covenants and warrants as follows:

It is lawfully organized and constituted under all federal, state and local laws, ordinances and other authorities of its domicile and are otherwise in full compliance with all legal requirement of its domicile.

It is possessed of the legal authority and capacity to enter into and perform the RFP, and the Vendor representative who is executing the RFP is so authorized by the Vendor.

It has been duly authorized to operate and do business in the State of Florida and all places where it shall be required to conduct business under the RFP; that it has obtained, at no cost to the NCSB, all necessary licenses and permits required in connection with the RFP, and that it shall fully comply with all laws, decrees, labor standards and regulations of its Company and such other location where performance may occur during the term of the RFP.

It has no present interest and shall not acquire any interest that would conflict in any manner with RFP duties and obligations under the RFP.

The services rendered shall in all respects conform to, and function in accordance with, the specifications and designs requested in this solicitation.

Fiscal Non-Appropriations:

In the event sufficient budgeted funds are not available for a new fiscal period, the business services department shall notify the vendor of such an occurrence and RFP and any resulting contract shall terminate on the last day of the current fiscal period without penalty or expense to NCSB.

Access to Records:

(34 CFR 80.36 (i) (10): All vendors, contracts, and subcontractors shall give access to NCSB, the appropriate Federal agency, the Comptroller General of the United States, or any of their duly authorized representative to any books, documents, papers, and records of the vendor which are directly pertinent to this specific RFP/contract for the purpose of making audit, examination, excerpts and transcriptions.

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Records Retention:

(34 CFR 80.36(i)(11): All vendors, contractors and subcontractors must retain all records pertaining to this RFP/contract for three (3) years after NCSB makes final payments and all other pending matters are closed.

Clean Air Act:

(34 CFR 80.36(I) (12)): All vendors, contractors and sub contractors must comply with all applicable standards, orders, or requirements issued under section 306 of the Clean Air Act (42 U. S. C. 11857 (h)), section 508 of the Clean Water Act (33 U. S. C. 1368), Executive Order 11738, and Environmental Protection Agency regulations (40 CFR part 15). (Applies to contract, subcontracts, and sub grants of amounts in excess of \$100,000.).

Energy Efficiency:

(34 CFR 80.36(i)(13): All vendors, contractors and subcontractors must comply with mandatory standards and policies relating to energy efficiency which are contained in the state energy conservation plan issued in compliance with the Energy Policy and Conservation Act (pub. L. 94-163, 89 Stat. 871)

Equal Opportunity Employer:

(34 CFR 80.36 (i)(3)): All vendors, contractors and subcontractors must comply with Executive Order 11246 of September 24, 1965, entitled "Equal Employment Opportunity", as amended by Executive Order 11375 of October 13, 1967, and as supplemented in Department of Labor regulations (41 CFR chapter 60). (applies to all construction contracts awarded in excess of \$10,000 by NCSB and their contractors or sub grantees.)

Copeland "Anti-kickback" Act:

(34 CFR 80.36(i)(4)): All vendors, contractors and subcontractors must comply with the Copeland "Anti-Kickback" Act (18 U. S. C. 874) as supplemented in Department of Labor regulations (29 CFT part 3). (Applies to all contracts and sub grants for construction or repair).

Davis-Bacon Act:

(34 CFR 80.36(I)(5): All vendors, contractors and subcontractors must comply with the Davis-Bacon Act (40 U.S. C. 276a to 276a-7) as supplemented by Department of Labor regulations (29 CFR part 5). Applies to all construction contracts awarded by NCSB and sub grantees in excess of

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\$2,000, and in excess of \$2,500 for other contracts which involve the employment of mechanics or laborers.)

Jessica Lunsford Act:

If services require representatives from your Company to be on site at any school location when students are present, a Level II fingerprinting will be required and all cost associated with the fingerprinting are the responsibility of the Company who is performing the onsite service. It shall be the vendor's responsibility to contact Cindy Williams (904 491-9905) in NCSB's Administrative Services Dept. to coordinate what procedures to follow regarding fingerprinting clearance.

TERMS AND CONDITIONS

In the best interest of NCSB, NCSB reserves the right to reject any and all proposals, with or without cause, or to accept the proposal which, in its sole judgment best meets the needs of NCSB. NCSB also reserves the right to request clarification of information from any Company. Any ex-parte communications initiated by a Company with any employee of NCSB other than those personnel specifically identified as contacts in this RFP, or communication with any member of NCSB may result in immediate disqualification from the RFP process.

NCSB reserves the right to reject any or all offers and to waive informalities, minor irregularities or other requirements in offers received and/or to accept any portion of the offer if deemed in the best interest of NCSB. Failure of the Company to provide in its offer any information requested in the RFP may result in rejection for non-responsiveness.

The awards made pursuant to this RFP are subject to the provisions of Chapter 112, Florida Statutes. All Companies must disclose with their proposal the name of any officer, director, or agent who is also an employee of NCSB. Further, all Companies must disclose the name of any NCSB employee who owns, directly, an interest of five (5%) percent or more in the Company's firm or any of its branches/subsidiaries.

Companies, their agents and/or associates are subject to the provisions of the Florida Sunshine Law, Florida Statute 286.011.

Anti-Discrimination:

The Company must certify that he or she is in compliance with the non-discrimination clause contained in Section 202, Executive Order 11246, as amended by Executive Order 111375, relative to equal employment opportunity for all persons without regard to race, color, religion, sex or

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national origin. Further, an entity or affiliate who has been placed on the discriminatory vendor list may not submit a Proposal/RFP or contract to provide goods/services to or may not transact business with a public entity. 287.0122(11)(15)F.S.

Protest Procedure:

Failure to file a protest as outlined in Section 120.57(3) F. S. shall constitute a waiver of proceedings under Chapter 120, F.S.

Contract – Document Priority:

Winning Company shall execute a Service Standards Agreement with the Employer that shall include the requirements set forth in the RFP, the Proposal, and modifications to either of these documents subsequently agreed upon during negotiations between the parties. In the event of conflict between any of the following documents, the language of the applicable documents, listed first shall control over the conflicting provisions of any documents listed subsequently.

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

Venue:

Venue for any and all legal action regarding or arising out of the transaction covered herein shall be solely in the Circuit Court in and for Nassau County, State of Florida. The laws of the State of Florida shall govern this transaction. The vendor or Company agrees that any and all notices, pleadings and processes may be made by serving two copies of the same upon the Secretary of State, State Capitol, Tallahassee, Florida, and by mailing by return mail an additional copy of the same to the vendor or Company at the address shown herein; that said service shall be considered as valid personal service, and judgment may be taken if, within the time prescribed by Florida Law or Rules of Civil Procedure, Appearance, Pleading, an answer is not made.

Addenda:

If any addenda are issued to this Request for Proposals, a good faith attempt will be made to deliver a copy of each to all prospective Companies who returned acknowledgement forms. However, prior to submitting the proposal it shall be the sole responsibility of each Company to review any addenda to this proposal by logging onto NCSB'S website: www.nassau.k12.fl.us, click on

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DEPARTMENTS, and then click on BUSINESS SERVICES DEPARTMENT, scroll down to BIDS and click on CURRENTLY RELEASED BIDS, RFP # 2012-02 GROUP DENTAL INSURANCE AND VISION INSURANCE.

Active Bid:

All such interpretations and supplemental instructions will be in the form of written Addenda to the RFP documents. Only the interpretation or corrections so given by NCSB, in writing, shall be binding and prospective Companies are advised that no other source is authorized to give information concerning, or to explain or interpret the RFP documents.

Liability Insurance:

The Company will provide Liability coverage according to the following requirements:

1. Minimum limits of \$1,000,000 per claim.
2. Notice of cancellation and or restrictions: The policy must be endorsed to provide NCSB with thirty (30) days' notice of cancellation and/or restrictions.
3. Certificate of Insurance and Copies of Policies: Certificates of Insurance shall be furnished to the Employer, evidencing the insurance coverage specified, and, on request of the Employer, certified copies of the policies required shall be filed with the Business Services Department of the Employer on a timely basis. The required Certificates of Insurance not only shall list Employer as additional insured, for the operations of the Company under this Contract (excluding the worker's compensation and professional liability policies) and shall name the types of policies provided and shall refer specifically to this contract.
4. If the initial insurance expires prior to the completion of the contract, renewal Certificates of Insurance shall be furnished thirty (30) days prior to the date of their expiration.
5. The required limits for insurance may be achieved through a combination of primary and umbrella policies.
6. These policies will provide that: the insurer(s) waive their rights of subrogation against the Employer, NCSB, their officials, employees, agents, and consultants.
7. Should any of the above described policies be cancelled or non-renewed before the stated expiration date thereof, insurer will not cancel same until at least thirty (30) days prior written notice has been given to the below named certificates holder:

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*Nassau County School Board
Attention: Susan C. Farmer
Executive Director of Business Services
1201 Atlantic Avenue
Fernandina Beach, FL 32034*

This prior notice provision is a part of each of the above-described policies.

Indemnification/Hold Harmless Agreement:

Companies shall, in addition to any other statutory or common law obligation to indemnify NCSB of Nassau County, Florida, indemnify, defend and hold harmless NCSB of Nassau County, Florida, its agents, officers, elected officials, consultants, and employees against all claims, actions, liabilities, damages, losses, costs, fines punitive damages and expenses of any kind or nature whatsoever, including but not limited to attorney's fees and legal costs, brought against NCSB of Nassau County, Florida, and/or its agents, officers, elected officials, consultants, employees and assigns, by any individual, corporation, consortium or any other legal person or entity, arising out of or caused by acts or omissions, negligence, recklessness, intentional wrongful misconduct, violations of laws, statutes, ordinances, government administration orders, rules or regulations of the contractor, contractor's employees officers, agents, subcontractors, sub-subcontractors, material man or agents of any tier or their respective employees. This indemnification clause shall not be construed to require any indemnitor to indemnify NCSB of Nassau County, Florida, for any negligence on the part of NCSB of Nassau County, Florida its agents or employees.

The indemnification obligations hereunder shall not be limited to any limitation on the amount, type of damages, compensation or benefits payable by or for the contractor or any subcontractor under workers' compensation acts, disability benefit acts, other employee benefits acts or any statutory bar.

This indemnification/hold harmless provision shall survive the termination of any contract with NCSB of Nassau County, Florida.

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INTRODUCTION

Nassau County School Board ("NCSB") is the most northeastern county in Florida. NCSB encompasses approximately 640 square miles. NCSB is located in and surrounding Fernandina Beach, Florida. There are 15 schools and 8 support locations, located throughout the NCSB. There are approximately 1,500 employees currently employed by NCSB.

NCSB is requesting proposals from qualified insurance Companies to provide Voluntary Group Dental and, if available, Group Vision insurance coverage for active and retired employees and their eligible dependents. NCSB is seeking the most advantageous coverage at the lowest, long-term net cost to NCSB and to its employees, retirees and dependents.

Our last Dental and Vision change was prior to 2003.

NCSB's intent is to compare services, system capabilities, disruption exposure, networks and pricing in order to determine which Companies may be most competitive when compared to the current provider. All expense factors will be evaluated as well as all values and criteria of interest. In tandem with "best fit services", the lowest net cost will be sought which may or may not translate to the lowest rates. Once potential finalists are identified, it is anticipated that negotiations and clarifications will be required potentially modifying and/or confirming all details of the dental and/or vision care plans.

Neither NCSB nor its representatives shall be responsible for any error or omission in this RFP, nor for the failure on the part of the Company to determine the full extent of the exposures.

For additional information or clarification, please e-mail Susan Farmer, Executive Director of Business Services @ susan.farmer@nassau.k12.fl.us **and** Jackie Tyson, Broker/Consultant, Miller Health Group, jackietyson@bellsouth.net

PROPOSAL INFORMATION AND REQUIREMENTS:

Submission of Proposals:

Proposals will be received until 3:00 p.m. eastern standard time on April 17, 2012 at:

NASSAU COUNTY SCHOOL BOARD
1201 ATLANTIC AVENUE
FERNANDINA BEACH, FLORIDA 32034,
ATTN: SUSAN FARMER, BUSINESS SERVICES

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Any proposal received after the deadline will not be accepted. All proposals must be sealed and *clearly* marked with the name of the submitting firm & RFP # 2012-02 Group Dental and Vision Insurance.

Submission shall include: one (1) unbound copy marked "Original"; six (6) additional copies; and, one copy on a CD. Proposals will be opened and only the names of submitting firms will be read at 3:00 p.m. on the aforementioned date.

Points of Contact:

NCSB shall not hold a pre-submission vendor conference in association with this Proposal. The Executive Director and Miller Health Group, acting on the Board's behalf are the sole points of contact with regards to all procurement matters relating to this RFP, from the date of issuance of the proposal until the Board's Notice of Award. All communication concerning this procurement whether technical, procedural or otherwise shall be addressed in writing via e-mail to BOTH:

Susan Farmer, Executive Director of Business Services at
susan.farmer@nassau.k12.fl.us

AND

Jackie Tyson, Broker/Consultant Miller Health Group at
jackietyson@bellsouth.net

Timeline for Questions and Responses:

All questions on the proposal are to be submitted, in writing, via e-mail. All questions must be received by April 2, 2012 at 4 pm EST. The subject box should contain the comment "RFP 2012-02 Voluntary Group Dental and Vision Insurance". An acknowledgement of receipt will be returned to you within 24 hours. Companies must observe the time schedule for submitting questions. This time line shall ensure that NCSB has adequate time to respond to all questions and the responses shall be provided to Companies in time to be incorporated into their respective proposals. All questions will be answered in addendum format and posted on NCSB's website by April 9, 2012, at 4pm EST. To review an Addendum to this proposal go to www.nassau.k12.fl.us, click on Departments, then click on Business Services, then click on Bids, then click on Currently Released Bids.

Any individual or entity, including prospective providers that fail to timely notify the Executive Director and Miller Health Group of such request assumes complete responsibility in the event that they do not receive communication from the Executive Director of Business Services and/or Miller Health Group prior to the applicable closing date. This process shall constitute the only official means by which additional information regarding this Proposal shall be made available. Additional information acquired by any other means shall not

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be utilized in the configuration of any Proposal and shall not be considered in NCSB's evaluation of Proposals submitted and shall be considered inadmissible in Proposal dispute proceedings. Companies may be disqualified who solicit or receive (even if unsolicited) additional information regarding this proposal by any other means than the process described herein.

Selection Process

Initial Evaluation of the Proposals will be contacted by staff of the Business Services Office and the Broker of Record. This evaluation will be taken to the Insurance Committee for recommendation as to finalists. NCSB may require those Companies to make oral presentations or participate in interviews. These presentations/interviews would provide an opportunity for the Company to clarify their qualifications, approach to the project, and ability to furnish the required services. Presentations would be to the Insurance Committee. The final selection will be made by NCSB Insurance Committee, after which it goes to the Board for approval. The selection process may involve background checks.

Evaluation and Recommendation

The technical evaluation will be made on the basis of comparative fulfillment of the criteria where 0 is non-responsive and 10 is the highest score. Total scoring is a mathematical extension of the criteria score times weight. The following evaluation criteria have been established to determine which Company will best contribute to the overall goals of NCSB:

• Company and Company's Assigned Staff Experience Weight – 20

The focus will be on the overall experience of the Company and the Company's staff members in providing similar services and benefits, as described in the RFP. Higher rating will be given to the Company and assigned staff with the most current experience with clients of similar (or higher) numbers of employees to NCSB.

• Proposed Dental/Vision Plan Design Weight – 20

Proposed plan design will be evaluated based on how closely it meets or exceeds NCSB's current plan design. Deviations will be evaluated on an item by item basis taking into consideration cost, any proposed alternative benefit and potential impact on employee satisfaction. Emphasis will be on continuation of current benefit levels. Higher ratings will also be given for the make-up and stability of the networks.

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• **Quality of Service Weight – 35**

Primary focus will be on the enrollment process, monthly billing and ongoing eligibility processes, proven web-based tools and access, timing of claims, processing procedures, staff team assignments and approach, and overall proposed client service method.

Please note that the performance guarantee strongly suggested in the COMPANY CRITERIA section would be considered in this measure.

• **Company's Financial Stability Weight – 5**

A.M. Best (A-, VI and above) ratings will be considered.

• **Cost Weight – 20**

The total cost of the proposed insurance plans will be considered. While cost is of specific importance, lower cost achieved by a reduction in benefits is not an objective of NCSB. Higher ratings will be given for lower cost and multiple year guaranteed rates. Rates are a significant portion of cost considerations, but they are not the sole total cost determinant. Therefore, the lowest rates will not necessarily be assigned the highest Cost Weight, nor by extension be the sole basis of the final vendor Company selection.

Interviews

NCSB may schedule interviews as part of its evaluation process. Information from the interview, including content and style, will be part of the evaluation process.

Additional Information

The Company shall furnish such additional information as NCSB may reasonably require. This includes information which indicates financial resources as well as ability to provide the services. NCSB reserves the right to make investigations of the qualifications of the Company(s) as it deems appropriate.

Award

NCSB anticipates the award to go to the Company who submits the proposal judged by NCSB to be the most advantageous. Final approval of the awarded Company shall be by the Nassau County School Board members. NCSB shall be the sole judge of its own best interests, the proposals, and the resulting agreement. The Company understands that this RFP does not constitute an

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agreement or a contract with the Company. An official contract or agreement is not binding until proposals are reviewed and accepted by appointed staff, approved by the appropriate level of authority within NCSB. Coverage/contracts shall be proposed for the term beginning October 1, 2012 and shall remain in effect until either party terminates the agreement with 120-days notice to the other party.

Public Records Request:

Public records requests shall be answered as promptly as possible in the ordinary course of business but shall not be answered as part of the Question and Answer process described above. Responses to public records requests shall be furnished to the requesting Company only.

Scope of Work:

The Company, if selected, shall provide all labor, materials supervision, travel, facilities and equipment to provide a Voluntary Group Dental and/ or Vision Insurance Plan. The Company shall provide administrative services and documentation including, but not limited to, plan brochures, member insurance cards and reports, and shall administer the Plan in compliance with NCSB's specifications and other applicable laws and regulations. NCSB reserves the right to add to or otherwise modify the scope of work at any time prior to the final execution of an Agreement. The term "Agreement" refers to the agreement to be entered into between NCSB and the selected Company.

Effective Date and Term:

Contract will be for term 10/01/2012 – 09/30/2013. Guarantees beyond one year are encouraged. Please state clearly any such offering.

Termination and Renewal:

NCSB shall be given at least 90 days notice of cancellation of non-renewal of insurance, administration and other related contracts. NCSB desires 150 days but no less than 120 days' notice of renewal increase, rates and administration fees. A longer notice will be given favorable consideration. These notice requirements should be a part of the contract.

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BACKGROUND

Current Dental and Vision Company:

Humana/Comp Benefits has been the carrier for both dental and vision since October 2003. NCSB currently offers four dental plans. Dental plans are experienced rated with an annual premium of approximately \$261,000. The annual premium for Vision is approximately \$57,000.

Participation:

DENTAL		VISION	
Total population:	Approx. 1,500	Total population:	Approx. 1,500
Full-time active:	Approx. 1,410	Full-time active:	Approx. 1,410
Retirees	Approx. 41	Retirees	Approx. 21
COBRA	Approx. 2	COBRA	Approx. 2
Covered Dental:	Approx. 731	Covered Vision:	Approx. 441

<u>January 2012 (OR OTHER RECENT MONTH)</u>				
<u>Employee/ Retiree Count</u>				
	<u>Single</u>	<u>EE+1</u>	<u>Family</u>	
<u>Dental:</u>				
Low DHMO CS150	157 (15 retirees, 1 COBRA)	86 (9 retirees)	87 (3 retirees)	
High DHMO HS205	81 (4 retirees)	40 (1 retirees)	44 (1 retirees)	
Advantage	66 (4 retirees)	38 (3 retirees)	31 (0 retirees)	
PPO	65 (5 retirees)	25 (0 retirees)	11 (0 retirees)	
	Single	EE + 1	EE + Child	Family
Vision	255 (12 retirees, 2 COBRA)	96 (6 retirees)	26 (1 retirees)	64 (1 retirees)

Employer Contribution:

There is no employer contribution for the dental or vision coverage.

No Enrollment Guarantee:

Although NCSB expects no less than the current enrollment, NCSB makes no enrollment guarantee. Companies must offer rates that are guaranteed

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regardless of enrollment numbers or enrollment mix. Company acknowledges that multiple plan designs shall be offered.

Eligibility:

Both group dental and group vision are available to full time employees (faculty and staff) of NCSB using the definitions of "full time" in the NCSB employee handbook as applies to year-round and school year employees.

Retirees are also eligible based on previous enrollment in a dental or vision plan at the time of retirement.

Waiting Periods:

1st of month following date hire:

The effective date is the first of the month immediately following one's hire date. (For example, if you were hired February 13, 2012 you would be eligible to participate in our insurance effective March 1, 2012.)

OR

1st of the month following 30 days of hire:

Hire date plus 30 days, then the effective date is the first of the following month. (For example, if you were hired February 13, 2012 you would be eligible to participate in our insurance effective April 1, 2012.)

Actively-at-Work Provision:

NCSB desires a waiver of any actively at work and evidence of insurability requirements, if any. The selected Company should not be responsible for claims for which the prior provider is legally responsible.

All presently insured employees, retirees, and COBRA participants are to be covered whether at work or disabled on the effective date of coverage to the extent the current benefits may not continue coverage upon inception of new coverage. Any employee who does not enroll when first eligible may elect coverage during the annual open enrollment period or if there is a qualifying event during the year.

Retirees may remain on the insurance upon retirement from NCSB. If retirees do not continue their insurance coverage into retirement, they cannot elect to re-enroll at a later date.

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Proposed Plan Designs/Rate Structure:

Initially, proposals are requested for plans that duplicate the current benefit levels as closely as possible. Then propose your other plan benefit options to reduce the cost. Quote all plans rates on a 3-tier basis.

Funding Method:

The current plans are fully insured. NCSB is only seeking fully insured quotes.

Commissions/Fees:

The contracting Company shall compensate Broker/Consultant with a 10% commission which should be included in the rates.

COMPANY QUALIFICATIONS

At a minimum, the Company shall meet the following qualifications:

- 5 years' experience in providing group dental insurance and administration of dental plans in the State of Florida.
- Be a licensed Insurance Company per Florida Department of Insurance regulations.
- Be free from legal and regulatory matters, which might prevent the Company from fulfilling the obligations of the Agreement.
- Exhibit financial stability and Company viability sufficient to fulfill the obligations of the Agreement.
 - A.M. Best (A-, VI and above) ratings will be considered.
- Have a dedicated account manager to function as the primary contract for all services.

COMPANY REQUIREMENTS

At a minimum, Company shall provide:

- A Voluntary Group Dental and/or a Group Vision insurance plan for all active and retired employees and their eligible dependents.
- Assistance to NCSB with the communication of the plan to employees, including conducting enrollment meetings. NCSB will need a Company representative and appropriate Company provided enrollment and communication materials and presentations available at each enrollment meeting.
 - This is a requirement for each year's open enrollment for these coverages.
- Manage and control costs for members and NCSB through proven methodologies such as negotiated discounted fees for services, or

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capitation where providers are paid at a set dollar amount determined by a per member per month calculation.

- Timely and accurate claims processing.

COMPANY CRITERIA

Provider Access and Discount:

Company should have excellent provider access in Nassau County and surrounding areas and have excellent provider discounts.

Customer Service:

Demonstrable superior customer and account service and support, preferably with strong local & accessible points of contact as team leaders. This will include participant level and support staff with ready access to high level decision making when called upon.

The Account Representative(s) must be willing to attend client meetings (both account level and employee meetings) as reasonably called upon. After complete and successful implementation, account level meetings should be no less than every six month to review claims, service, compliance, and other matters.

Availability of Reports:

This includes reports with access to both client and broker.

Timely Presentation of Renewal:

It is imperative that NCSB is given no less than a 120-day renewal time-frame in advance of anniversary. Please note NCSB's preference for 150-day notice.

Simplification of Administration:

It is important that all proposing Companies have a system in place whereby they can simplify the daily administration of benefits for NCSB staff.

Stable Contractual Relationships with Dental and Vision Providers:

The proposing Company must have stable provider contracts. Please refer to questions in Appendix A and Appendix B.

Additional Criteria:

This includes communications/ support (written/ hard copy/ electronic; staff support; employee meetings) and pro-active compliance guidance.

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Performance Guarantee:

To emphasize NCSB's value of a demonstrably efficient excellent open enrollment process and ongoing administration, NCSB would very favorably view a PERFORMANCE GUARANTEE where funds are at risk from the Company based on gradable criteria set forth by the Company. The criteria should be as objective as possible including (for example) delivery and performance dates, accuracy of work, participation and punctuality in employee meetings. In addition, subjective scoring should be included as graded by NCSB staff and employees and faculty.

Based on this, NCSB is asking that each Company set forth their best guarantee structure and risk position.

PROPOSAL REQUIREMENTS

Required Format:

To assure consistency, proposals must conform to the following format:

1. Cover Letter
2. Table of Contents
3. Section A-Experience and Capacity
4. Section B-Plan Designs
5. Section C-Plan Administration and Services
6. Section D-Financial Stability and Company Viability
7. Section E-Acceptance of Terms
8. Section F-Plan Cost
9. Section G-Appendix A: Group Dental Insurance Questionnaire
10. Section H-Appendix B: Group Vision Insurance Questionnaire
11. Section I-Proposal Attachments

The following is what is expected in each of the sections listed above. The Section letter and heading should be in order and included in the Company's response. Attach all data as requested.

Cover Letter:

The cover letter must include a brief description of the proposing firm, a statement of the Company's understanding of NCSB's requirements and the services to be provided to meet the requirements of the project as stated in the RFP; the Company's agreement to comply with the Florida Public Meeting and Florida Public Records laws as they relate to this service; the address of the office conducting the service and location of primary Company operations; and the names of the persons who will be authorized to make representations

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for the Company, their titles, addresses, telephone numbers and e-mail addresses. An authorized official of the Company must sign the cover letter.

Table of Contents:

The table of contents must include a clear identification of the material by section and by page number.

Section A – Experience and Capacity:

This section must include a brief Company profile, which includes a history of the proposing firm, the proposing firm's strategic vision, strengths, and weaknesses and an organizational chart that relates to functions pertinent to this Agreement. Provide a statement of qualifications that indicates the proposing firm's professional credentials and experience in providing Voluntary Group Dental and Vision care insurance and reflects your firm's capability, integrity and reliability.

Include information regarding the length of time and depth of experience in providing Voluntary Group Dental and Vision Care Insurance in Florida, particularly to local government agencies, and in implementing similar programs. Indicate the number of employer accounts currently serviced, the number of active and retired employees covered and number of dependents, and the types of plan designs.

Provide a synopsis regarding the proposing firm's staffing and managerial resources. Include a biography of the dedicated account manager, on-site representative, and other personnel key to the Agreement to include what functions each will serve in the accomplishment of work and their experience and professional background. Supply names and experience of key persons involved in plan design and implementation.

Section B – Plan Designs:

Preferred plans will closely duplicate the current plan(s). Therefore, please provide "like" plan benefits similar to the current Humana plans (*See Plan Summaries in Attachments 3 and 4*).

Other Plans:

NCSB will consider plan alternates that may depart from the current design but would enhance benefits and/or reduce rates. However, proposals should MATCH the current benefit levels of each plan option with deviations clearly indicated in the proposal. NCSB will compare benefits, pricing, and networks in order to determine which Company may be the most competitive compared to the current plans. NCSB reserves the right to accept or reject any proposal. NCSB also reserves the right to negotiate with the Company that best meets

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the employees and NCSB's needs as determined by the Insurance Committee, Superintendent and Board.

Value Added Services:

NCSB is interested in "value added" services that are available from the Company. Provide a brief summary of value added service your firm proposes. Examples of these services should not be limited to but might include:

- COBRA administration
- Newsletter and/or communications to members

Any associated costs with these value-adds should be clearly outlined and not aggregated into the quoted rates.

Section C – Plan Administration and Services:

In this section include a narrative of how the proposing firm plans to administer the Agreement on a day-to-day basis. Provide a projected schedule/time-line for implementation of the Plan within 14 calendar days after execution of the Agreement with estimated time to complete each task in the implementation process. Designate which tasks are the responsibility of NCSB and which are those of the Company.

Based on your past experiences, discuss any potential problems or difficulties that may inhibit implementation and Plan administration and provide possible resolutions to each. Additionally, provide disclosure of any potential conflicts of interest in administering the Agreement due to any other clients, affiliations or partnerships. Include the locations of home and/or branch offices that will serve NCSB and its members.

The claims filing procedure is to be satisfactory and acceptable to NCSB, as evidenced by the responses in the proposal worksheet.

Company shall provide a copy of the guidelines and implementation procedures used to ensure claims are processed timely and accurately.

Section D – Financial Stability and Company Viability:

In this section please provide a summary of proposing firm's financial strength, trends in revenues and financial stability. Include a copy of proposing firm's most recent financial statement and a historical financial industry ranking. Provide verification of proposing firm's current status of acceptable industry ranking (i.e. Standard & Poor's, Dunn & Bradstreet, A.M. Best) covering all applicable affiliations and entities associated with the Plan. Include copies of the notes to your financial statements regarding any pending litigation, receivership or bankruptcy.

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Include a brief explanation of any pending changes in ownership of the Company's firm to include mergers, buyouts, or takeovers.

Section E – Acceptance of Terms, Conditions, Specifications/Other Requirements:

In this section, list any exceptions to the terms, conditions, specifications and other requirements listed in this RFP. Company must reference the RFP section where exception is taken, provide a description of the exception, and the proposed alternative, if any. All terms, conditions, specifications and requirements for the RFP shall be deemed accepted by Company unless accepted to in accordance with this Section E.

Section F – Plan Cost:

This section must contain complete, detailed information regarding plan costs. Include a cost proposal supported by data adequate to establish the reasonableness of the proposed charges for the service rendered. Proposals for services shall include disclosure of all initial and recurring costs to NCSB and/or its members. Proposals are to include broker commissions. Costs listed in Section F must be all inclusive. No other costs not clearly outlined in this Section and specifically agreed to by NCSB will be allowed.

Section G – Dental Questionnaire:

This section should include a completed copy of the Voluntary Group Dental Insurance Questionnaire noted as Appendix A.

Section H – Vision Questionnaire:

This section should include a completed copy of the Voluntary Vision Insurance Questionnaire noted as Appendix B.

Section I –Supplements:

- a) Network directories (or electronic copy) for each plan proposed
- b) Geo-Access report summaries using parameters outlined in Appendix A
- b) Sample contract and SPD for each plan proposed
- c) Sample copies of enrollment materials to be distributed to employees for each plan proposed
- d) Sample copies of claim forms for each plan proposed
- e) Copy of sample claim reports for each plan proposed

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APPENDIX A

Voluntary Group Dental Questionnaire

(A Word Document is Provided as an Attachment for Responses)

Company Name:

Address:

Contact Name:

Contact Title:

Contact Email:

Telephone:

Fax:

General

1. Does your proposed plan design match NCSB's current plan designs as outlined in this RFP and further described in the attached "Dental Plan Details" for all 4 plans?
2. Will all presently insured employees, retirees and dependents be covered whether at work, disabled or otherwise on approved absence on the effective date of coverage?
3. Provide a full explanation of your definition of "actively at work" to assist the NCSB in determining that all persons will be covered by the

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new plan on the effective date or upon their return to active employment.

4. Will retirees' eligible dependents be offered the same insurance plan that is offered to NCSB's current employees throughout the eligible dependents' lifetime?
5. Given the number of locations specified (15 schools and 8 support locations), what is the most realistic estimate of the least number of calendar days required to enroll NCSB's group?
6. Will employee orientation meetings be conducted with assistance and presence by your Company at each meeting?
7. Will literature be provided by your Company describing the new plan in simple terms and will such literature be available for employee meetings?
8. Are there minimum participation requirements for enrollment for insurance or service components? If yes, please note.
9. Provide as references a list of at least three (3) of your Company's clients that are comparable to NCSB, including the length of service of each account. The client reference(s) should include the name of a contact person, his/her title, physical and e-mail addresses, and telephone numbers. NCSB may contact these clients. NCSB specifically reserves the right to contact other persons or entities who can provide a reference related to your Company's current or past performance.

Dental Administration/Implementation

1. Explain how your premium administration works and give a detailed description of the premium remittance process.
2. Will you provide a designated account manager?
3. Will you provide a designated billing and eligibility representative?
4. What is your grace period for premium remittance? What is your late charge for late remission?
5. Will you prepare and print Summary Plan Descriptions at no cost to NCSB?
6. Will you ensure that NCSB will be notified prior to any change in any claim processing procedure that could impact the level of payment received by employees (e.g.- updates to R&C or any other broad policy changes)?
7. Can NCSB perform real time online eligibility updates, view status of claims/ EOBs/ claim checks and run eligibility reports?
 - Can they be imported into Microsoft Excel ?
8. Please indicate whether the following reporting is available with your product:

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- Dental experience by plan design.
- Are these reports provided monthly, quarterly, or annually?

Underwriting/Financial Considerations

1. Please list your standard exclusions for each line of dental coverage.
2. Please provide an example of your renewal methodology and the information presented with the renewal. This example should be an actual set of renewal exhibits and should specifically include how renewal rates are developed.

Claims Processing

1. From what office in what city/ state will claims be paid? Are all claims adjudicated in one location? Provide information about the team that will pay claims for NCSB.
2. Briefly describe your claims handling procedures, including information on the degree of automation used (percent of claims auto-adjudicated and parameters for claims that are and are not auto-adjudicated).
3. What is the standard claim turnaround of claim payments? When is a claim considered received? How do you measure turn-around?
4. Do the same representatives perform both customer service and claim processing functions, or are they specialized?
5. Please explain the claim submission and benefit payment process, if applicable, for the proposed arrangement:
 - What payments, if any, to the dentist are required by the participant at the time of service?
 - Under what circumstances must claim forms be submitted?
 - Could the method of claim submission (e.g., bills submitted by provider on a staggered basis versus all at once) for crowns and dentures ever impact the reimbursement level?
 - How long is a claim history maintained on-line?
 - Can you generate a duplicate EOB?
6. At what percentile of reasonable and customary are in-network claims paid?
7. How often is the in-network schedule updated?
8. At what percentile of reasonable and customary are out-of-network claims paid?
9. At what benefit level do you consider periodontics?
10. At what benefit level do you consider endodontics?
11. At what benefit level do you consider full and partial x-rays?
12. Overall, what is the waiting period for a new hire enrolling into any of the voluntary dental insurance plans? Also, specifically for:

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- For "basic" services?
 - For "major" services?
 - For any other services?
13. What are the pre-existing limitations on all proposed dental plans?
 14. Is there a discount program available for other services not covered under plan, such as orthodontia?
 15. What database do you use for R&C profiles?
 16. At what level is R&C data gathered and applied (e.g. zip code, regional, state)?
 - How often is it updated?
 17. Describe transition of coverage for members currently undergoing a dental treatment plan such as bridges, crowns, and orthodontics.

Customer Service:

1. Describe your customer service:
 - Hours of operation
 - Location(s) (please note city/ state/ country of staff members responding to employee/ family calls and email inquiries)
 - Representative training
 - Average tenure
 - Number of customer service representatives employed by your organization
2. Provide your performance standards and actual results for the last year for:
 - Average speed of answer
 - Abandonment rate
 - Call blockage
3. How does your call center accommodate non-English speaking and hearing impaired callers?
4. Please describe the specific grievance/resolution process for handling disputes from patients.

Reporting

1. Please provide sample reports available through your present system and note any reports that are considered standard reports that can be provided.
 - Also, please provide information on any special reports that can be provided.
 - What is the additional cost, if any, for each of the above reports?
2. Describe your online employer access capabilities.

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- Are reports available online?
 - If so, are these reports already regularly produced by your Company?
 - Does the access allow for reporting queries? For example, can reports be specially run and tailored by NCSB using various pre-defined parameters? (e.g.- date range, service type, in/ non network)
 - Can they be imported into Microsoft Excel?
 - Is this included in your standard fees?
 - Can NCSB perform real time on-line eligibility up-dates?
3. Confirm you will provide claim reports with both monthly and year-to-date experience.

Legal Issues

1. What is your current level of overall liability coverage?
 - Per occurrence
 - Aggregate
 - Other (please explain)
2. Please provide a sample of the indemnity and hold harmless language you would include in your contract with NCSB.
3. Would you be willing to warrant and represent that each of the providers that is a network provider will maintain adequate levels of professional liability insurance? If so, what do you consider to be an adequate level? If not, please describe why you would be unwilling to make this representation.
4. Would you be willing to agree that you are a fiduciary with respect to the services provided under the Agreement? What type of limitations would be imposed on NCSB decision-making process through such an agreement? Is there an additional fee for these services? If you are unwilling to serve as fiduciary, please describe why you would be unwilling to make this representation.
5. Does your organization have any financial interest in any dental provider included in your network?
6. Are you willing to maintain dental records as required by applicable statutes?

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Contract Provisions

1. NCSB expects that your organization will represent and warrant that it is in compliance with all federal and state laws and regulations applicable to the services you are to perform and/or benefits you are to provide under the Agreement. Please confirm.
2. Please provide the name, address, telephone number, email address, and facsimile number of the individual with whom NCSB would work to resolve questions on contract language.

Network Structure

1. Are there any locations where you cannot administer the dental HMO, PPO or indemnity plan designs as specified? Please describe.
2. Please provide a Geo-Access report summary using the following parameters. Please note, we are not looking for the entire report, but the summary pages only.
 - a. 2 general dentists within 10 miles
 - b. 2 pediatric dentists within 10 miles
 - c. 1 orthodontist within 10 miles (if ortho is included)
 - d. 1 periodontist within 25 miles
 - e. 1 endodontist within 25 miles
3. In general, how are treatments initiated prior to the effective date of the group contract continued under the network?
4. Are you willing to aggressively contract with dentists currently used by NCSB employees -- both during implementation and on an ongoing basis?
5. What are your organization's target waiting times for appointments? Please provide statistics on actual waiting times, if available.
6. Regarding provider directories:
 - How extensive is the directory (e.g., all dentists, state only)?
 - How often are they updated? Are the directories available on-line?
 - What procedures do you use in processing claims that are in process when a dentist is deleted from the network?
 - Do you have the capability for employees to access provider listing through the internet? Do you include dentists that are not accepting new patients?

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Quality Assurance

1. Indicate which of the following criteria are utilized in the process of credentialing network dentists (check all that apply):
 - Graduation from an accredited college
 - Valid state licensure
 - Federal and state controlled substance registration and unrestricted prescribing privileges
 - Malpractice coverage
 - Detailed malpractice history
 - Detailed history of any other disciplinary action or litigation
2. Please respond to the following on utilization management:
 - What procedures or practices must be preauthorized? (For example, when is a treatment plan requested?). Who is responsible for the preauthorization?
 - How is emergency care handled for individuals within the service area? How are emergency and urgent care handled for individuals traveling outside the service area?
3. How do you measure and detect inappropriate care?
4. Please describe your appeals process in detail.
5. How long is claim history maintained online?

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APPENDIX B

Voluntary Group Vision Questionnaire

(A Word Document is Provided as an Attachment for Responses)

Company Name:

Address:

Contact Name:

Contact Title:

Contact Email:

Telephone:

Fax:

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General

1. State the legal name and give a brief description of your organization, including:
 - Brief History
 - Date of Incorporation
 - Ownership/Parent Company/Public or Privately Held
 - Number of Employees
 - Corporate Addresses
2. What is your organization's vision care philosophy?
3. What key attributes distinguish your organization from the competition?
4. Describe the financial condition of your Company.
5. What standard reports are available and how frequently? Are there additional costs associated with any of these reports?

Licensure and Financial

1. Specific to your vision care business, are you licensed to conduct business in Florida? What other states?
2. Does your Company underwrite risk business? (Detail if this varies by market or state). If an organization other than the bidding Company would be underwriting the risk, who? How long have they been your insurer? What is their AM Best rating? Please answer the above question if your organization is underwriting the risk.

Network and Provider Information

1. Describe the structure, composition and size of your network in Nassau and surrounding Counties.
2. Please provide an overview of your credentialing program.
3. Are all listed network providers full-service (i.e., provide both exams and dispense eyewear at their listed location)?
4. Do you include retailers such as JC Penney, Sear's Optical, and Pearle Vision, etc. in your network?
5. Does your organization have any financial interest in any vision provider included in your network?

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Benefit Plan Design

1. Describe the process/procedures members must follow to access routine vision care in your network.
2. Describe the coverage available under your proposed plan.
3. Are members limited to a specified frame selection?
4. Do members receive better pricing on a specialized frame selection or based on the type of provider they choose?
5. Are members encouraged to purchase from a selection of private labeled or Company-owned frames?

Customer Service & Claims

1. Describe your customer service:
 - Hours of operation
 - Location(s)
 - Representative training
 - Average tenure
 - Number of customer service representatives employed by your organization
2. Provide your performance standards and actual results for the last year for:
 - Average speed of answer
 - Abandonment rate
 - Call blockage
3. How does your call center accommodate non-English speaking and hearing impaired callers?
4. Please describe the specific grievance/resolution process for handling disputes from patients.
5. Provide your performance standards and actual results for the last year for:
 - Processing accuracy,
 - Claims processed within five days,
 - Out-of-network claims processed within five days.

schedule of benefits and subscriber copayments

ADA CODE	PROCEDURE	PATIENT PAYS	ADA CODE	PROCEDURE	PATIENT PAYS
D0120	Periodic oral examination (limit 2 every 12 months)	\$0.00	D2330	Resin-based composite - one surface, anterior	\$0.00
D0140	Limited oral evaluation - problem focused	\$0.00	D2331	Resin-based composite - two surfaces, anterior	\$0.00
D0150	Comp oral evaluation - new / established patient	\$0.00	D2332	Resin-based composite - three surfaces, anterior	\$0.00
D0160	DTL&EXT oral evaluation - problem focused report	\$0.00	D2335	Resin compos - 4/more surfaces/ invlv incisal ang	\$0.00
D0170	Re-evaluation - limited problem focused	\$0.00	D2390	Resin-based composite crown anterior	\$0.00
D0180	Comp periodontal evaluation - new / est patient	\$0.00	D2391	Resin-based composite - one surface, posterior	\$0.00
D0210	Intraoral, complete series (limit one every 3 years)	\$0.00	D2392	Resin-based composite - two surfaces, posterior	\$0.00
D0220	Intraoral, periapical - first film	\$0.00	D2393	Resin-based composite - three surfaces, posterior	\$0.00
D0230	Intraoral, periapical each additional film	\$0.00	D2394	Resin compos - four or more surfaces, posterior	\$0.00
D0240	Intraoral, occlusal film	\$0.00	D2510	Inlay - metallic one surface (limit 1 per tooth every 5 years)	\$313.00
D0250	Extraoral, first film	\$0.00	D2520	Inlay - metallic two surfaces (limit 1 per tooth every 5 years)	\$355.00
D0260	Extraoral, each additional film	\$0.00	D2530	Inlay - metallic - 3 or more surfaces (limit 1 per tooth every 5 years)	\$410.00
D0270	Bitewing, single film (limit two every 12 months)	\$0.00	D2542	Onlay - metallic two surfaces (limit 1 per tooth every 5 years)	\$402.00
D0272	Bitewing, two films (limit two every 12 months)	\$0.00	D2543	Onlay - metallic three surfaces (limit 1 per tooth every 5 years)	\$420.00
D0274	Bitewing, four films (limit two every 12 months)	\$0.00	D2544	Onlay - metallic four or more surfaces (limit 1 per tooth every 5 years)	\$437.00
D0277	Vertical Bitewings (limit two every 12 months)	\$0.00	D2610	Inlay, porcelain/ceramic - one surface (limit 1 per tooth every 5 years)	\$368.00
D0330	Panoramic film (limit one every 3 years)	\$0.00	D2620	Inlay, porcelain/ceramic - two surfaces (limit 1 per tooth every 5 years)	\$389.00
D0470	Diagnostic Casts	\$0.00	D2630	Inlay, porcelain/ceramic - three or more surfaces (limit 1 per tooth every 5 years)	\$414.00
D1110	Prophylaxis, adult (limit 1 every 6 months)	\$0.00	D2642	Onlay, porcelain/ceramic - two surfaces (limit 1 per tooth every 5 years)	\$403.00
D1120	Prophylaxis, child (limit 1 every 6 months)	\$0.00	D2643	Onlay, porcelain/ceramic - three surfaces (limit 1 per tooth every 5 years)	\$434.00
D1201	Topical application of fluoride - child (limit 2 every 12 months)	\$0.00	D2644	Onlay, porcelain/ceramic - four or more surfaces (limit 1 per tooth every 5 years)	\$461.00
D1203	Topical application of fluoride - child (limit 2 every 12 months)	\$0.00	D2650	Inlay - resin-based composite - one surface (limit 1 per tooth every 5 years)	\$242.00
D1351	Sealant, per tooth (limit 1 per tooth every 12 months for child < 13)	\$0.00	D2651	Inlay - resin-based composite - two surfaces (limit 1 per tooth every 5 years)	\$288.00
D1510	Space maintainer, fixed unilateral	\$0.00	D2652	Inlay - resin-based composite - three or more surfaces (limit 1 per tooth every 5 years)	\$303.00
D1515	Space maintainer, fixed bilateral	\$0.00			
D1520	Space maintainer, removable unilateral	\$0.00			
D1525	Space maintainer, removable bilateral	\$0.00			
D1550	Recementation of space maintainer	\$0.00			
D2140	Amalgam, one surface, primary or permanent	\$0.00			
D2150	Amalgam, two surfaces, primary or permanent	\$0.00			
D2160	Amalgam, three surfaces, primary or permanent	\$0.00			
D2161	Amalgam, four or more surfaces, primary or permanent	\$0.00			

schedule of benefits and subscriber copayments

ADA CODE	PROCEDURE	PATIENT PAYS	ADA CODE	PROCEDURE	PATIENT PAYS
D2662	Onlay - resin-based composite - two surfaces (limit 1 per tooth every 5 years)	\$263.00	D3346	Retreatment of previous RCT therapy, anterior	\$424.00
D2663	Onlay - resin-based composite - three surfaces (limit 1 per tooth every 5 years)	\$310.00	D3347	Retreatment of previous RCT therapy, bicuspid	\$500.00
D2664	Onlay - resin-based composite - four or more surfaces (limit 1 per tooth every 5 years)	\$332.00	D3348	Retreatment of previous RCT therapy, molar	\$601.00
D2710	Crown resin based composite indirect (limit 1 per tooth every 5 years)	\$187.00	D3410	Apicoectomy/periradicular surgery, anterior	\$361.00
D2720	Crown - resin with high noble metal (limit 1 per tooth every 5 years)	\$461.00	D3421	Apicoectomy periradicular surgery bicuspid	\$394.00
D2721	Crown - resin with predominantly base metal (limit 1 per tooth every 5 years)	\$432.00	D3425	Apicoectomy periradicular surgery molar	\$445.00
D2722	Crown - resin with noble metal (limit 1 per tooth every 5 years)	\$441.00	D3426	Apicoectomy/periradicular surgery	\$148.00
D2740	Crown, porcelain/ceramic substrate (limit 1 per tooth every 5 years)	\$473.00	D3430	Retrograde filling - per root	\$109.00
D2750	Crown, porcelain fused to high noble metal (limit 1 per tooth every 5 years)	\$466.00	D4210	Gingivect/plsty 4/> cntig/bound teeth spaces - quad (limit 1 every 12 mos.)	\$358.00
D2751	Crown, porcelain fused to predom base metal (limit 1 per tooth every 5 years)	\$434.00	D4211	Gingivect/plsty 1-3 cntig/bound teeth spaces - quad (limit 1 every 12 mos.)	\$153.00
D2752	Crown, porcelain fused to noble metal (limit 1 per tooth every 5 years)	\$445.00	D4240	Gingivect/flp proc 4/> cntig/bound teeth spaces - quad (limit 1 every 12 mos.)	\$421.00
D2790	Crown, full cast high noble metal (limit 1 per tooth every 5 years)	\$450.00	D4241	Gingivect/flp proc 1-3 cntig/bound teeth spaces - quad (limit 1 every 12 mos.)	\$217.00
D2791	Crown, full cast predom base metal (limit 1 per tooth every 5 years)	\$426.00	D4249	Clinical crown lengthening - hard tissue	\$481.00
D2792	Crown, full cast noble metal (limit 1 per tooth every 5 years)	\$434.00	D4260	Osseous surg 4/> cntig/bound teeth spaces - quad	\$680.00
D2910	Recement inlay only/part coverage restoration	\$41.00	D4261	Osseous surg 1-3 cntig/bound teeth spaces - quad	\$354.00
D2920	Recement crown	\$42.00	D4341	Prdntal scaling & root planing 4/more teeth - quad (limit 2 per quad every 12 months)	\$0.00
D2930	Prefabricated stainless steel crown - primary tooth	\$115.00	D4342	Prdntal scaling & root planing 1-3 teeth - quad (limit 2 per quad every 12 months)	\$0.00
D2931	Prefabricated stainless steel crown - permanent tooth	\$131.00	D4355	Full Mouth Debridement to enable comprehensive evaluation and diagnosis.....	\$0.00
D2932	Prefabricated resin crown	\$142.00	D4910	Periodontal Maintenance (limit 2 every 12 months)	\$0.00
D2940	Sedative Filling	\$44.00	D5110	Complete denture - maxillary (limit 1 every 5 years)	\$642.00
D2950	Core buildup including pins	\$110.00	D5120	Complete denture - mandibular (limit 1 every 5 years)	\$642.00
D2951	Pin retention - per tooth, in addition to restoration	\$23.00	D5130	Immediate denture - maxillary (limit 1 every 5 years)	\$700.00
D2952	Cast post & core in addition to crown	\$168.00	D5140	Immediate denture - mandibular (limit 1 every 5 years)	\$700.00
D2954	Prefabricated post & core in addition to crown	\$139.00	D5211	Maxillary partial denture, resin base (limit 1 every 5 years)	\$542.00
D3220	Tx pulp-remv pulp coronal dentinocementl junc	\$75.00	D5212	Mandibular partial denture, resin base (limit 1 every 5 years)	\$629.00
D3310	Root canal - Anterior	\$315.00	D5213	Max part dentr - cast metl frmewrk w/ resin base (limit 1 every 5 years)	\$709.00
D3320	Root canal - Bicuspid	\$385.00			
D3330	Root canal - Molar	\$497.00			

schedule of benefits and subscriber copayments

ADA CODE	PROCEDURE	PATIENT PAYS	ADA CODE	PROCEDURE	PATIENT PAYS
D5214	Mnd part dentr - cast metl frmewrk w/ resin base (limit 1 every 5 years)	\$709.00	D6602	Inlay, cast high noble metal, two surfaces (limit 1 every 5 years)	\$380.00
D5410	Adjust complete denture – Maxillary	\$35.00	D6603	Inlay, cast high noble metal, three or more surfaces (limit 1 every 5 years)	\$418.00
D5411	Adjust complete denture – Mandibular	\$35.00	D6604	Inlay, cast predominantly base metal, two surfaces (limit 1 every 5 years)	\$372.00
D5421	Adjust partial denture – Maxillary	\$35.00	D6605	Inlay, cast predominantly base metal, three or more surfaces (limit 1 every 5 years)	\$394.00
D5422	Adjust partial denture – Mandibular	\$35.00	D6606	Inlay, cast noble metal, two surfaces (limit 1 every 5 years)	\$366.00
D5510	Repair broken complete denture base	\$70.00	D6607	Inlay, cast noble metal, three or more surfaces (limit 1 every 5 years)	\$406.00
D5520	Replace missing or broken teeth - complete denture	\$59.00	D6608	Onlay - porcelain/ceramic two surfaces (limit 1 every 5 years)	\$386.00
D5610	Repair resin denture base	\$76.00	D6609	Onlay - porcelain/ceramic three or more surfaces (limit 1 every 5 years)	\$403.00
D5620	Repair cast framework	\$82.00	D6610	Onlay, cast high noble metal, two surfaces (limit 1 every 5 years)	\$409.00
D5630	Repair or replace broken clasp	\$100.00	D6611	Onlay, cast high noble metal, three or more surfaces (limit 1 every 5 years)	\$448.00
D5640	Replace broken teeth - per tooth	\$64.00	D6612	Onlay, cast predominantly base metal, two surfaces (limit 1 every 5 years)	\$407.00
D5650	Add tooth to existing partial denture	\$88.00	D6613	Onlay, cast predominantly base, three or more surfaces (limit 1 every 5 years)	\$426.00
D5660	Add clasp to existing partial denture	\$105.00	D6614	Onlay, cast noble metal, two surfaces (limit 1 every 5 years)	\$399.00
D5710	Rebase complete maxillary denture	\$261.00	D6615	Onlay, cast noble metal, three or more surfaces (limit 1 every 5 years)	\$414.00
D5711	Rebase complete mandibular denture	\$249.00	D6720	Crown, resin - with high noble metal (limit 1 every 5 years)	\$474.00
D5720	Rebase maxillary partial denture	\$246.00	D6721	Crown, resin - with predom base metal - denture (limit 1 every 5 years)	\$450.00
D5721	Rebase mandibular partial denture	\$246.00	D6722	Crown, resin with noble metal (limit 1 every 5 years)	\$458.00
D5730	Reline complete maxillary denture	\$147.00	D6740	Crown, porcelain/ceramic (limit 1 every 5 years)	\$499.00
D5731	Reline complete mandibular denture	\$147.00	D6750	Crown, porcelain fused to high noble metal - denture (limit 1 every 5 years)	\$486.00
D5740	Reline maxillary partial denture	\$135.00	D6751	Crown, porcelain fused to predominantly base metal (limit 1 every 5 years)	\$453.00
D5741	Reline mandibular partial denture	\$135.00	D6752	Crown, porcelain fused to noble metal (limit 1 every 5 years)	\$464.00
D5750	Reline complete maxillary denture	\$196.00	D6780	Crown, 3/4 cast high noble metal	\$458.00
D5751	Reline complete mandibular denture	\$196.00	D6790	Crown, full cast high noble metal - denture (limit 1 every 5 years)	\$469.00
D5760	Reline maxillary partial denture	\$193.00	D6791	Crown, full cast predominantly base metal - denture (limit 1 every 5 years)	\$445.00
D5761	Reline mandibular partial denture	\$193.00	D6792	Crown, full cast noble metal - denture (limit 1 every 5 years)	\$461.00
D5850	Tissue conditioning, maxillary	\$61.00	D6930	Recement fixed partial denture (limit 1 every 5 years)	\$57.00
D5851	Tissue conditioning, mandibular	\$61.00			
D6210	Pontic, cast high noble metal (limit 1 every 5 years)	\$431.00			
D6211	Pontic, cast predominantly base metal (limit 1 every 5 years)	\$404.00			
D6212	Pontic, cast noble metal (limit 1 every 5 years)	\$420.00			
D6240	Pontic, porcelain fused to high noble metal (limit 1 every 5 years)	\$426.00			
D6241	Pontic, porcelain fused to predominantly base metal (limit 1 every 5 years)	\$393.00			
D6242	Pontic, porcelain fused to noble metal (limit 1 every 5 years)	\$415.00			
D6250	Pontic, resin with high noble metal (limit 1 every 5 years)	\$420.00			
D6251	Pontic, resin with predominantly base metal (limit 1 every 5 years)	\$388.00			
D6252	Pontic, resin with noble metal (limit 1 every 5 years)	\$400.00			
D6600	Inlay - porcelain/ceramic two surfaces (limit 1 every 5 years)	\$355.00			
D6601	Inlay - porcelain/ceramic three or more surfaces (limit 1 every 5 years)	\$373.00			

schedule of benefits and subscriber copayments

ADA CODE	PROCEDURE	PATIENT PAYS	ADA CODE	PROCEDURE	PATIENT PAYS
D6970	Cast post & core add fix part dentur retainer (limit 1 every 5 years)	\$157.00	ORTHODONTICS		
D6972	Prefab post & core add fix part dentur retain (limit 1 every 5 years)	\$128.00	D8070/D8080	Comprehensive Orthodontic Treatment of the transitional adult dentition. Comprehensive Orthodontic Treatment of the transitional adolescent dentition Children up to 19 years of age Up to 24 months of routine orthodontic treatment for Class I and Class II cases	
D6973	Core buildup for retainer including any pins (limit 1 every 5 years)	\$103.00		Consultation	\$0.00
D7111	Extraction of coronal remnants, deciduous tooth	\$0.00		Evaluation	\$35.00
D7140	Extraction, erupted tooth or exposed root	\$0.00		Records/Treatment Planning	\$250.00
D7210	Surgical removal of erupted tooth rqr elev flap & remv bone	\$108.00		Orthodontic Treatment	\$2,100.00
D7220	Removal of impacted tooth soft tissue	\$135.00	D8090	Comprehensive Orthodontic Treatment of the transitional adult dentition Comprehensive Orthodontic Treatment of the transitional adolescent dentition Adults 19 years of age and over Up to 24 months of routine orthodontic treatment for Class I and Class II cases	
D7230	Removal of impacted tooth - partially bony	\$179.00		Consultation	\$0.00
D7240	Removal of impacted tooth - completely bony	\$211.00		Evaluation	\$35.00
D7241	Removal of impacted tooth - compl bony w/unusual surgical complications	\$265.00		Records/Treatment Planning	\$250.00
D7250	Surgical removal of residual tooth roots	\$114.00		Orthodontic Treatment	\$2,300.00
D7310	Alveoloplasty conjunc w/extractions per quadrant	\$125.00	D8680	Retention	\$450.00
D7311	Alveoloplasty conjunc xtract 1-3 teeth/spaces quad	\$97.00	NOTE		
D7320	Alveoloplasty not in conjunc w/extractions - quad	\$181.00	1. Your Participating General Dentist and Participating Specialty office visit co-payment amounts, if applicable, are shown on your I.D. card. Your office visit co-payment is applicable for all dates of service and is in addition to the co-payment amounts listed for covered services.		
D7321	Alveoloplasty not conjunc xtract 1-3 teeth/spaces quad	\$153.00	2. Co-payment amounts for listed procedures are applicable at either the Participating General Dentist or Participating Specialty dentist.		
D7510	Incision and drainage of abscess, intraoral soft tissue	\$120.00	3. Not all Participating Dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.		
D7520	Incision and drainage of abscess, extraoral soft tissue	\$570.00	4. Unlisted covered procedures are available at the Participating Dentist's usual fee less 20%.		
D7960	Frenulectomy separate procedure	\$111.00	5. If you should need to see a specialty dentist (i.e. Endodontist, Oral Surgeon, Periodontist, Pediatric Dentist), you may be referred by your Participating General Dentist, or you may refer yourself to any Participating Specialty dentist.		
D7970	Excision of hyperplastic tissue, per arch	\$272.00			
D9110	Palliative treatment of dental pain - minor procedure	\$45.00			
D9241	IV conscious sedation/analgesia - First 30 minutes	\$144.00			
D9242	IV conscious sedation/analgesia - each additional 15 minutes	\$60.00			
D9310	Consultation	\$96.00			
D9951	Occlusal adjustment, limited	\$58.00			
D9952	Occlusal adjustment, complete	\$326.00			

schedule of benefits and subscriber copayments

LIMITATIONS AND EXCLUSIONS

1. No service of any dentist other than a Participating General Dentist or Participating Specialist will be covered by Company, except out-of-area emergency care as provided in Section VIII, Paragraph B of the Certificate.
2. Whenever any Contributions or Copayments are delinquent, Member will not be entitled to receive Benefits, transfer Dental Facilities, or enjoy any of the other privileges of a Member in good standing.
3. Company does not provide coverage for the following services:
 - a) Cost of hospitalization and pharmaceuticals, drugs or medications.
 - b) Services which in the opinion of the Participating General Dentist or Participating Specialist are not Necessary Treatment to establish and/or maintain the Member's oral health.
 - c) Any service that is not consistent with the normal and/or usual services provided by the Participating General Dentist or Participating Specialist or which in the opinion of the Participating General Dentist or Participating Specialist would endanger the health of the Member.
 - d) Any service or procedure which the Participating General Dentist or Participating Specialist is unable to perform because of the general health or physical limitations of the Member.
 - e) Any dental treatment started prior to the Member's effective date for eligibility of benefits.
 - f) Services for injuries and conditions which are paid or payable under Workers' Compensation or Employers' Liability laws.
 - g) Treatment for cysts, neoplasms and malignancies.
 - h) General anesthesia.



NASSAU COUNTY SCHOOL BOARD

Claims Experience

For Claims Incurred through Jan-12, and paid as of Jan-12

Group ID	26073
Product	Advantage
Plans	AVF2, AVN2A5

Month	Enrolled	Premium ¹	Claims Paid in Month ²	Paid Loss Ratio
Oct-08	127	\$5,305.78	\$1,539.46	29.01%
Nov-08	123	\$5,011.94	\$1,481.00	29.55%
Dec-08	121	\$4,871.46	\$2,246.00	46.11%
Jan-09	122	\$4,894.82	\$2,734.00	55.85%
Feb-09	119	\$4,725.74	\$1,543.00	32.65%
Mar-09	119	\$4,652.88	\$3,022.00	64.95%
Apr-09	118	\$4,676.24	\$1,012.00	21.64%
May-09	119	\$4,676.24	\$1,896.00	40.55%
Jun-09	119	\$4,634.44	\$2,127.00	45.90%
Jul-09	119	\$4,657.80	\$3,505.80	75.27%
Aug-09	119	\$4,611.08	\$8,046.05	174.49%
Sep-09	117	\$4,611.08	\$3,034.00	65.80%
Oct-09	119	\$5,193.90	\$653.00	12.57%
Nov-09	133	\$5,407.24	\$1,359.12	25.14%
Dec-09	135	\$5,552.97	\$2,577.25	46.41%
Jan-10	136	\$5,599.68	\$1,893.00	33.81%
Feb-10	138	\$5,599.68	\$4,027.72	71.93%
Mar-10	138	\$5,526.82	\$3,232.56	58.49%
Apr-10	138	\$5,526.82	\$2,914.00	52.72%
May-10	137	\$5,456.74	\$4,874.12	89.32%
Jun-10	135	\$5,438.30	\$1,688.16	31.04%
Jul-10	135	\$5,219.72	\$2,310.00	44.26%
Aug-10	134	\$5,365.44	\$6,342.25	118.21%
Sep-10	133	\$5,269.22	\$2,740.12	52.00%
Oct-10	143	\$6,221.70	\$2,120.96	34.09%
Nov-10	140	\$6,017.44	\$6,040.00	100.37%
Dec-10	138	\$6,163.16	\$2,386.67	38.72%
Jan-11	138	\$6,068.00	\$3,506.00	57.78%
Feb-11	137	\$6,020.42	\$2,331.12	38.72%
Mar-11	138	\$6,112.92	\$1,351.55	22.11%
Apr-11	138	\$5,908.44	\$1,508.00	25.52%
May-11	138	\$6,129.52	\$2,419.00	39.46%
Jun-11	138	\$6,104.40	\$2,423.55	39.70%
Jul-11	137	\$6,104.40	\$5,774.50	94.60%
Aug-11	137	\$6,104.40	\$5,784.00	94.75%
Sep-11	134	\$5,545.16	\$3,165.00	57.08%
Oct-11	134	\$5,894.50	\$3,434.23	58.26%
Nov-11	136	\$5,586.07	\$3,217.00	57.59%
Dec-11	135	\$5,613.04	\$2,627.19	46.81%
Jan-12	135	\$5,637.16	\$3,514.68	62.35%
Total³	131	\$217,716.76	\$118,401.06	54.38%

1. The most recent months of premium may change slightly due to retro-active adjustments.

2. Claim payments made during the month, regardless of date-of-service

3. Total for membership is average membership. Premium and paid claims totals are sums.

This report does not include general & administrative costs, commission, or premium taxes

The above figures are not adjusted for Benefit or Premium Rate changes.

schedule of benefits and subscriber copayments

ADA CODE	PROCEDURE	PATIENT PAYS	ADA CODE	PROCEDURE	PATIENT PAYS
APPOINTMENTS			PREVENTIVE CARE (cont.)		
9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	\$15.00	1515	Space Maintainer - fixed - bilateral	\$45.00 + LAB
9430	Office Visit (normal hours)	\$5.00	1520	Space Maintainer - removable - unilateral	\$85.00 + LAB
9440	Office Visit (after regularly scheduled hours)	\$35.00	1525	Space Maintainer - removable - bilateral	\$85.00 + LAB
9999	Emergency visit during regularly scheduled hours, by report	\$20.00	1550	Recementation of space maintainer	\$10.00
9999	Broken appointments (without 24 hr notice, per 15 min) Maximum \$40 per broken appointment. No charge will be made due to emergencies	\$10.00	RESTORATIVE		
DIAGNOSTIC			2140	Amalgam - one surface, primary or permanent	NO CHARGE
120	Periodic oral evaluation	NO CHARGE	2150	Amalgam - two surfaces, primary or permanent	NO CHARGE
140/150/160	Limited/Comprehensive oral evaluation	NO CHARGE	2160	Amalgam - three surfaces, primary or permanent	NO CHARGE
180	Comprehensive periodontal evaluation - new or established patient	\$10.00	2161	Amalgam - four or more surfaces, primary or permanent	NO CHARGE
210	X-Ray Intraoral - complete series including bitewings	NO CHARGE	2940	Sedative filling	\$15.00
220	X-Ray Intraoral - periapical - first film	NO CHARGE	2999	Sedative base (under fillings), by report	NO CHARGE
230	X-Ray Intraoral - periapical - each additional film	NO CHARGE	RESIN RESTORATION		
270	X-Ray Bitewing - single film	NO CHARGE	2330	Resin - one surface, anterior	\$35.00
272	X-Ray Bitewings - two films	NO CHARGE	2331	Resin - two surfaces, anterior	\$40.00
274	Bitewings - four films	NO CHARGE	2332	Resin - three surfaces, anterior	\$50.00
330	Panoramic film	NO CHARGE	2391	Resin - based composite - one surface, posterior	\$60.00
460	Pulp vitality tests	NO CHARGE	2392	Resin - based composite - two surfaces, posterior	\$80.00
470	Diagnostic casts	NO CHARGE	2393	Resin - based composite - three surfaces, posterior	\$100.00
PREVENTIVE CARE			2394	Resin - based composite - four or more surfaces, posterior	\$120.00
1110/1120	Prophylaxis-adult/child-routine (once every 6 months)	NO CHARGE	2510	Inlay - metallic - one surface	\$95.00
1110/1120	Prophylaxis-adult/child-(additional)	\$20.00	2520	Inlay - metallic - two surfaces	\$105.00
1201	Topical application of fluoride (including prophylaxis) child (up to 16 years of age)	NO CHARGE	2530	Inlay - metallic - three or more surfaces	\$130.00
1203	Topical application of fluoride (not including prophylaxis) child (up to 16 years of age)	NO CHARGE	CROWN & BRIDGE		
1330	Oral hygiene instruction	NO CHARGE	2740	Crown - porcelain/ceramic substrate	\$280 + LAB
1351	Sealant - per tooth	\$10.00	2750*	Crown - porcelain fused to high noble metal	\$280.00
1510	Space Maintainer - fixed - unilateral	\$45.00 + LAB	2751	Crown - porcelain fused to predominantly base metal	\$280.00
			2752*	Crown - porcelain fused to noble metal	\$280.00
			2790*	Crown - full cast high noble metal	\$280.00

schedule of benefits and subscriber copayments

ADA CODE	PROCEDURE	PATIENT PAYS	ADA CODE	PROCEDURE	PATIENT PAYS
CROWN & BRIDGE (cont.)			PERIODONTICS (Gum treatment) (cont.)		
2791	Crown - full cast predominantly base metal	\$280.00	4381	Localized delivery of chemotherapeutic agents (per tooth)	\$45.00
2792*	Crown - full cast noble metal	\$280.00	4910	Periodontal maintenance	\$50.00
2910	Recement inlay	\$15.00	PROSTHODONTICS		
2920	Recement crown	\$15.00	5110	Complete denture - maxillary	\$300.00 + LAB
2930	Prefabricated stainless steel crown - primary tooth	\$75.00	5120	Complete denture - mandibular	\$300.00 + LAB
2950	Core buildup, including any pins	\$45.00	5130	Immediate denture - maxillary	\$300.00 + LAB
2951	Pin retention - per tooth	\$15.00	5140	Immediate denture - mandibular	\$300.00 + LAB
2952	Cast post and core in addition to crown	\$90.00 + LAB	5211	Maxillary partial denture - resin base	\$300.00 + LAB
2953	Each additional cast post - same tooth	\$90.00 + LAB	5212	Mandibular partial denture - resin base	\$300.00 + LAB
2954	Prefabricated post and core in addition to crown	\$90.00	5213	Maxillary partial denture - cast metal framework, resin denture bases	\$300.00 + LAB
2962	Labial veneer (porcelain laminate) - laboratory	\$280 + LAB	5214	Mandibular partial denture - cast metal framework, resin denture bases	\$300.00 + LAB
ENDODONTICS			5410	Adjust complete denture - maxillary	\$15.00
3220	Therapeutic pulpotomy	\$35.00	5411	Adjust complete denture - mandibular	\$15.00
3221	Pulpal debridement, primary and permanent teeth	\$100.00	5421	Adjust partial denture - maxillary	\$15.00
3310	Root canal therapy - anterior (excluding final restoration)	\$100.00	5422	Adjust partial denture - mandibular	\$15.00
3320	Root canal therapy - bicuspid (excluding final restoration)	\$200.00	REPAIRS TO PROSTHETICS		
3330	Root canal therapy - molar (excluding final restoration)	\$250.00	5510	Repair broken complete denture base	\$15.00 + LAB
3410	Apicoectomy/periradicular surgery - anterior	\$125.00	5520	Replace missing or broken teeth - complete denture (each tooth)	\$15.00 + LAB
PERIODONTICS (Gum treatment)			5610	Repair resin denture base	\$15.00 + LAB
4210	Gingivectomy/gingivoplasty 4+ teeth per quad	\$125.00	5630	Repair or replace broken clasp	\$15.00 + LAB
4211	Gingivectomy/gingivoplasty 1-3 teeth per quad	\$40.00	5640	Replace broken teeth - per tooth	\$15.00 + LAB
4260	Osseous surgery, 4+ teeth, per quad	\$350.00	5650	Add tooth to existing partial denture	\$30.00 + LAB
4261	Osseous surgery, 1-3 teeth, per quad	\$350.00	5730	Reline complete maxillary denture (chairside)	\$50.00
4271	Free soft tissue graft procedure (inc. donor site surgery)	\$225.00	5731	Reline complete mandibular denture (chairside)	\$50.00
4341	Periodontal scaling and root planing 4+ teeth per quad	\$50.00	5740	Reline maxillary partial denture (chairside)	\$50.00
4342	Periodontal scaling and root planing 1-3 teeth per quad	\$50.00	5741	Reline mandibular partial denture (chairside)	\$50.00
4355	Full mouth debridement to enable eval and diagnosis	\$45.00	5750	Reline complete maxillary denture (laboratory)	\$35.00 + LAB
			5751	Reline complete mandibular denture (laboratory)	\$35.00 + LAB
			5760	Reline maxillary partial denture (laboratory)	\$35.00 + LAB

schedule of benefits and subscriber copayments

ADA CODE	PROCEDURE	PATIENT PAYS	ADA CODE	PROCEDURE	PATIENT PAYS
REPAIRS TO PROSTHETICS (cont.)			EXTRACTIONS/ORAL AND MAXILLOFACIAL SURGERY (cont.)		
5761	Reline mandibular partial denture (laboratory)	\$35.00 + LAB	7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$70.00
5850	Tissue conditioning - maxillary	\$30.00	7510	Incision and drainage of abscess - intraoral	\$25.00
5851	Tissue conditioning - mandibular	\$30.00			
PROSTHODONTICS (Fixed)			ORTHODONTICS		
6210*	Pontic - cast high noble metal	\$280.00	8070/8080	Comprehensive orthodontic treatment of the transitional/adolescent dentition. Children up to 19 years of age Up to 24 months of routine (full-banded) orthodontic treatment for Class I and Class II cases	
6211	Pontic - cast predominantly base metal	\$280.00		Consultation	NO CHARGE
6212*	Pontic - cast noble metal	\$280.00		Evaluation	\$35.00
6240*	Pontic - porcelain fused to high noble metal	\$280.00		Records/Treatment Planning	\$250.00
6241	Pontic - porcelain fused to predominantly base metal	\$280.00		Orthodontic Treatment	\$1,800.00
6242*	Pontic - porcelain fused to noble metal	\$280.00	8090	Comprehensive orthodontic treatment of the adult dentition. Adults 19 years of age and over Up to 24 months of routine (full-banded) orthodontic treatment for Class I and Class II cases	
6750*	Crown - porcelain fused to high noble metal	\$280.00		Consultation	NO CHARGE
6751	Crown - porcelain fused to predominantly base metal	\$280.00		Evaluation	\$35.00
6752*	Crown - porcelain fused to noble metal	\$280.00		Records/Treatment Planning	\$250.00
6790*	Crown - full cast high noble metal	\$280.00		Orthodontic Treatment	\$2,000.00
6791	Crown - full cast predominantly base metal	\$280.00	8680	Retention	\$450.00
6792*	Crown - full cast noble metal	\$280.00			
6930	Recement fixed partial denture (per unit)	\$10.00			
EXTRACTIONS/ORAL AND MAXILLOFACIAL SURGERY			ADJUNCTIVE GENERAL SERVICES		
7111	Coronal remnants, deciduous tooth ...	NO CHARGE	9215	Local anesthesia	NO CHARGE
7140	Extraction, erupted tooth or exposed root	NO CHARGE	9230	Analgesia (nitrous oxide - per 15 minutes)	\$15.00
7210	Surgical removal of erupted tooth	\$40.00	9450	Case presentation, detailed and extensive treatment planning	NO CHARGE
7220	Removal of impacted tooth - soft tissue	\$50.00	9951	Occlusal adjustment - limited	\$25.00
7230	Removal of impacted tooth - partially bony	\$70.00	9952	Occlusal adjustment - complete	\$150.00
7240	Removal of impacted tooth - completely bony	\$85.00			
7250	Surgical removal of residual tooth roots	\$35.00			
7310	Alveoplasty in conjunction with extractions - per quadrant	\$35.00			
7311	Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$35.00			
7320	Alveoplasty not in conjunction with extractions - per quadrant	\$70.00			

* THE ABOVE COPAYMENTS DO NOT INCLUDE THE ADDITIONAL COST OF PRECIOUS (HIGH NOBLE) AND SEMI-PRECIOUS (NOBLE) METAL. THE ADDITIONAL COST OF PRECIOUS METAL SHALL NOT EXCEED \$125 PER UNIT AND \$75 PER UNIT FOR SEMI-PRECIOUS METAL.

schedule of benefits and subscriber copayments

NOTE:

1. NOT ALL PARTICIPATING DENTISTS PERFORM ALL LISTED PROCEDURES, INCLUDING AMALGAMS. PLEASE CONSULT YOUR DENTIST PRIOR TO TREATMENT FOR AVAILABILITY OF SERVICES.
2. UNLISTED PROCEDURES ARE AT THE DENTIST'S USUAL FEE LESS 25%.
3. WHEN CROWN AND/OR BRIDGEWORK EXCEEDS SIX UNITS IN THE SAME TREATMENT PLAN, THE PATIENT MAY BE CHARGED AN ADDITIONAL \$50.00 PER UNIT.

SPECIALIST SERVICES

Should you need a specialist, (i.e., Endodontist, Oral Surgeon, Periodontist, Pediatric Dentist), you may be referred by your Participating General Dentist, or you may refer yourself to any Participating Specialist. Copayment amounts are applicable when treatment is performed by Participating Specialists. Benefits for procedures not listed on the schedule, that are performed by a Participating Specialist, are available at the Participating Specialist's usual and customary fee less 25%.

LIMITATIONS AND EXCLUSIONS

1. No service of any dentist other than a Participating General Dentist or Participating Specialist will be covered by Company, except out-of-area emergency care as provided in Section VIII, Paragraph C of the Certificate.
2. Whenever any Contributions or Copayments are delinquent, Member will not be entitled to receive Benefits, transfer Dental Facilities, or enjoy any of the other privileges of a Member in good standing.
3. Company does not provide coverage for the following services:
 - a) Cost of hospitalization and pharmaceuticals, drugs or medications.
 - b) Services which in the opinion of the Participating General Dentist or Participating Specialist are not Necessary Treatment to establish and/or maintain the Member's oral health.
 - c) Any service that is not consistent with the normal and/or usual services provided by the Participating General Dentist or Participating Specialist or which in the opinion of the Participating General Dentist or Participating Specialist would endanger the health of the Member.
 - d) Any service or procedure which the Participating General Dentist or Participating Specialist is unable to perform because of the general health or physical limitations of the Member.
 - e) Any dental treatment started prior to the Member's effective date for eligibility of benefits.
 - f) Services for injuries and conditions which are paid or payable under Workers' Compensation or Employers' Liability laws.
 - g) Treatment for cysts, neoplasms and malignancies.
 - h) General anesthesia.



NASSAU COUNTY SCHOOL BOARD

Claims Experience

For Claims Incurred through Jan-12, and paid as of Jan-12

Group ID	7078
Product	DHMO-Specialty
Plan	CS150

Month	Enrolled	Premium ¹	Claims Paid in Month ²	Paid Loss Ratio
Oct-08	471	\$10,749.70	\$4,313.12	40.12%
Nov-08	464	\$11,503.44	\$5,795.23	50.38%
Dec-08	453	\$11,194.30	\$4,247.49	37.94%
Jan-09	452	\$11,215.34	\$6,509.42	58.04%
Feb-09	448	\$11,333.48	\$6,406.79	56.53%
Mar-09	443	\$11,191.16	\$4,680.94	41.83%
Apr-09	446	\$11,153.38	\$5,307.31	47.58%
May-09	445	\$11,119.84	\$7,574.64	68.12%
Jun-09	445	\$11,119.84	\$4,627.93	41.62%
Jul-09	445	\$11,080.46	\$7,090.66	63.99%
Aug-09	443	\$11,019.66	\$7,857.40	71.30%
Sep-09	437	\$10,701.10	\$5,308.40	49.61%
Oct-09	440	\$10,791.86	\$6,514.75	60.37%
Nov-09	428	\$10,661.28	\$7,965.96	74.72%
Dec-09	427	\$10,705.34	\$5,368.91	50.15%
Jan-10	429	\$10,705.34	\$5,523.04	51.59%
Feb-10	430	\$10,726.76	\$5,257.15	49.01%
Mar-10	433	\$10,720.92	\$6,204.03	57.87%
Apr-10	433	\$10,734.58	\$5,387.56	50.19%
May-10	436	\$10,858.94	\$4,859.04	44.75%
Jun-10	436	\$10,790.70	\$7,165.49	66.40%
Jul-10	435	\$10,736.12	\$6,319.48	58.86%
Aug-10	435	\$10,736.12	\$8,956.48	83.42%
Sep-10	429	\$10,591.88	\$6,448.98	60.89%
Oct-10	460	\$12,262.72	\$6,209.14	50.63%
Nov-10	460	\$12,185.00	\$5,846.46	47.98%
Dec-10	461	\$12,137.76	\$8,562.73	70.55%
Jan-11	459	\$12,134.44	\$5,946.29	49.00%
Feb-11	456	\$12,090.52	\$6,995.06	57.86%
Mar-11	454	\$12,147.38	\$4,671.09	38.45%
Apr-11	456	\$12,165.34	\$5,825.73	47.89%
May-11	455	\$12,132.74	\$7,021.58	57.87%
Jun-11	454	\$12,101.80	\$4,720.03	39.00%
Jul-11	453	\$12,085.50	\$6,698.32	55.42%
Aug-11	450	\$11,968.46	\$9,106.17	76.08%
Sep-11	445	\$11,186.82	\$4,850.63	43.36%
Oct-11	334	\$8,852.10	\$8,878.63	100.30%
Nov-11	328	\$8,597.15	\$5,285.26	61.48%
Dec-11	327	\$8,490.65	\$4,242.17	49.96%
Jan-12	326	\$8,465.64	\$6,068.25	71.68%
Total³	434	\$441,145.55	\$246,617.74	55.90%

1. The most recent months of premium may change slightly due to retro-active adjustments.

2. Claim payments made during the month, regardless of date-of-service

3. Total for membership is average membership. Premium and paid claims totals are sums.

This report does not include general & administrative costs, commission, or premium taxes

The above figures are not adjusted for Benefit or Premium Rate changes.

DHMO Claims Figures include: Specialty Claims, Capitations, and Supplemental Fees

2011-2012 Insurance Rates

DENTAL		2011-2012			
Plan	Level	Premium	Board Cont.	Monthly	Semi-Mo.
Advantage	Employee	\$ 25.12	\$ -	\$ 25.12	\$ 12.56
	Employee/one	\$ 47.58	\$ -	\$ 47.58	\$ 23.79
	Family	\$ 78.34	\$ -	\$ 78.34	\$ 39.17
CS150	Employee	\$ 16.30	\$ -	\$ 16.30	\$ 8.15
	Employee/one	\$ 30.94	\$ -	\$ 30.94	\$ 15.47
	Family	\$ 42.22	\$ -	\$ 42.22	\$ 21.11
EP510	Employee	\$ 24.32	\$ -	\$ 24.32	\$ 12.16
	Employee/one	\$ 46.08	\$ -	\$ 46.08	\$ 23.04
	Family	\$ 75.86	\$ -	\$ 75.86	\$ 37.93
HS205 (new)	Employee	\$ 15.52	\$ -	\$ 15.52	\$ 7.76
	Employee/one	\$ 30.72	\$ -	\$ 30.72	\$ 15.36
	Family	\$ 54.62	\$ -	\$ 54.62	\$ 27.31

VISION		2011-2012			
Plan	Level	Premium	Board Cont.	Monthly	Semi-Mo.
VS3169	Employee	\$ 6.84	\$ -	\$ 6.84	\$ 3.42
	Employee/Spouse	\$ 13.66	\$ -	\$ 13.66	\$ 6.83
	Employee/Child	\$ 17.08	\$ -	\$ 17.08	\$ 8.54
	Family	\$ 23.90	\$ -	\$ 23.90	\$ 11.95

Because we specialize in dental, we can bring you benefits and service that other companies can't match!

➤ QUICK CLAIMS TURNAROUND

CompBenefits' state of the art claims center provides fast reimbursement of your claims.

➤ ACCESS TO INFORMATION

Our toll-free Customer Care number at 1-(800)-342-5209 has Customer Care Representatives who can provide the answers you need quickly and thoroughly.

➤ TOTAL FREEDOM OF CHOICE

The plan provides you with total freedom of choice by allowing you to use any licensed dentist for treatment. The plan reimburses a percentage of eligible expenses based on the plan you have chosen.

Any way you add it up, CompBenefits really is the benefits company of choice!

This brochure contains a brief description of the plan. A complete description of the coverage, including limitations on certain procedures, is found in the Schedule of Benefits and Certificate of Group Dental Insurance.

*Coverage based on usual, customary and reasonable fees.

**Time served on the employer's immediately preceding group dental plan may be credited towards this plan's waiting periods, subject to Underwriting approval.

***Maximum of 3 per family.

SUMMARY OF BENEFITS

Partial Listing of Covered Services	In-Network Reimbursements	Out-of-Network Reimbursements
-------------------------------------	---------------------------	-------------------------------

Type I Diagnostic & Preventive...	100%.....	90%
Oral Examination (once per six months)		
Prophylaxis (cleaning, once per six months)		
Topical Fluoride (children under 16, once per 12 months)		
X-Rays (limitations may apply)		
Sealants (once per 3 years for children under age 16, for non carious molars only)		
Space Maintainers (for children under age 16)		

Type II Basic Services.....	80%.....	70%
Simple Restorative (amalgam, synthetic, or composite fillings)		
Emergency Palliative Treatment		
Tooth Extraction		
Endodontics (root canals)		
Periodontics (includes treatment of diseases of the gums)		

Type III Major Services.....	50%.....	40%
(12 month waiting period**)		
Major Restorative (crowns/inlays/onlays)		
Bridge, Denture Repair		
Prosthetics (bridges and dentures)		

Group's plan may include Orthodontics Coverage for an additional fee. Not all plans have Type IV coverage.

Type IV Orthodontics (Optional)...	50%.....	50%
(12 month waiting period**)		
Dependent children 18 years of age or younger		

MAXIMUM BENEFITS

	Insured Individual	Dependents
Lifetime		
Type I, II, III.....	Unlimited.....	Unlimited
Type IV.....	\$1,500.....	\$1,500
Calendar Year		
Type I, II, III.....	\$1,500.....	\$1,500
Type IV.....	\$750.....	\$750
Deductible***		
Type I.....	None.....	None
Type II, III, IV.....	\$50.....	\$50

PPO True Group+ High – Ortho

MAJOR RESTORATIVE LIMITATIONS

The charges for Major Restorative services will be Covered Dental Expenses subject to the following:

1. the denture or partial denture must replace a Natural Tooth extracted while insured for Dental Benefits under this policy;
2. the fixed bridge (including a resin bonded fixed bridge) must replace a Natural Tooth extracted while insured for Dental Benefits under this policy;
3. the replacement of a partial denture, full denture, or fixed partial denture (including a resin bonded bridge), or the addition of teeth to a partial denture if: (a) replacement occurs at least five years after the initial date of insertion of the current full or partial denture or resin bonded bridge; (b) replacement occurs at least five years after the initial date of insertion of an existing implant or fixed bridge; (c) replacement prosthesis or the addition of a tooth to a partial denture is required by the necessary extraction of a Functioning Natural Tooth while insured for Dental Benefits under this policy; or (d) replacement is made necessary by a Covered Dental Injury to a partial denture, full denture, or fixed partial denture (including a resin bonded bridge) provided the replacement is completed within 12 months of the injury;
4. the replacement of crowns, cast restorations, inlays, onlays or other laboratory prepared restorations if: (a) replacement occurs at least five years after the initial date of insertion; and (b) they are not serviceable and cannot be restored to function;
5. the replacement of an existing partial denture with fixed bridgework, only if upgrading to fixed bridgework is essential to the correction of the person's dental condition; and
6. the replacement of teeth up to the normal complement of 32.

EXCLUSIONS

Benefits will not be paid for:

1. procedures which are not included in the Schedule of Benefits; which are not medically necessary; which do not have uniform professional endorsement; are experimental or investigational in nature; for which the patient has no legal obligation to pay; or for which a charge would not have been made in the absence of insurance;
2. any procedure, service, or supply which may not reasonably be expected to successfully correct the patient's dental condition for a period of at least three years, as determined by CompBenefits Insurance Company;
3. crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth which may be restored with an amalgam or composite resin filling;
4. appliances, inlays, cast restorations or other laboratory prepared restorations used primarily for the purpose of splinting;
5. any procedure, service, supply or appliance, the sole or primary purpose of which relates to the change or maintenance of vertical dimension; the alteration or restoration of occlusion including occlusal adjustment, bite registration, or bite analysis;
6. pulp caps, adult fluoride treatments, athletic mouthguards; myofunctional therapy; infection control; precision or semi-precision attachments; denture duplication; oral hygiene instruction; separate charges for acid etch; broken appointments; treatment of jaw fractures; orthognathic surgery; completion of claim forms; exams required by third party; personal supplies (e.g. water pik, toothbrush, floss holder, etc.); or replacement of lost or stolen appliances;
7. charges for travel time; transportation costs; or professional advice given on the phone;

8. procedures performed by a Dentist who is a member of Your immediate family;
9. any charges, including ancillary charges, made by a hospital, ambulatory surgical center, or similar facility;
10. charges for treatment rendered: (a) in a clinic, dental or medical facility sponsored or maintained by the employer of any member of Your family; or (b) by an employee of the employer of any member of Your family;
11. any procedure, service or supply required directly or indirectly to diagnose or treat a muscular, neural, or skeletal disorder, dysfunction, or disease of the temporomandibular joints or their associated structures;
12. charges for treatment performed outside of the United States other than for emergency treatment. Benefits for emergency treatment which is performed outside of the United States are limited to a maximum of \$100 (US dollars) per year;
13. the care or treatment of an injury or sickness due to war or an act of war, declared or undeclared;
14. treatment for cosmetic purposes. Facings on crowns or bridge units on molar teeth will always be considered cosmetic;
15. any services or supplies which do not meet the standards set by the American Dental Association or which are not reasonably necessary, or customarily used, for dental care;
16. procedures that are a covered expense under any other medical plan (established by the employer) which provides group hospital, surgical, or medical benefits whether or not on an insured basis;
17. a sickness for which the patient can receive benefits under a workers' compensation act or similar law;
18. an injury that arises out of or in the course of a job or employment for pay or profit;
19. charges to the extent that they are more than the Prevailing Fee. If the amount of the Prevailing Fee for a service cannot be determined due to the unusual nature of the service, CompBenefits Insurance Company will determine the amount. CompBenefits Insurance Company will take into account: (a) the complexity involved; (b) the degree of professional skill required; and (c) other pertinent factors; or
20. orthodontic plan benefits for persons 19 years of age or older.

PREDETERMINATION

If Covered Dental Expenses for a procedure are expected to be more than \$200 it is recommended that you send a Dental Treatment Plan in prior to beginning treatment, send preauthorization to CompBenefits, P.O. Box 8236 Chicago, IL 60680-8236. You and/or your dentist will be notified of the benefits payable based upon the Dental Treatment Plan.

This brochure contains a brief description of the plan. A complete description of the coverage, including limitations on certain procedures is found in the Schedule of Benefits and Certificate of Group Dental Insurance.



NASSAU COUNTY SCHOOL BOARD

Claims Experience

For Claims Incurred through Jan-12, and paid as of Jan-12

Group ID	F26073
Product	PPO UCR
Plan	9NHI04

Month	Enrolled	Premium ¹	Claims Paid in Month ²	Paid Loss Ratio
Sep-09	0	\$86.58	\$0.00	0.00%
Oct-09	22	\$2,288.70	\$0.00	0.00%
Nov-09	68	\$2,311.32	\$4,525.39	195.79%
Dec-09	68	\$2,356.56	\$1,229.20	52.16%
Jan-10	70	\$2,406.88	\$2,516.90	104.57%
Feb-10	71	\$2,472.36	\$2,588.10	104.68%
Mar-10	72	\$2,444.66	\$2,091.01	85.53%
Apr-10	72	\$2,444.66	\$2,143.60	87.68%
May-10	73	\$2,487.52	\$1,825.50	73.39%
Jun-10	74	\$2,510.14	\$5,238.50	208.69%
Jul-10	74	\$2,580.70	\$2,150.40	83.33%
Aug-10	74	\$2,782.54	\$4,611.80	165.74%
Sep-10	74	\$2,414.58	\$2,382.23	98.66%
Oct-10	94	\$3,681.60	\$513.00	13.93%
Nov-10	93	\$3,562.56	\$4,588.45	128.80%
Dec-10	94	\$3,516.48	\$1,500.40	42.67%
Jan-11	93	\$3,540.80	\$3,793.60	107.14%
Feb-11	92	\$3,562.56	\$2,028.80	56.95%
Mar-11	92	\$3,562.56	\$2,809.03	78.85%
Apr-11	94	\$3,632.96	\$2,671.90	73.55%
May-11	94	\$3,632.96	\$3,798.14	104.55%
Jun-11	94	\$3,632.96	\$2,278.51	62.72%
Jul-11	94	\$3,632.96	\$5,716.00	157.34%
Aug-11	94	\$3,632.96	\$5,809.65	159.92%
Sep-11	92	\$3,527.86	\$1,411.60	40.01%
Oct-11	97	\$3,494.30	\$4,828.80	138.19%
Nov-11	100	\$3,443.74	\$1,761.80	51.16%
Dec-11	100	\$3,443.74	\$2,695.14	78.26%
Jan-12	101	\$3,467.38	\$5,036.91	145.27%
Total³	80	\$86,555.57	\$82,544.36	95.37%

1. The most recent months of premium may change slightly due to retro-active adjustments.

2. Claim payments made during the month, regardless of date-of-service

3. Total for membership is average membership. Premium and paid claims totals are sums.

This report does not include general & administrative costs, commission, or premium taxes

The above figures are not adjusted for Benefit or Premium Rate changes.

Florida

Feel good about choosing a HumanaDental plan

The HumanaDental HS Series dental plan has you covered for any circumstance. Whether you simply need routine dental care or unexpected dental treatment, you know what to expect with HumanaDental.

- › No waiting periods
- › No claims to file
- › No annual maximums

Use your HumanaDental benefits

After you enroll in a plan and receive your ID card, you can manage your plan information on your personal home page on **HumanaDental.com**.

- › You have the freedom to select any participating general dentist as your primary care dentist. To select a dental provider from our network, simply visit **HumanaDental.com**. Once there, you can also check your benefits, email us and get a new or temporary ID card. If you prefer, contact us at 1-800-342-5209.
- › Life without claim forms! With the HumanaDental Prepaid plan you pay your dentist directly, when applicable.
- › Your primary dentist will provide all of your routine dental care and you will pay any copayment or discounted charges at the time of service.

Questions?

Check out HumanaDental.com

Call 1-800-342-5209 anytime for the automated information line or 8 a.m. to 6 p.m. for a Customer Care specialist.

Good health starts with a healthy mouth

Make dental visits a priority

One of the first lines of defense in overall health is dental care. Regular dental cleanings can help manage problems throughout the body, such as heart disease, diabetes, and stroke. In fact, a healthy mouth can add 6.4 years to RealAge[®] life expectancy.¹ The HumanaDental Prepaid plan enables you to take better care of your teeth, and you'll pay less for your dental care doing so.

Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

Tips to ensure a healthy mouth

- › Use a soft-bristled toothbrush
- › Choose toothpaste with fluoride
- › Brush for at least two minutes twice a day
- › Floss daily
- › Watch for signs of periodontal disease such as red, swollen, or tender gums
- › Visit a dentist regularly for exams and cleanings

¹ Dr. Michael Roizen, RealAge.com

HumanaDental Prepaid HS205 Plan

The HumanaDental Prepaid plans focus on maintaining oral health, prevention and cost-containment. Members may see a primary care dentist as often as necessary. There are no yearly maximums, no deductibles to meet and no waiting periods. HS plans copayments for listed procedures are applicable at either a participating general dentist or participating specialist.

A primary care dentist (PCD) may decide that a member needs to see a contracted dental specialist. No referral is necessary to see a network specialist.

Specialists services: Should members need a specialist, (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), they may be referred by a participating general dentist, or members can self-refer to any participating specialist. For HS plans, copayment amounts are applicable when treatment is performed by participating specialists.

Summary of services

Services marked with a single asterisk (*) below also require separate payment of laboratory charges, not to exceed \$200. The laboratory charges must be paid to the plan dentist in addition to any applicable copayment for the service.

Appointments	member pays
D9310 Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	\$ 5.00
D9430 Office visit (normal hours)	no charge
D9440 Office visit (after regularly scheduled hours)	\$ 35.00
D9999 Broken appointments (without 24 hr. notice, per 15 min)—maximum \$40 per broken appointment. No charge will be made due to emergencies.	\$ 10.00

Diagnostic	member pays
D0120 Periodic oral examination (two per calendar year)	no charge
D0140 Limited/comprehensive/detailed and extensive oral eval	no charge
D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver	no charge
D0150 Limited/comprehensive/detailed and extensive oral eval (two per calendar year)	no charge
D0160 Limited/comprehensive/detailed and extensive oral eval.	no charge
D0170 Re-evaluation—problem focused (not post-operative visit).	no charge
D0180 Comprehensive periodontal evaluation (two per calendar year)	\$ 15.00
D0210 X-ray intraoral—complete series including bitewings (once per three calendar years)	no charge
D0220 X-ray intraoral—periapical, first film	no charge
D0230 X-ray intraoral—periapical, each additional film	no charge
D0240 X-rays intraoral—occlusal film	no charge
D0250 Extraoral—first film	no charge
D0260 Extraoral—each additional film	no charge
D0270 X-ray bitewing—single film (two per calendar year).	no charge
D0272 X-ray bitewings—two films (two per calendar year).	no charge
D0273 X-ray bitewings—three films (two per calendar year).	no charge
D0274 Bitewings—four films (two per calendar year).	no charge
D0277 X-ray bitewings, vertical—seven to eight films (two per calendar year)	no charge
D0330 Panoramic film (once per three calendar years)	no charge
D0350 Oral/facial photography images.	no charge
D0415 Collect microorganisms culture & sensitivity	no charge
D0425 Caries susceptibility tests.	no charge
D0431 Oral cancer screening using a special light source	\$ 50.00
D0460 Pulp vitality tests (not covered if a root canal is performed)	no charge
D0470 Diagnostic casts	no charge
D0472 Pathology report—gross examination of lesion	no charge
D0473 Pathology report—microscopic examination of lesion	no charge
D0474 Pathology report—microscopic examination of lesion and area	no charge

Preventive	member pays
D1110 Prophylaxis—adult, routine (two per calendar year, by primary care dentist).	no charge
D1120 Prophylaxis—child, routine (two per calendar year)	no charge
D1203 Topical application of fluoride (not including prophylaxis)—child (up to 16 years of age) (two per calendar year)	no charge
D1204 Topical application of fluoride—adult (two per calendar year, by primary care dentist).	no charge
D1206 Topical fluoride varnish (for child <16) (two per calendar year)	no charge
D1310 Nutrition counseling for the control or avoidance of dental disease.	no charge
D1320 Tobacco counseling services for the control or prevention of oral disease	no charge
D1330 Oral hygiene instruction	no charge
D1351 Sealant—per tooth (permanent teeth only to age 16)	\$ 10.00
D1510* Space maintainer—fixed, unilateral (through age 14)	\$ 50.00
D1515* Space maintainer—fixed, bilateral (through age 14)	\$ 70.00
D1520* Space maintainer—removable, unilateral (through age 14)	\$ 85.00
D1525* Space maintainer—removable, bilateral (through age 14)	\$ 90.00
D1550 Recementation of space maintainer	\$ 10.00

Restorative	member pays
D2140 Amalgam—one surface, primary or permanent.	\$ 5.00
D2150 Amalgam—two surfaces, primary or permanent	\$ 5.00
D2160 Amalgam—three surfaces, primary or permanent	\$ 5.00
D2161 Amalgam—four or more surfaces, primary or permanent	\$ 5.00
D2940 Sedative filling	\$ 10.00

Resin restorative (inlays and onlays limited to one per tooth every five years)	member pays
D2330 Resin based composite—one surface, anterior	\$ 30.00
D2331 Resin based composite—two surfaces, anterior.	\$ 40.00
D2332 Resin based composite—three surfaces, anterior.	\$ 45.00
D2335 Resin based composite—four or more surfaces or involving incisal angle (anterior)	\$ 65.00
D2390 Resin based composite crown, anterior	\$ 70.00
D2391 Resin based composite—one surface, posterior.	\$ 45.00
D2392 Resin based composite—two surfaces, posterior	\$ 55.00
D2393 Resin based composite—three surfaces, posterior	\$ 80.00
D2394 Resin based composite—four or more surfaces, posterior	\$ 90.00
D2510* Inlay—metallic, one surface	\$225.00
D2520* Inlay—metallic, two surfaces.	\$235.00
D2530* Inlay—metallic, three or more surfaces	\$245.00



NASSAU COUNTY SCHOOL BOARD

Claims Experience

For Claims Incurred through Jan-12, and paid as of Jan-12

Group ID	8078
Products	Scheduled, DHMO-Specialty
Plans	PDCN6, HS205

Month	Enrolled	Premium ¹	Claims Paid in Month ²	Paid Loss Ratio
Oct-08	74	\$1,365.48	\$162.06	11.87%
Nov-08	63	\$1,166.32	\$213.30	18.29%
Dec-08	63	\$1,168.08	\$129.10	11.05%
Jan-09	63	\$1,168.08	\$798.70	68.38%
Feb-09	63	\$1,165.32	\$454.50	39.00%
Mar-09	63	\$1,193.54	\$405.40	33.97%
Apr-09	63	\$1,165.30	\$207.00	17.76%
May-09	63	\$1,165.30	\$151.20	12.98%
Jun-09	64	\$1,165.30	\$633.30	54.35%
Jul-09	64	\$1,165.30	\$799.60	68.62%
Aug-09	64	\$1,165.30	\$1,521.30	130.55%
Sep-09	63	\$1,136.70	\$233.50	20.54%
Oct-09	60	\$952.20	\$207.90	21.83%
Nov-09	49	\$893.64	\$171.00	19.14%
Dec-09	49	\$893.64	\$202.90	22.70%
Jan-10	48	\$879.34	\$558.80	63.55%
Feb-10	48	\$879.34	\$301.90	34.33%
Mar-10	49	\$879.34	\$620.59	70.57%
Apr-10	49	\$879.34	\$373.90	42.52%
May-10	47	\$857.90	\$441.90	51.51%
Jun-10	47	\$857.90	\$312.30	36.40%
Jul-10	47	\$857.90	\$684.40	79.78%
Aug-10	47	\$857.90	\$741.12	86.39%
Sep-10	47	\$857.90	\$159.37	18.58%
Oct-10	44	\$772.08	\$110.70	14.34%
Nov-10	43	\$757.78	\$83.70	11.05%
Dec-10	43	\$757.78	\$249.21	32.89%
Jan-11	42	\$743.48	\$162.00	21.79%
Feb-11	42	\$743.48	\$255.50	34.37%
Mar-11	41	\$729.18	\$232.20	31.84%
Apr-11	41	\$729.18	\$307.30	42.14%
May-11	41	\$743.48	\$91.80	12.35%
Jun-11	41	\$714.88	\$92.76	12.98%
Jul-11	41	\$729.18	\$61.20	8.39%
Aug-11	41	\$729.18	\$244.80	33.57%
Sep-11	41	\$1,755.14	\$219.60	12.51%
Oct-11	173	\$4,811.64	\$467.37	9.71%
Nov-11	168	\$4,672.57	\$2,468.15	52.82%
Dec-11	165	\$4,695.32	\$2,534.74	53.98%
Jan-12	166	\$4,695.32	\$2,284.65	48.66%
Total³	63	\$53,516.04	\$20,350.72	38.03%

1. The most recent months of premium may change slightly due to retro-active adjustments.

2. Claim payments made during the month, regardless of date-of-service

3. Total for membership is average membership. Premium and paid claims totals are sums.

This report does not include general & administrative costs, commission, or premium taxes

The above figures are not adjusted for Benefit or Premium Rate changes.

DHMO Claims Figures include: Specialty Claims, Capitations, and Supplemental Fees

Nassau County School Board

Open your eyes to high-quality vision care! The average family spends close to **\$600 each year** on routine eye health care. Using CompBenefits' VisionCare Plan, you will receive your routine eye health care with just a small copayment.

CompBenefits' **VisionCare** Plan provides benefits for covered:

- **Eye health examinations**
- **Frames**
- **Eyeglass Lenses**
- **Contact Lenses**

Plus you will receive:

- **LASIK surgery discount**
- **Preferred member pricing for other frame and lens options***

When ordering from one of our network eye doctors, you will also receive in the year of your eye exam:

- **A 20% discount** on a second pair of eyeglasses
- **A 15% discount** on your contact lens fitting fee

MONTHLY RATES

SERVICE FREQUENCY

COPAYMENTS

Employee only: \$ 6.84
Employee + one: \$13.66
Employee + child(ren): \$17.08
Employee + family: \$23.90

Vision exam: Once every **12** months
Lenses: Once every **12** months
Frame: Once every **24** months

Exam: \$10
Materials: \$30

SAVINGS! SEE THE DIFFERENCE

You can save money two ways with VisionCare. First, the cost of plan services and materials is discounted and prepaid. So **except for any co-payments**, you have **no out-of-pocket expenses** for covered services and supplies when you use one of our network doctors. Second, your coverage costs are deducted from your pay *before* any federal income or FICA taxes are taken out. This makes your taxable wage base lower, so you would pay less tax.

Here's an **example** of how the plan helps you save over the course of a year:

If You Get:	You Pay:	
	VisionCare Doctor	Typical Retail
Eye exam	.00	\$ 85.00
Frame (designer style)	.00	120.00
Lenses: Bifocal	.00	100.00
Option (pink tint #1 or #2)	.00	15.00
Co-payments: \$10 exam/\$30 materials	\$ 40.00	.00
Premium (\$6.84 monthly x 12)	+ 82.08	.00
	\$ 122.08	\$320.00
Pre-tax savings (assuming 15% tax bracket & 7.65% FICA)	- 18.59	+ .00
Total Cost	\$103.49	\$320.00



YOUR TOTAL SAVINGS THROUGH VISIONCARE: 68% OFF RETAIL

In this example, you would have saved **\$216.51** in vision care costs with VisionCare Plan. Keep in mind, however, that your actual savings will depend on your plan allowances, your actual premium, the doctors and materials you select, and your own tax situation.

* This is not a schedule of maximum benefits. For example, the plan covers frames based on the manufacturer's *wholesale* price guide. So while the retail price of a covered frame may vary among plan doctors, the *value* of your covered frame stays the same. Typically, the wholesale frame allowance is equivalent to a retail price of \$80-150. You may be required to pay extra only if you choose a frame that exceeds the covered wholesale price.

Maximum Allowances	Participating Doctor (After copayments/ Up to plan limits)	Non-Network
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Eye Exam	Paid in full	\$35
Lenses (per pair)		
Single	Paid in full	\$20
Bifocal	Paid in full	\$40
Trifocal	Paid in full	\$60
Lenticular	Paid in full	\$100
Contact Lenses		
Elective (fitting, follow-up & lenses)	\$130*	\$130
Medically necessary**	Paid in full	\$150
Frame	\$50 wholesale	\$50

Lasik***

Members receive benefits when services are received from a TLC Truvision network provider with the following preferred rates:

- Silver Package: \$895/eye for Conventional LASIK
- Gold Package: \$1,295/eye for CustomLASIK
- Platinum Package: \$1,895/eye for CustomLASIK plus Bladeless LASIK (using IntraLase technology).

Members will also receive a 10% discount off UCR charges at other preferred LASIK provider locations, and pay no more than \$1,800 per eye for the Conventional LASIK procedure and \$2,300 per eye for CustomLASIK.

* If you prefer contact lenses, the plan provides an allowance for your contacts instead of lenses and frames.

** Medically necessary (prior authorization required) is defined as 1) following cataract surgery w/o intraocular lens; 2) correction of extreme visual acuity problems not correctable with glasses; 3) anisometropia greater than 5.00 diopters and asthenopia or diplopia, with spectacles; 4) Keratoconus; or 5) monocular aphakia and/or binocular aphakia where the doctor certifies contact lenses are medically necessary for safety and rehabilitation to a productive life.

*** Plan members must first contact CompBenefits for a list of providers and to receive a Refractive Care ID card.

This schedule shows only a few of the covered procedures. Please see your Benefit Administrator for a complete schedule. This schedule is intended for comparison purposes only. The benefits of each plan will be determined by the contract. For a complete listing of benefits and exclusions and limitations, please reference your certificate of coverage.

Out-of-network benefits apply under the VisionCare Plan, but benefits are higher when a participating doctor is utilized.

Limitations and Exclusions apply.

HOW DOES VISIONCARE PLAN WORK?

Members simply select any **in-network** optometrist or ophthalmologist and schedule an appointment. You can locate a provider in your area by accessing the current directory online at www.mycompbenefits.com.

The Plan is simple to use. Select a doctor from our provider directory and call for an appointment. At the time of your appointment, present your ID Card to the participating provider. Members will pay only their co-payments and for any extra cosmetic options selected. There are no additional forms to complete or claims to file.

Members can also choose an out-of-network provider. In this case, you will pay the doctor at the time of the visit and submit receipts to CompBenefits for reimbursement. Benefits are paid according to a reimbursement schedule listed above.

CAN I GET CONTACTS INSTEAD OF LENSES?

Yes. If you prefer contacts instead of glasses, your vision **exam is covered-in-full** with your exam co-payment and VisionCare Plan provides a generous **allowance of \$130.00** to be applied towards your fitting and follow-up fees as well as materials costs. The Contact Lens allowance is in LIEU OF THE LENS / FRAME BENEFIT and is provided with the same frequency as your lens benefit.

HOW DO I GET FURTHER QUESTIONS ANSWERED?

You may contact CompBenefits Customer Care Department with any questions or concerns at: 1-800-865-3676, Monday – Thursday 8am-8pm; and Friday 8am-6pm EST. or locate us on the web at www.mycompbenefits.com.



NASSAU COUNTY SCHOOL BOARD

Claims Experience

For Claims Incurred through Jan-12, and paid as of Jan-12

Group ID	VS3169
Product	VCP
Plans	VCP-NCJJ0C5, VCP-NCJL0D5, VCP-NCJM0E0

Month	Enrolled	Premium ¹	Claims Paid	Paid Loss
			in Month ²	Ratio
Oct-08	394	\$4,020.25	\$2,560.78	63.70%
Nov-08	341	\$3,844.75	\$1,186.74	30.87%
Dec-08	344	\$3,838.25	\$1,821.98	47.47%
Jan-09	345	\$3,857.75	\$1,140.38	29.56%
Feb-09	342	\$3,760.25	\$1,190.52	31.66%
Mar-09	340	\$3,802.50	\$1,318.52	34.68%
Apr-09	339	\$3,763.50	\$2,014.59	53.53%
May-09	341	\$3,770.00	\$1,517.50	40.25%
Jun-09	343	\$3,763.50	\$1,569.72	41.71%
Jul-09	341	\$3,714.75	\$3,081.67	82.96%
Aug-09	338	\$3,708.25	\$1,048.76	28.28%
Sep-09	330	\$3,513.25	\$1,888.32	53.75%
Oct-09	388	\$4,150.25	\$1,337.57	32.23%
Nov-09	386	\$4,169.75	\$2,007.66	48.15%
Dec-09	389	\$4,235.00	\$902.29	21.31%
Jan-10	391	\$4,244.50	\$878.43	20.70%
Feb-10	394	\$4,241.25	\$1,078.68	25.43%
Mar-10	397	\$4,260.75	\$1,754.81	41.19%
Apr-10	395	\$4,247.75	\$1,708.94	40.23%
May-10	397	\$4,325.76	\$1,219.94	28.20%
Jun-10	398	\$4,257.50	\$3,046.11	71.55%
Jul-10	398	\$4,273.75	\$2,485.28	58.15%
Aug-10	398	\$4,247.75	\$2,407.85	56.69%
Sep-10	389	\$4,153.50	\$2,025.67	48.77%
Oct-10	442	\$4,739.18	\$1,288.91	27.20%
Nov-10	442	\$4,964.44	\$2,860.41	57.62%
Dec-10	441	\$4,974.64	\$2,884.41	57.98%
Jan-11	437	\$5,043.41	\$1,601.82	31.76%
Feb-11	436	\$4,940.40	\$1,137.13	23.02%
Mar-11	436	\$5,118.16	\$3,027.24	59.15%
Apr-11	437	\$4,861.88	\$1,985.90	40.85%
May-11	434	\$4,772.92	\$1,869.73	39.17%
Jun-11	434	\$4,933.58	\$2,352.37	47.68%
Jul-11	433	\$4,933.58	\$2,672.41	54.17%
Aug-11	432	\$4,919.90	\$4,001.43	81.33%
Sep-11	422	\$4,776.38	\$1,778.16	37.23%
Oct-11	448	\$4,974.64	\$2,808.14	56.45%
Nov-11	442	\$4,804.10	\$2,156.04	44.88%
Dec-11	439	\$4,840.03	\$1,502.20	31.04%
Jan-12	441	\$4,846.64	\$2,829.61	58.38%
Total³	396	\$174,608.39	\$77,948.62	44.64%

1. The most recent months of premium may change slightly due to retro-active adjustments.

2. Claim payments made during the month, regardless of date-of-service

3. Total for membership is average membership. Premium and paid claims totals are sums.

This report does not include general & administrative costs, commission, or premium taxes

The above figures are not adjusted for Benefit or Premium Rate changes.