

An Aetna Proposal Presented to:

Sumter County Board of County Commissioners

Date: April 2010
Submitted by: John Tucciarone
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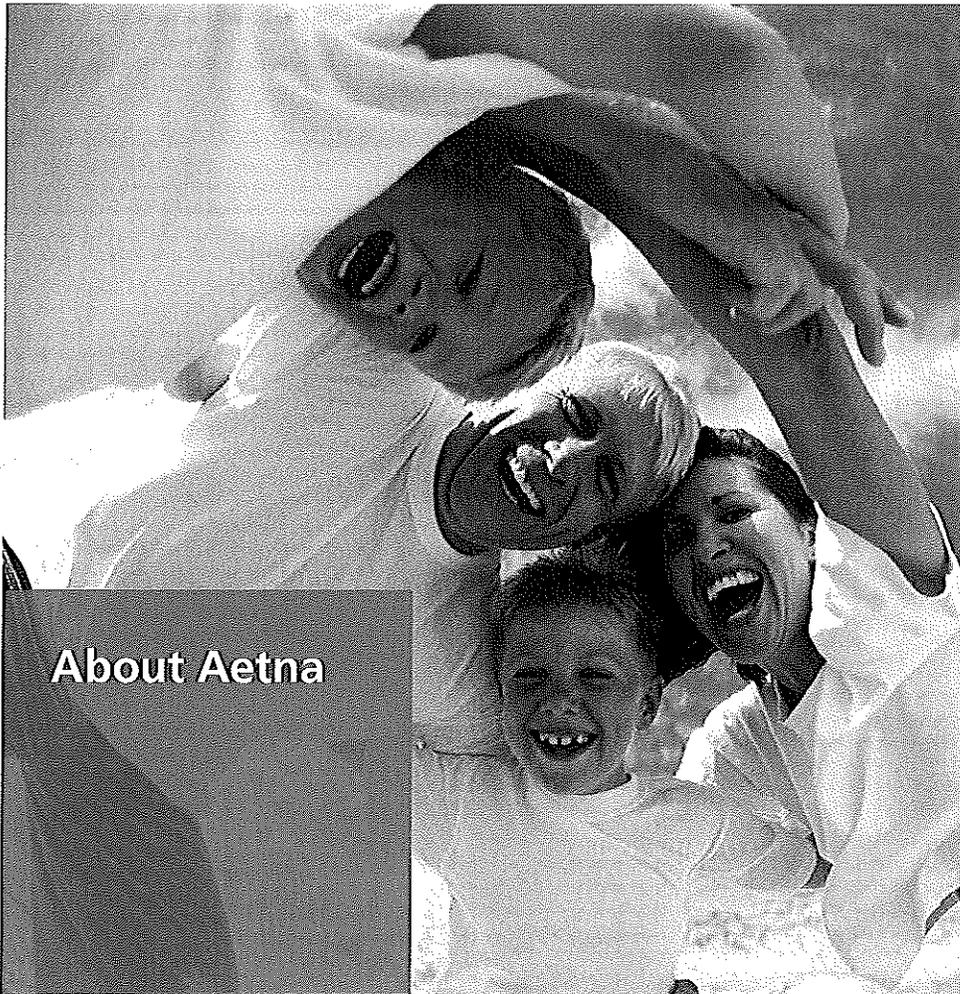
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CONFIDENTIAL INFORMATION

The information furnished to you in this response is confidential and proprietary in nature. Aetna is providing this information with the understanding that Sumter County Board of County Commissioners and any of Sumter County Board of County Commissioners consultants or third parties will use it solely for purposes of evaluating whether to enter into the specific proposed business relationship with Aetna for which this information is provided. The information shall not be used for any other purpose by Sumter County Board of County Commissioners, any of Sumter County Board of County Commissioners consultants or third parties. By accepting this information, Sumter County Board of County Commissioners further agrees not to disclose it to anyone other than officers or employees of Sumter County Board of County Commissioners and its representatives and consultants who are directly involved in the evaluation process. Sumter County Board of County Commissioners agrees to disclose to Aetna any third parties with which Sumter County Board of County Commissioners proposes to share such confidential information, and further agrees that Aetna may require any third parties to sign a Nondisclosure Agreement satisfactory to Aetna's counsel, as a precondition to Sumter County Board of County Commissioners sharing the confidential information with any third parties.

Choosing to Make a Difference: Improving Health Care One Person at a Time



About Aetna

At Aetna, we live by a set of core values — Integrity, Employee Engagement, Excellence and Accountability, and Quality Service and Value. These values guide the actions our employees take every day in:

- being empowered to take the right actions for the benefit of all our constituents;
- listening and proactively finding solutions to customers' needs; and,
- building trusting, value-added relationships with all constituents.

We want you to know®





Giving people reasons to choose Aetna

The choice to make a difference begins with one word: values. At Aetna, everything we do begins with our clearly defined values. These principles are the threads that tie together our workforce, our customers, our business partners and our investors. Far beyond just words on a wall, our core values are deeply embedded in our culture. Every conversation with a potential new customer begins with a discussion of our values. These values guide our innovation in products and services, and create an expectation and a standard of excellence that our 35,500 employees work to meet and exceed every day.

We work to provide high-quality service, each of us understands that at the core of what we do — the center of our values — are the people who use our services.

In these challenging economic times, it is also important to recognize that our commitment includes working with our customers, members, doctors and other health care professionals, and government leaders to find ways to improve health care access and affordability.

We have been, and will continue to be, a leader in the national dialogue on the future of health care and in corporate responsibility. Our values and record of corporate responsibility make us uniquely able to respond to the changing needs of health care consumers in today's challenging climate. And, following our values has enabled us to establish our place as the leader in the health benefits industry, helping us to improve health care, one person at a time.

Thank you for your interest in Aetna.

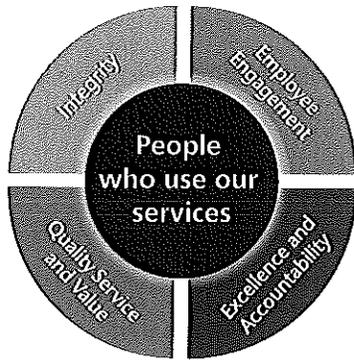
Ronald A. Williams
Chairman and Chief Executive Officer

Our commitment to our communities

Dedicated to helping people achieve health and financial security, Aetna believes a commitment to the health and sustainability of the communities in which we live and work is an important part of our mission. In 2008, Aetna employees logged more than 300,000 hours of community service, while Aetna and the Aetna Foundation contributed more than \$25 million in grants and sponsorships.

- \$8 million was awarded through the Healthy Community Grants program for initiatives that are positively impacting the health of many Americans.
 - Aetna is committed to fighting cardiovascular disease by supporting the American Heart Association's Start! movement. Start! promotes physical activity in the workplace to help Americans lead longer, more healthful lives. Aetna and the Aetna Foundation have contributed \$1.1 million to the movement so far.
 - Since 2001, Aetna and the Aetna Foundation have directed more than \$24.5 million toward efforts to address racial and ethnic disparities in health care.
- We continue to build a solid record for corporate social responsibility through the significant commitment of human and financial resources to building healthier communities and protecting the environment. We believe public companies, while meeting their financial goals, can and should help make the world a better place.
- Aetna Specialty Pharmacy® and Aetna Rx Home Delivery® are working diligently to conduct business in a more earth-friendly way. In 2008, we shipped approximately 490,000 orders for temperature-sensitive medications in recyclable cooler boxes.
 - We continue to reduce our carbon footprint through our rapidly growing telework program. As a result, Aetna's teleworkers have reduced their driving by roughly 65 million miles, saving approximately 2 million gallons of gas and preventing almost 23,000 metric tons of carbon dioxide from entering the atmosphere each year.





Aetna employees choose to take the right actions on behalf of customers and members every day, putting them at the center of what we do.

Leading the efforts to transform health care

Aetna is committed to being part of the solution to our nation's significant health care issues by increasing the affordability of, and access to, health care. Throughout 2008, Aetna worked at many levels to help shape the national discussion by offering policy proposals as well as the benefit of our experience in serving nearly 18 million medical members. Our participation included thousands of employees who were active in grassroots and educational programs as part of the Aetna Citizens Action Network, and our senior executives who met regularly with federal and state officials to provide our views on how to build a better health care system.

At Aetna, we believe that meaningful health care reform is focused on getting more people covered. While more than 250 million people have private or government-sponsored health insurance, we recognize the imperative of finding ways to cover the 45 million people who are uninsured. Getting people covered ensures that people have access to health care when they need it, improves health outcomes and reduces costs. The current economic crisis provides important context in considering health care reform, and highlights the importance of a public/private partnership that strengthens the competitive marketplace and fuels innovation.

In 2009, we will continue our leadership in finding ways to achieve meaningful health care reform. Aetna remains steadfast in our commitment to help achieve access to quality, affordable health insurance for all Americans.

Michelle Corn: Helping a family achieve peace of mind after a tragic accident

National Accounts Customer Service Representative, Fresno, California

By all accounts, it was a typical late summer morning when the car accident occurred. A family on a weekend outing was devastated when both parents and one of their daughters were tragically killed in the crash. A second daughter was seriously injured. The grandparents, caring for the third child, suddenly found themselves the guardians of the two orphaned children — a one-year-old and a four-year-old in critical condition.

Aetna employee Michelle Corn received an urgent request from one of the customers she supports. The family had Aetna health insurance benefits through the father's employer.

Corn understood the customer's distress even before she finished reading the message. "They became my first and only priority until I knew they were taken care of," she said.

Corn immediately obtained a case manager to assist with the complex needs of the four-year-old child, and she coordinated continuation of the children's health coverage. She acted as a direct contact to the family to ensure they could talk with someone who knew the details of their situation. And, she continues to check on the status of the children's medical coverage.

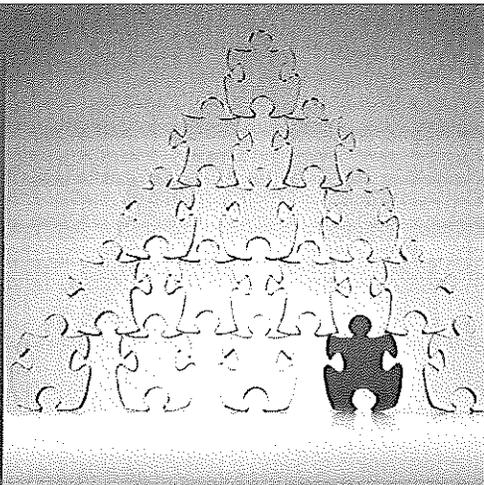
Corn's proactive coordination and anticipation of the family's needs helped ensure the family had peace of mind knowing that they wouldn't have problems with their health insurance.

"I love my job," Corn says. "I love coming to work every day. It's more of a privilege than a job."

For additional employee stories, visit our online Annual Report at www.aetna.com/2008annualreport



Aetna at a Glance



Aetna facts*

Membership:

- 17.7 million medical members
- 14.1 million dental members
- 11.1 million pharmacy members

Health care networks:

- Nationwide network of nearly 900,000 health care professionals
- More than 500,000 primary care doctors and specialists
- 5,000 hospitals
- Connected electronically to over 500,000 providers

*As of December 31, 2008.

Aetna firsts

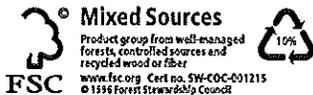
Aetna has a proven history of leading the way in transforming health care. Aetna was the first national health plan to:

- Promote price transparency for members by displaying the cost of actual provider charges, in selected markets, as well as clinical quality information.
- Introduce a consumer-directed health care product, Aetna HealthFund®, and announce a health savings account product.
- Offer a Personal Health Record that sends personalized alerts and messages to members when there is an opportunity to improve care.
- Issue guidelines for coverage of genetic testing and protection of consumer privacy.
- Offer employers the option of waiving deductibles for selected preventive and chronic illness medications in consumer-directed plans.
- Launch a national depression management program integrating care at the primary care physician's office.
- Introduce a benefits package to address end-of-life care issues.
- Implement performance-based health care professional networks.
- Support Leapfrog's "Never Events" policy by not reimbursing hospitals and physicians for serious, reportable medical errors.
- Voluntarily provide for external review of coverage decisions by neutral, independent physician reviewers.

Aetna recognitions

We are very proud of the successes we had in 2008 and feel we distinguished ourselves as the leader in the health insurance industry. The following are just a sample of the awards and recognitions we earned in 2008; confirming that our achievements have been noted by a wide range of public, private, and nonprofit organizations and print publications:

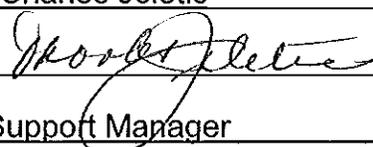
- Aetna has been named *Fortune* magazine's most admired company in the "Health Care: Insurance and Managed Care category" for 2009, the second consecutive year that Aetna has earned this distinction. *Fortune* ranks companies in various industry sectors in eight categories, according to their peers.
- In 2008 the National Committee for Quality Assurance awarded Aetna the Recognizing Innovation in Multicultural Health Care Award for its telephonic culturally competent disease management program.
- Aetna ranked first among national health plans in the 2008 PayerView Rankings. According to the rankings from Athenahealth Inc., an unaffiliated provider of practice management and electronic medical record services, Aetna pays physicians faster and denies claims less often than other health plans measured.
- Aetna ranked 23rd on CRO's 100 Best Corporate Citizens 2008. The list recognizes the corporate responsibility efforts of corporations in eight categories: climate change, employee relations, environment, financial, governance, human rights, lobbying and philanthropy.
- The Institute for Healthcare Advancement named Aetna a winner of its 2008 Health Literacy Award. Aetna won in the "research" category for its Asthma Health Literacy study.
- In 2008 Ronald A. Williams, Aetna Chairman and CEO, received the NAACP Legal Defense Fund's National Equal Justice Award.



We want you to know®

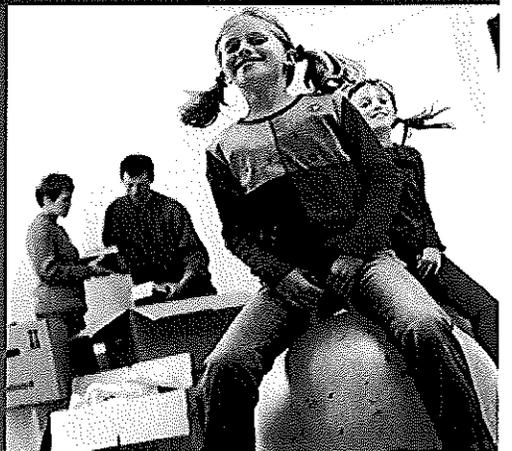


PART 4
PROPOSAL DOCUMENTS
PROPOSAL COVER PAGE

Name of Firm, Entity or Organization: Aetna Life Insurance Company (ALIC)
Federal Employer Identification Number (FEIN): 06-6033492 State of Florida License Number (If Applicable): Name of Contact Person: John Tucciarone Title: Account Executive E-Mail Address: TucciaroneJ@aetna.com
Mailing Address: 1060 Maitland Center Commons Blvd., Suite 405 Street Address (if different): City, State, Zip: Maitland, FL 32751 Telephone: 407-618-2461 Fax: 407-618-2514
Organizational Structure – Please Check One: Corporation <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other <input type="checkbox"/> If Corporation: Date of Incorporation: 1853 State of Incorporation: Connecticut States Registered in as Foreign Corporation:
Authorized Signature: Print Name: Charles Jeletic Signature:  Title: Sales Support Manager Phone: 215-775-0522
<p align="center"><i>This document must be completed and returned with your Submittal.</i></p>

An Aetna Proposal Presented to

Sumter County Board of County Commissioners
by Direct Submission
October 1, 2010





Sumter County Board of County Commissioners

Contact Information

Account Executive: John Tucciarone Email: tucciaronej@aetna.com
 Telephone Number: 407-618-2461 Fax: 407-786-4268

Assumptions

Contract State: Florida SIC Code: 0 Participation: Min:75% Eligible EE, 50% Aetna
 Pooling Level: \$0 Member/Sub Ratio: 2.04 Contributions: Min:75% EE, 50% EE & DEP

Aetna Proposed Cost **Effective Date:** October 1, 2010 **End Date:** 09/31/2011

Estimated Enrollment	AC POS II	Total Composite
Single	396	396
Family	451	451
Total	847	847

Service Fee Costs PEPM	Immatute
Medical and Pharmacy Fees	\$31.00
Broker Compensation	\$2.00
Total Fee PEPM	\$33.00
Contract Period Fee Cost	\$335,412

• Please refer to the Program Summary for a detailed description of our programs & services. Some services may come at an additional cost to the fees shown above.

Notes



Sumter County Board of County Commissioners

• PPO-Based Rx Program - Tier 1: Generic Formulary and Non-formulary, Tier 2: Brand Formulary, Tier 3: Brand Non-formulary

Aetna Program Summary - Programs & Services Included in Illustrated Fees

Programs & Services	AC POS II	
Immature Base Service Fees	\$31.00	
<i>Aetna Health ConnectionsSM - Wellness Resources</i>		
24/7 Nurse Line - Informed Health SM Line	Included	
Simple Steps to Healthier Life SM (includes Health Assessment)	Included	
Aetna Navigator SM	Included	
Facility Charge Review	***	
HIPAA Certifications	Included	
National Advantage SM Program	***	
Vision One SM Program	Included	
Total Fees	\$31.00	

Aetna Program Summary - Additional Available Programs & Services

Programs & Services	AC POS II	
Aetna Claim Fiduciary	\$1.75	
Aetna Health Connections SM - Disease Management / MedQuery ^B	\$3.95	
<i>Aetna Health ConnectionsSM - Wellness Resources</i>		
Aetna's CareEngine-Powered Personal Health Record ⁽¹⁾	\$0.50	
Healthy Lifestyle Coaching	\$2.20	
Beginning Right SM Maternity Program	\$0.60	
Member Incentive Programs	\$0.09	

*** Variable Rate, see Program Description for more details

⁽¹⁾ Aetna's CareEngine-Powered Personal Health Record requires the purchase of MedQuery either through AHC-DM or on a stand-alone basis.

Aetna Program Summary - Description of Services

Programs/Services	Description
Immature Base Service Fees	The administrative service fees are immature and do not include the cost of processing run-off claims after the termination of the administrative services agreement. For an additional fee, Aetna will process runoff claims. The fee is determined by the following formula: (average pepm fee over the last 3 months x the average employees over the last 3 months x 3 x 80%)
Aetna Claim Fiduciary	Aetna will be the Non-ERISA claim fiduciary for medical coverage. As claim fiduciary, Aetna will be responsible for the final claims determination and the legal defense of disputed benefits payments for medical and dental.
Aetna Health Connections SM Disease Management / MedQuery	Unique and powerful disease management program supporting more than 35 chronic conditions. Integrated and personalized patented technology allows Aetna to tailor each member's interactions based on health and disease states, benefit plan coverage and personal preferences. The Simple Steps online health assessment, the Personal Health Record and onsite biometric screenings are also integrated with our disease management program. Our program also includes MedQuery®, which uses medical claims, pharmacy claims and lab result values at a member level, compares that against complex algorithms developed from evidence-based standards of care to identify potential gaps in care called Care Considerations and provides the care considerations to physicians to help them improve their patients' care.
Personal Health Record	This online report combines detailed, claims-driven information gathered from across the health care spectrum - such as physician offices, labs, diagnostic treatment and pharmacies - with user-entered information such as family history or allergies. The result is a health profile that the member can access anytime online, and print to share with his or her doctor.
Healthy Lifestyle Coaching	Telephone coaching and support from professional Health Coaches. This program delivered through Healthroads™, a subsidiary of American Specialty Health, Inc., helps all members from low to high risk quit using tobacco, manage their weight, deal more effectively with stress, learn about proper nutrition and physical fitness, high risk reduction and preventive health. High risk members receive weekly telephonic appointments with a coach for 12 months and low-risk up to four calls. Included are educational materials, a stress management audio CD, and a Get Started! Reward if you complete three sessions with a Health Coach. The kit includes a Healthroads cookbook, pedometer and exercise band. If the member's goal is to get tobacco-free, your reward is a 6-week supply of Nicotine Replacement Therapy (NRT).
Beginning Right SM Maternity Program	Provides services, information and resources to help improve pregnancy outcomes. Nurse outreach to physician for high risk members. Rewards for program completion are also available: Mayo Guide to Healthy Pregnancy sent with completion of the Pregnancy Risk Survey before the 16th week; baby blanket and growth chart sent when high risk outcome is complete.
Facility Charge Review (FCR)	The Facility Charge Review Program (FCR) is an additional feature of the National Advantage Program for self-funded plans. It provides reasonable charge allowance review for most inpatient and outpatient facility claims under indemnity plans, the out-of-network portion of managed care plans, or for emergency/medically necessary services not provided within the network, where a NAP contracted rate is not available. FCR is only available in conjunction with NAP and is not available separately. The fee for the Facility Charge Review feature of NAP is the same as the NAP fee, 40% of savings and is not included in the per subscriber per month fee.
HIPAA Certifications	Aetna's certification service for compliance with HIPAA certification requirements.
National Advantage SM Program (NAP)	National Advantage Program (NAP) – Aetna's NAP offers access to contracted rates for many hospital and physician claims that would otherwise be paid at billed charges under indemnity plans, the out-of-network portion of managed care plans, or for emergency/medically necessary services not provided within the network. The fee for the National Advantage Program is a percentage of savings and is not included in the per subscriber per month fee. The fee is only charged when contracted rates are applied. When a NAP contracted rate is used, the average savings - before NAP fees - range from 15-25 percent of billed charges depending on product. Discounts vary by geographic region. The standard fee for the National Advantage Program is 40% of savings and is not included in the per subscriber per month fee.
Road to Wellness (Core Package)	Core Wellness Package has been included in our offering. Please refer to the Roadmap to Wellness Packages section included within this proposal.
Vision One Program [§]	The Vision One Discount Program helps you and your family save on many eye care products, including eyeglasses, contact lenses, nonprescription sunglasses, LASIK surgery, contact lens solutions and other eye care accessories.

Reporting

Standard reports are produced at the customer level based on underwriting's release policy for self-insured, experienced-rated customers (bi-annual basis if 100-199 covered subscribers or quarterly if 200+ covered subscribers). Reports are available on an incurred basis, rolling 12 months with a 2-month claims lag. The reports offer a view of the current year's and the prior year's data illustrating utilization and financial trends in a concise, graphical format.

Report	Description	Cost
Level A	Level A includes pre-run, rolling 12-month incurred claim reports produced at the plan sponsor level by funding and product (medical and pharmacy). The package of reports identifies key cost, membership, and utilization trends. A "Summary by Product" package is also produced which includes all applicable products for a plan sponsor in one package.	Included
Level B	Level B allows users to access the same Level A standard report formats for medical, pharmacy, and dental in order to easily create their own reports on demand by selecting various time periods, account structure, product combinations, network service area and claim basis (incurred and proceeded).	Included
Ad Hoc	For customers with 100 or more subscribers, customized reports are also available upon request from Aetna Integrated Informatics [®] . A business consultant will be assigned to respond to tailored information and analytic needs. Charges and delivery dates for customized or ad hoc reports are quoted in advance. 100 - 2999 - 5 hrs free; 3,000 - 4999 subs - 10 hrs free	\$200-\$350 per hour depending on type of work performed.
Third Party Stop Loss Interface	For customers that have a third party vendor providing stop loss coverage. Provides third party vendors with the large claim reporting necessary to administer stop loss. Reporting charges vary by frequency. Additional reporting hours beyond the standard packages listed below will be billed at a rate of \$86 per hour. <ul style="list-style-type: none"> ■ Monthly Frequency - 12 Reports (includes 23 Reporting Hours) \$4,600 ■ Quarterly Frequency - 4 Reports (includes 13 Reporting Hours) \$2,600 ■ Semi-Annual Frequency - 2 Reports (includes 9 Reporting Hours) \$1,800 ■ Annual Frequency - 1 Report (includes 7 Reporting Hours) \$1,400 	

COBRA Services Description

Our rates exclude the following charges for COBRA Direct Billing. If this service is elected, these charges will be billed as incurred. For 2010, these are the individual billing services we offer for COBRA and the associated fees (there is a minimum monthly charge of \$150):

COBRA Services	Description	Cost
Installation or Restructure Fee	For a direct billing arrangement setup within a control number. Payable only in the first year. A full or partial charge may also be applied for restructures after the initial setup. For example, whenever new records must be established for existing continuees who are being moved to a new or revised control, suffix, or account structure.	\$1,000
Fee Per Participant Per Month (PEPM)	Monthly PEPM fee charged for each primary participant/subscriber enrolled in COBRA. Services include: billing and collection; delinquent monitoring; member record maintenance; dedicated customer call center with toll-free number (Mon-Fri, 8 AM-9 PM ET); dedicated processing center; dedicated account service representatives for plan sponsor issues; funds distribution to insurance carriers and plan sponsor; account maintenance; monthly management reports; and electronic eligibility (twice weekly). Aetna retains the 2% COBRA administration fee	\$6.90
Initial Notification Statement (Cost Per Notice Mailed - First Class Mail)	The plan sponsor requests that Aetna sends out notification to newly hired subscribers detailing COBRA rights in the event that they or a covered family member experience a COBRA event.	\$3.00
Qualifying Event Notification (First Class Mail)	For each qualified beneficiary, the plan sponsor has requested Aetna to send out enrollment/notification materials after a qualifying event. Fees vary based on method of Aetna receiving source information from the plan sponsor: PC Diskette (electronic file) - Standard Format; or Paper - Standard Format Only	\$8.00 and \$12.00 respectively
HIPAA Certification Notices	COBRA services are provided to both Aetna Inc. and non-Aetna Inc. covered subscribers. This HIPAA charge of \$3.00 per certificate is applied only for non-Aetna covered subscribers that are being billed. Aetna covered subscribers are in our eligibility systems, therefore their HIPAA certificate production costs are covered by the \$0.25 PEPM fee.	\$3.00
Specialized Services	Fee for members maintained in the Individual Billing System for eligibility only.	\$3.30

Notes

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Sumter County Board of County Commissioners

Caveats

Our proposal is illustrative and subject to change based upon underwriting review of the information listed and requested below. Receipt of this information is required for a final quote. Any of the information listed below, which has not been provided, may be required prior to final approval of a sale.

Documentation needed from current carrier(s)

Renewal

Renewal rates/fees and plan designs.

Demographics

Census data on incumbent carrier letterhead for all subscribers eligible for coverage, including: each subscriber's date of birth, insurance status, dependent coverage, gender, and home zip code. Census should also identify whether each subscriber is active, COBRA, part-time, union, early retiree, retiree or waiver and the plan/product in which the subscriber is currently enrolled. Additional information may be required if union members, retirees or part-time workers are eligible.

Assumptions

Eligibility

Our fees assume that permanent full-time subscribers work a minimum of 25 hours per week on a regularly scheduled basis and that eligible dependents include a subscriber's spouse and unmarried children up to the limiting age of the plan. For Stop Loss, eligibility standardly applies to active, permanent full-time subscribers who are working a minimum of 25 hours per week on a regularly scheduled basis.

Contributions

Plan Sponsor contributions meet Aetna's minimum requirements for Total Replacement sales.

Participation

There is a minimum requirement of 250 enrolled subscribers for administration of our self-funded plans. Our financial guarantee is contingent on the total number of covered medical and/or pharmacy lives (i.e., the total number of subscribers enrolled for coverage) quoted in the proposal.

Underlying Plan

Our quoted rating assumes that there are no underlying plans in effect that will either partially or completely subsidize any member cost sharing including but not limited to co-pays, deductibles, and/or coinsurance balances. Aetna reserves the right to change the quoted rating or decline coverage if Aetna has not been notified of the existence of an underlying plan.

Financial Condition

Plan Sponsor is a legitimate business and meets underwriting approval for acceptable financial strength. Aetna reserves the right to request additional supporting information in order to evaluate financial status.

First Year Renewal

The first year renewal will be delivered 60-90 days prior to the anniversary date.

Plan Design

This proposal response is based on the benefit plan designs, plus any noted deviations. Aetna standard provisions, contract wording and claim settlement practices will apply for items not specifically outlined.

SPD Modification

Our Service Fees include Aetna standard Summary Plan Description language and any customization may require an additional cost.

Rebate Share

We have assumed that the Plan Sponsor will receive a share of 10.0% based on expected enrollment of 847 subscribers. If enrollment in the pharmacy program increases/decreases, the percentage indicated above would be updated accordingly.

Seed Money

An advance deposit is required to fund the bank account used in conjunction with the self-funded arrangement. The Seed Money deposit is equal to two weeks of claims. If there is no run-off, the up-front deposit will be returned to the customer one year following the cancellation date. If there is run-off, the up-front deposit will be returned to the customer 12 months after the end of the run-off period, as long as there are no additional funds due Aetna. This requirement serves as a security deposit in the event a self-funded group is unable to honor its claims wire requests either while the Administrative Services Agreement is active or following termination.

National Advantage Program/ Facility Charge Review

The standard fee of 40% of savings has been assumed in this self-funded Proposal.

Pharmacy

Plan includes Aetna as the Pharmacy administrator. The Retail Brand and Generic Discounts and Dispensing Fees guaranteed hereunder may or may not be equal to the actual discounts and fees negotiated and paid by Aetna to the Participating Pharmacies. The Retail Brand and Generic Discounts and Dispensing Fees may result in either a positive or negative margin



Sumter County Board of County Commissioners

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for Aetna. Any positive margin may be retained by Aetna. Any negative margin will not be recouped by Aetna from the Plan Sponsor.
Eligibility Transmission Our proposal assumes we will receive eligibility information monthly, or more frequently, from one location by electronic connectivity. Submission of eligibility information by more than one location or via multiple methods will result in additional charges. Costs associated with any custom programming necessary to accept eligibility information are excluded. During then installation, we will review all available methods of submitting eligibility information and identify the approach that best meets the Plan Sponsor's needs.
Run-Off Claims Processing If immature fees are chosen, Aetna will pay runoff claims for up to 1 year from the plan termination date for a fee equal to 80% of the most recent 3 months of mature fees. The determination of the fee is: (average pepm fee over the last 3 months x the average employees over the last 3 months x 3 x 80%)
Late Wire Transfer Charges We will assess a late wire transfer charge for requests that are not responded to on the day they are requested. This charge is equal to the time-weighted amounts of the delayed transfers multiplied by an annualized interest charge factor. Our proposal assumes that wire requests will be responded to on a same-day basis.
Data Transfer at Termination Upon contract termination, we agree to cooperate with succeeding administrators in producing and transferring required claim and enrollment data. Data will be transferred within 30 days after determination of specific format and content requirements, subject to a charge that is based on direct labor cost and data processing time.
Late Fee Payment Late payment charges are assessed after the expiration of a 31-day grace period and will be charged as incurred.

Aetna reserves the right to revise the Fees or withdraw the quote if:
Member/Subscriber Ratio The enrolled member to subscriber ratio increases by more than 10% from the 2.04 ratio assumed in this quote.
Enrollment The actual enrollment in total or by plan changes by more than 10% compared with what was proposed.
60 Day Provision A decision is not reached within 60 days from the time the quote is released.
COBRA The total number of COBRA enrollees exceeds 10.0% of the total enrolled group or the total number of COBRA enrollees increases by more than 5.0 percentage points from what was assumed in this quote.
Retirees The total number of Retiree enrollees exceeds 10.0% of the total enrolled group or the total number of Retiree enrollees increases by more than 5.0 percentage points from what was assumed in this quote.
PCT The actual PCT ratio exceeds the assumed ratio (medical 00.0, Rx 00.0) by 10% or more (administrative fees only).
Plan Change Any plan design changes from the proposed benefits must be approved by Aetna.
Claim Payment A material change in claims payment requirements or procedures, account structure, or any other change materially affecting the manner or cost of paying benefits (whether initiated by you or by legislative or regulatory action).
Ancillary You decide not to purchase any of the quoted ancillary products or you cancel any such ancillary product mid-term.
Customized Banking You require the need for a customized banking agreement and additional wire lines (administrative fees only).
Account Structure Maximum account structure exceeds 60 units per product. Account structure determines the reporting format. During the installation process, we will finalize the account structure and determine which report formats will be most meaningful.



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Caveats

Our proposal is illustrative and subject to change based upon underwriting review of the information listed and requested below. Receipt of this information is required for a final quote. Any of the information listed below, which has not been provided, may be required prior to final approval of a sale.

Maximum total account structure includes ERGs, controls, suffixes, billing and claim accounts.

Termination

The contract is terminated by the customer requiring Aetna to incur charges for maintaining plan structure to report and/or process runoff claims.

Additional Caveats

Primary Care Physician Referrals

Because of certain provider contractual arrangements with some Independent Provider Associations (IPAs) and medical groups, Aetna will permit specific exemptions to the requirement that a member obtain a referral from their primary care physician (PCP) before receiving care from other providers for our EPO, Managed Choice, and Aetna Select plans.

Federal Mental Health Parity

Please note the Mental Health Parity interim final regulations were published on February 2, 2010 and generally apply to group health plans for plan years beginning on or after July 1, 2010 (with exceptions for collectively bargained plans). Compliance with the federal parity law, including the interim final regulations, is the responsibility of self funded plan sponsors and Aetna cannot provide legal advice in this regard. Therefore, plan sponsors should seek their own separate counsel for legal guidance on application of the federal mental health parity requirements.

Disclosure Statement

"Aetna" is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies.

The Aetna companies include:

Aetna Health Inc., Aetna Health of California Inc., Aetna Health of the Carolinas Inc., Aetna Health of Illinois, Inc., Aetna Health of Washington Inc., Aetna Health Insurance Company of Connecticut, Aetna Health Insurance Company of New York, Corporate Health Insurance Company; Aetna Life Insurance Company; Aetna Dental Inc.; and/or Aetna Dental of California Inc.

Certain dental plans are available only for groups of a certain size in accordance with underwriting guidelines. Managed care plans may not cover all health care expenses. Contracts should be read carefully to determine which health care services are covered. While this material is believed to be accurate as of the print date, it is subject to change. For more specific information about the coverage details, including limitations, exclusions, and other plan requirements, please contact an Aetna representative.

Aetna has various programs for compensating producers (agents, brokers and consultants). If you would like information regarding compensation programs for which your producer is eligible, payments (if any) which Aetna has made to your producer, or other material relationships your producer may have with Aetna, you may contact your producer or your Aetna account representative. Information regarding Aetna's program compensating producers is also available at www.aetna.com. The information contained in this proposal is confidential and should not be shared with anyone other than your broker or benefit plan consultant.



Florida Association of Counties Benefits

Aetna has developed a strong relationship with the Florida Association of Counties (FAC) with respect to County Governments in Florida.

FAC, an organization that exists to further the interests of Florida county governments, is substantially funded (directly though not exclusively) by its member counties in the State of Florida (e.g., indirectly by county taxpayers). FAC represents Florida county interests to Aetna to enable Aetna to better serve the unique needs of Florida counties. As part of the relationship between Aetna and FAC, Aetna pays an administrative fee to FAC. FAC uses this fee to help fund its expenses, including the following:

- employer/employee advocacy
- workshops on important healthcare issues
- focus groups to improve and expand programs and services
- insights into developing public sector benefits trends
- data initiatives and
- updates on legislative proposals

Aetna expects that if Aetna is selected as a vendor for Sumter County, Aetna will pay FAC an administrative fee. This administrative fee is an Aetna expense, has not been included as an additional line-item in the proposed premium and is not directly funded by the administrative rates Aetna has proposed to Sumter County. The monthly fee is \$2.00 per member.

FAC Mission, Purpose & History

"The mission of the Association is to preserve and promote democratic principles by working to keep appropriate authority at the level of government closest to the people, and to increase the capacity of Florida counties to effectively serve and represent the citizens of the state through legislative action, education of public officials, and enhancement of public awareness about the role and functions of county government."

Founded : 1929

Tax Status : Private non-profit association under section 501, (c)(4) of the IRS Code

Location : 100 South Monroe Street, Tallahassee, Florida 32301

Mailing Address : P.O. Box 549, Tallahassee, Florida 32302-0549

Telephone : (850) 922-4300

FAX : (850) 488-7192 - Legislative (850) 488-7501 - Administrative
(850) 922-2835 - Enterprise

Membership : 66 Florida counties represented by 372 county commissioners. The

FAC Staff: 26 full-time; 3 part-time

FCF Staff: 3 circuit riders

Executive Director : Mary Kay Cariseo

Governance: The FAC is governed by a board of directors comprised of one county commissioner from each state senate district (40); five executive officers; six county commissioners appointed at-large with no more than three of the six from counties with population of 75,000 or more; and the past presidents of the FAC. In addition, the chairpersons or designees of the Florida Counties Foundation, Florida Association of Counties Trust, Florida Local Government Investment Trust, Florida Local Government Finance Commission, if county commissioners, shall be full voting members of the board of directors. The Board sets policy for the Association and approves an annual budget.

The executive officers of the FAC are president, president-elect, 1st vice president, 2nd vice president, and the immediate past president. This executive committee conducts the business of the Association between board meetings (4 to 6 times a year) and recommends the hiring of an executive director for approval by the board of directors. The executive director conducts the daily business of the Association and hires the members of the FAC staff.

FAC History

The State Association of County Commissioners (SACC) was founded in 1929 to represent the concerns of Florida's county governments. In the early years, the SACC was managed by only two people: the president of the Association and a Tallahassee attorney. Over a span of three decades, the SACC worked with a succession of presidents on the major county issues of the time, while expanding the counties' financial base and acquiring home rule authority.

In 1958, the SACC hired its first full-time executive director to promote the county legislative program and manage an annual and legislative conference each year. In addition, an effort was begun to acquire eminent domain authority for counties.

In 1968, a new state Constitution authorized home rule authority for counties. In addition, the state transferred the seventh cent of gas tax back to the counties for road maintenance and provided some revenue to counties from the state cigarette and pari-mutual taxes. As county authority grew, so did the SACC.

The Association's increased legislative activity directly resulted in the passage of the Local Government Half Cent Sales Tax in 1982, providing a much needed revenue source for counties. Also during this period, a five year plan was established by members to help guide the work of the Association. In 1986, a second long range plan, working from the preceding blueprint, was brought to life.

The new plan brought many changes. The SACC changed its name to the Florida Association of Counties (FAC), the Florida Association of Counties Trust (FACT) was launched, and the Educational Foundation was established. Also integral to the long range plan was positioning the FAC in a permanent office building. By 1993, the FAC move was complete; a process that took almost five years.

With the onset of the 1990's, a full-scale communications effort began and new investment and insurance programs were initiated that are still maximizing service delivery in Florida's counties. The Florida Counties Foundation (FCF) was established in 1990 as a private, non-profit corporation providing education, training, and technical assistance to appointed and elected county officials.

The Association's history has yielded a more visible and proactive county presence in the state legislature and state agencies, substantive education and technical assistance programs, and direct communication and publicity to county officials.

FAC stands proud on the solid foundation of its past, prepared to serve its future Florida's counties.

For more information contact:
Florida Association of Counties
P.O. Box 549
Tallahassee, FL 32302
Phone: (850) 922-4300 Fax: (850) 488-7501

Our Aetna Health ConnectionsSM Disease Management quote includes components for disease/condition management and patient safety.

Disease Management

Our disease management program is "powered" by our proprietary CareEngine[®] System that applies thousands of evidence-based clinical rules to aggregated member medical and pharmacy claims and lab results along with self-reported data to uncover potential areas for improvement and instances of potentially sub-optimal care. The guidelines are applied on a continuous basis to all members of a covered population to identify potential clinical improvement opportunities. For each opportunity identified, a "care consideration" is generated that identifies the clinical issue(s) found, and identifies an alternative treatment that the evidence-based literature and treatment guidelines indicate could improve the member's care. These Care Considerations are communicated to treating physicians each time a care improvement opportunity is identified by the CareEngine system.

Members participating in Aetna's Disease Management program are assigned to a Nurse Care Manager who acts as their "personal health coach" around their specific conditions. The Nurse Care Manager provides one-on-one education and support to the member in understanding his/her health needs and how to best improve physician visits through informed communication.

Disease Management provides comprehensive support for 34 chronic conditions that:

- Focuses on both physicians and members in effecting behavior changes leading to improved clinical and financial outcomes.
- Identifies and targets impactable clinical issues that are communicated to physicians and members with specific actions that can be taken to improve patient care.
- Customizes member engagement and education activities and intensity according to the member's specific clinical issues and medical needs.
- Creates a strong value proposition in that it targets resources to those members most likely to benefit from disease management activities.
- Designs activities and care management around the member's complete set of conditions and co-morbidities in order to maximize care and anticipate potentially harmful interactions between disease states.

The following is a list of the 34 conditions included with Disease Management:

Vascular

- Peripheral Artery Disease
- Cerebrovascular Disease/ Stroke
- Congestive Heart Failure
- Coronary Artery Disease
- Diabetes - Adult and Pediatric
- Hypertension

Pulmonary

- Asthma - Adult and Pediatric
- COPD (Chronic Obstructive Pulmonary Disease)

GI

- Gastro Esophageal Reflux Disease (GERD)
- Chronic Hepatitis
- Peptic Ulcer Disease
- Inflammatory Bowel Disease (Crohn's Disease and Ulcerative Colitis)

Neuro

- Seizure Disorders
- Migraines
- Parkinsonism
- Geriatrics

Orthopedic

- Osteoporosis
- Rheumatoid arthritis

Oncology

- Breast Cancer
- Lung Cancer
- Lymphoma/Leukemia
- Prostate Cancer
- Colorectal Cancer

Other

- Cystic Fibrosis - Adult and Pediatric
- Chronic Kidney Disease
- End Stage Renal Disease
- HIV
- Hypercoagulable State
- Low Back Pain
- Sickle Cell Disease - Adult and Pediatric



MedQuery

MedQuery turns our member data into information that can be used to improve clinical quality, patient safety and financial outcomes. Powered by the CareEngine and Doctor Messaging Services, MedQuery identifies opportunities for improved care and delivers patient-specific, evidence-based treatment guidelines to physicians. The data that fuels this program includes medical and pharmacy claims, lab results and member demographics.

The MedQuery program applies over 1,000 clinical algorithms to identify potential errors, omissions or commissions in care. As opportunities for improved care are identified, they are stratified and assigned a severity level. The member-specific opportunities are then communicated to the appropriate treating physician according to evidence-based medical research. By identifying and communicating opportunities for improved care, the MedQuery program empowers physicians to optimize care and avoid adverse events.

As medical care becomes more and more complex, and patients are treated by an increasing number of highly specialized physicians, the use of computerized systems to identify opportunities to improve care and prevent error become ever more important. While some plan sponsors have Pharmacy Benefit Managers (PBMs) in place to monitor drug-related clinical situations, MedQuery goes above and beyond pharmacy care and addresses the entire spectrum of disease and organ system care as well as specific preventive services.

How Does MedQuery Work?

The process begins with the collection of 24 months of medical and pharmacy claim data for program participants. Laboratory data, including actual numeric laboratory results, are added to the claims records when available.

The complex clinical rules, or algorithms, derived from evidence-based standards, are applied to the data to identify potential opportunities to improve care. The output of these algorithms is referred to as a 'Care Consideration'. Computer derived Care Considerations are then manually reviewed by a physician or nurse, depending on the Care Consideration identified.

MedQuery's Doctor Messaging delivers physician-to-physician specific evidence-based treatment alternatives to alert the treating physician to an opportunity to improve care.

While all treatment decisions are ultimately the responsibility of the physician in consultation with their patient, MedQuery serves as a valuable resource in prompting a doctor to consider aspects of their patient's care that they might otherwise have overlooked.

The Breadth of the MedQuery Program

MedQuery is a comprehensive and robust program whose differentiator lies in the breadth of treatment considerations that are identified. Care Considerations alert providers to possible opportunities to improve care through the following situations:

Care Considerations are categorized into one of 5 types. These categories correspond to the type of potential gap that the care consideration identifies.

Care Consideration Type	Description
Add/Intensify A Drug	Member medical and pharmacy claims and lab result information suggests that the addition of a specific type of pharmaceutical agent might be beneficial, given the condition and health status of the member.
Drug-to-Drug Interaction	Pharmacy information suggests that the member is simultaneously filling two drug prescriptions which are associated with a significantly increased risk of side effect when taken together.
Stop a Drug	Member medical and pharmacy information suggests that a given pharmaceutical should be discontinued given its potential to worsen a condition or interfere with the efficacy of another treatment.
Monitoring	Member medical, pharmacy, and lab result information suggest that a particular screening test or procedure be conducted to improve the health of the member.
Screening	Wellness related alerts intended to detect and/or prevent the development or worsening of a condition.



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Aetna Health ConnectionsSM Disease Management Quote

Additionally, Care Considerations are stratified into three levels. The below chart shows how the level of Care Consideration helps to determine the most appropriate communication method with the treating physician.

	Description	Communication Method
Level One	A potentially serious issue where communication with the treating physician could have a significant impact and the situation should be addressed immediately.	Telephone call by MD to treating physician within 24 hours with a follow-up letter or fax.
Level Two	A potentially serious but non-urgent issue where communication may safely be delayed for several days or longer.	Letter, or sometimes telephone call by MD or RN, to treating physician within 7 days with a follow-up letter or fax.
Level Three	A less serious issue. *	Routine letter to treating physician.

* While all medical issues might be considered serious, it is important to avoid communicating all Care Considerations with the same sense of importance to enable physicians to focus on the more serious cases.

MedQuery communications include an opportunity for a response from the treating physician. Responses are entered into the Care Engine so that additional information becomes available on that member's record when other Care Considerations are identified. Further, this response process may identify situations where a Care Consideration may require modification based on feedback from physicians.

MedQuery is a program that identifies opportunities to improve care. It is not a utilization review, pre-certification or case management program. Financial return often may be a direct result of improvements in care. In addition to the potential for direct medical cost savings from avoiding errors and the expenses of suboptimal treatment, improvements in care provided by treating physicians may contribute to a reduction in the number of "sick days" participants may need to take.

MedQuery Member Messaging Program

The MedQuery Member Messaging program enhances MedQuery with communications directly to members. It encourages members to work with their doctors and other health care professionals as a team. Two weeks after a care consideration is sent to the physician, the MedQuery system takes another look. If no information has been received back from the physician or if the physician indicates that the member has not complied with the physician's treatment recommendation addressing the care consideration, then the MedQuery Member Messaging program alerts the member directly by letter. The letter states, in easy-to-understand language, that the MedQuery program has identified a Care Consideration, provides the member with specific information about a potential issue regarding his/her health and encourages the member to speak with his/her doctor about this care consideration. Members can help facilitate a safer experience with the health care system by being involved and informed about their treatment.

Proposed Fees (Per Subscriber Per Month) \$3.95

Disease Management (Disease/Condition Management)	Included
MedQuery (Patient Safety)	Included
MedQuery Member Messaging	Available for an additional \$0.20 per subscriber per month

The following assumptions were used:

- MedQuery is an essential component of Disease Management and must be included.
- Pharmacy data is integrated with our health benefit products and Aetna receives 24 months of claim history from the prior carrier(s).

Plans and Programs are offered, underwritten or administered by Aetna Health Inc., Aetna Health of California Inc., Aetna Health of the Carolinas Inc., Aetna Health of Illinois Inc., Aetna Health Insurance Company of New York, Corporate Health Insurance Company and/or Aetna Life Insurance Company.

Information is subject to change.



Collaborate with a **strong partner** in the benefits marketplace

Look at what several highly-regarded organizations are saying about Aetna's service to its customers:

Aetna was named the top company among the nation's largest health care insurers in FORTUNE's annual **Most Admired Companies list**.¹ In this year's rankings, Aetna came through with an unprecedented number 1 rating in seven areas for the Health Care Insurance and Managed Care industry:

- Quality of products & services
- Financial soundness
- People management
- Long-term investment
- Innovation
- Quality of management
- Use of corporate assets

In the *8th Semi-Annual UBS Benefit Consultant Survey*² from UBS Securities, Aetna received the **top average score across all categories of the company report card** – for the fourth consecutive time. The categories were service, network, and utilization management.

In the recent Goldman Sachs Group survey, *Americas: Managed Care*³, the national employers surveyed **rated Aetna as the lead national carrier**, giving high marks for product innovation, seamless offerings and steady service levels.

¹ *Fortune*, March 2009

<http://money.cnn.com/magazines/fortune/mostadmired/2009/snapshots/10886.html>

² *8th Semi-Annual UBS Benefit Consultant Survey*, UBS Investment Research, May 2009. Visit <http://UBS.com>

³ *Americas: Managed Care*, The Goldman Sachs Group, Inc., January 2008

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna). This material is for information only and is subject to change. For more information about Aetna plans and programs, refer to www.aetna.com.

Aetna Medical and Pharmacy Integration Benefits

Streamlining your healthcare with Aetna Pharmacy Management

Aetna Pharmacy Management provides full pharmacy benefit management services. Our clinical focus and vigilance in helping to promote health care quality was recognized by URAC, an independent accrediting organization. We are accredited in both Pharmacy Benefits Management and Drug Therapy Management. Aetna is one of only four organizations to achieve this dual accreditation. Aetna's pharmacy program provides:

- Advanced clinical programs and resources to help manage costs.
- Experienced pharmacy account management and customer support.
- Leading online tools to help Aetna members make informed decisions.
- Pharmacy discounts and rebates.
- An extensive pharmacy network.
- Access to advanced mail-order and specialty pharmacy services.

When you partner Aetna prescription drug benefits with Aetna medical benefits, your healthcare outcome is enhanced because the two plans work together to promote clinically appropriate, cost-effective care.

Our advanced medical and pharmacy integration capabilities provide customers and members with key benefits:

Advantages of Integrated Aetna Medical & Pharmacy	
Improved member health experience	<ul style="list-style-type: none"> ▪ Point-of-service drug edit programs help providers identify clinical improvement opportunities ▪ Broad view of members' medical and pharmacy history includes co-morbidities, severity of illness, prospective health risk and years since initial diagnosis ▪ Ability to evaluate the impact of drugs on members' health and improve health outcomes ▪ Integrated medical and pharmacy claim system, Aetna Rx Check and Aetna MedQuery, helps to identify drug-to-drug, drug-to-disease and drug-to-age interactions
Easier member service experience	<ul style="list-style-type: none"> ▪ One ID card for both medical and pharmacy benefits ▪ High-deductible health plan funds integrate with our medical HMO and PPO plans, allowing better coordination of benefits ▪ One health benefits company reaching out to members with targeted program and health information <ul style="list-style-type: none"> ▪ Member access to detailed medical and pharmacy claims information, including drug names and explanations of benefits – through Aetna Navigator, our secure member website ▪ Coordinated precertification and other policies improve and simplify patient care
Streamlined customer service	<ul style="list-style-type: none"> ▪ One account manager ▪ One eligibility submission ▪ No charge for Aetna medical and pharmacy integration ▪ Data integration that is seamless and requires no additional data manipulation by or charges to the customer
Efficient healthcare management	<ul style="list-style-type: none"> ▪ Focus on managing overall healthcare spend ▪ Enhances Aetna's disease management program leading to healthier outcomes ▪ Aetna Specialty Pharmacy healthcare professionals reach out to help specialty pharmacy members have the right medication, education and support they need. ▪ Medical diagnosis and other clinical parameters allows quick adjudication of claims at point-of-service
Data integration advantages	<ul style="list-style-type: none"> ▪ Common clinical view ▪ 360-degree integrated member view for clinicians ▪ Connected clinical teams and integrated programs ▪ Integrated predictive modeling ▪ Integrated technology and data

Our studies have shown that integrated medical and pharmacy benefits result in improved health outcomes by allowing an overall approach to our members' treatment plan. With Aetna's focus on member wellness and disease management, our integrated medical and prescription drug plans work together to achieve our goal of healthier membership.



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Wellness Programs Included to Help Members Stay Healthy and Improve Productivity

We believe that a workplace wellness strategy is essential to successfully motivate subscribers and sustain engagement in their health and well being. The Aetna Health Connections program is designed to help improve our members' overall health by offering easy access to an online health assessment, Online Wellness Programs, a personal health record, disease management, online self-help tools, onsite biometric screenings, and a variety of member incentives.

Health Assessment (Supported by Incentives)

Simple Steps To A Healthier Life® (SSHL)
Aetna's Health Assessment

A personalized online health and wellness program that begins with completing a health assessment. Based on information gathered in the health assessment, the participant receives a personalized Action Plan to help them achieve and maintain good health. The Action Plan includes a variety of recommended Online Wellness Programs, a printable one-page Health Summary to keep, record and compare their results over time and to share with their doctor, dentist or other health-care provider. Aetna's Health Assessment also is designed to assess participants' level of health risks, their readiness to change certain health behaviors and their impact of health on productivity. Plan Sponsors have access to aggregate results and can utilize information to design a wellness program and measure the success of the programs.

Online Wellness Programs

The Online Wellness Programs will personally invite subscribers who complete their Health Assessments to join the program most likely to appeal to them, based on the information provided in their Health Assessments. Within each program, your subscribers will find the tools and resources they need to help them get on – and stay on – the road to their optimal health. These include:

- A program plan created just for them, based on their responses to the Health Assessment
- Newsletters that help keep them engaged and focused on realizing their goals
- Online libraries with articles, videos, recipes and other tools to help answer questions and achieve desired results

Available programs include: Balance™ (weight management/physical activity), Nourish™ (nutrition/diet), Relax™ (stress management), Breathe™ (smoking cessation), Overcoming™ Insomnia, Overcoming™ Depression.

Advocacy & Outreach Programs

24/7 Nurse Line - Informed Health® Line

24-hour nurse 1-800 support line - Members can call anytime and talk to a registered nurse for answers to health related questions. They can also listen to information from our audio health library on thousands of topics.

Communications Campaigns and Toolkits

Roadmap to Wellness Plan Sponsor Website

A step-by-step guide to help Plan Sponsors implement a worksite wellness program. Included is a manual with instructions, a 12-month wellness calendar, email templates announcing the program, a 4-week Health Assessment Campaign, forms, posters, and flyers promoting a health fair, PDFs for each monthly topic and tools to assist in setting goals, objectives, communication plan and evaluation of the program.

Member Wellness Message Program

Electronic communications for employees that address general health and wellness topics, available in English and Spanish.

Online Self-Help Tools

Aetna Navigator[®]

A secure member website that is an online resource for personalized health and financial information. Subscribers can access their personal health benefits, find claims status, and details, find cost of tests and medical visits, view health history report, receive wellness discounts, take the health assessment, participate in the Online Wellness Programs, locate a doctor, self refer into available disease management programs and much more.

ReawakeningSM Center

Offers resources to encourage and assist people at risk for depression.

Healthwise[®] Knowledgebase

This feature on Aetna Navigator is a decision-support tool that gives members access to powerful information resources in order to make better health decisions. Members have access to clinical information on 1,900 health topics, 600 medical tests and procedures, 500 support groups, and 3,000 medications.

InteliHealth[®] Website

A consumer health website and credible source of current health news featuring information from Harvard Medical School, as well as interactive tools including BMI calculator, stretching exercise video, healthy menus for weight loss, aerobic workout plan for beginners, an ergonomic guide and much more.

Women's Health Online

A wealth of information on common conditions and health that affect women, including preventive guidelines, ask the expert and much more. Also has a website with information Plan Sponsors can use for newsletters, etc.

Wellness Kits To Go

Online self-help kits give practical strategies and solution-oriented information that will help identify issues that apply to the member's health.

Preventive Health Care Schedule

This informational schedule will guide members according to age and gender of preventive screenings needed and steps to take to live a long and healthy life.

Discount Programs

Aetna discount programs are included to help members save money on a wide variety of services and products. Our discount programs and services help members afford the small luxuries that can help keep them happy and healthy. Members can save right away on fitness club memberships, treadmills and elliptical trainers, LASIK surgery, massage therapy, colored contact lenses and more!

Reporting

A variety of reports are available to plan sponsors via Navigator and Simple Steps, and may vary based on participation levels.

In Texas, discount programs are not insurance and program features are not guaranteed under the plan contract and may be discontinued at any time. Discount programs are in addition to any plan benefits and may require a separate charge to access such programs. Discounts offered are not insurance.

Health benefits and health insurance plans are offered/underwritten by Aetna Health Inc., Aetna Health of California Inc., Aetna Health of Illinois Inc., Aetna Health of the Carolinas Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company and/or Aetna Life Insurance Company. In Maryland by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.

Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Health benefits and health insurance plans contain exclusions and limitations. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. The Aetna Personal Health Record ("PHR") should not be used as the sole source of information about the member's health conditions or medical treatment.

Information is believed to be accurate as of the production date; however, it is subject to change.

For more information about Aetna plans, refer to www.aetna.com.

Policy forms issued in OK include: HMO/OK COC-4 09/02, HMO/OK GA-3 11/01, HMO OK POS RIDER 08/07, GR-23 and/or GR-29/GR-29N.



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Summit Health - Onsite Health Screening Services - 2010 Rates

Screening Packages	Fee per participant ⁽¹⁾	Minimum Participants
Healthy Heart Non-Fasting (TC, HDL, TC/HDL ratio, Blood Glucose, Blood Pressure, Self-Reported BMI, Counseling)	\$51.40	20
Healthy Heart Fasting (TC, HDL, TC/HDL ratio, LDL, Triglycerides, Blood Glucose, Blood Pressure, BMI, Counseling)	\$56.25	20
Individual Screening Tests	Fee per participant ⁽¹⁾	Minimum Participants
Cholesterol Non-fasting (TC, HDL, TC/HDL ratio)	\$38.25	20
Cholesterol Fasting ("Lipid Profile" = TC, HDL, TC/HDL ratio, LDL, Triglycerides)	\$43.40	20
Blood Glucose	\$16.00 standalone \$4.80 with other screening	20
Blood Pressure + Pulse Rate	\$11.25 standalone \$4.80 with other screening	20
Bone Density (Osteoporosis) - <i>One station with a capacity of 15-20 participants/hour</i>	\$40.15 (or \$1,045.00 for unlimited 4-hour program) (\$260.00 each additional hour beyond 4)	25
Skin Conditioning (DermaView) - <i>One station with a capacity of 10-12 participants/hour</i>	\$20.90 (or \$725.00 for unlimited 4-hour program) (\$180.00 each additional hour beyond 4)	20
Body Mass Index (BMI) – self reported height & weight	\$14.45 standalone \$4.80 with other screening	20
Height & Weight Measured	\$8.00	20
Home Test – subscriber administered (Lipid Profile + Glucose)	\$24.00 per kit mailed out + \$48.25 to process each kit mailed back	None
Reporting Options	Fee per participant ⁽¹⁾	Minimum Participants
Participation Report	Basic participation (count) report included with every screening event	20
Aggregate Stratification Report	Plan sponsor aggregate reports. included at no charge when plan sponsor selects a Healthy Heart screening package. Not available if the plan sponsor selects only bone density, waist circumference or BMI screenings	20
Test Results Sent to Participant's Physician	\$8.80	None
Educational Support Materials	Fee per participant ⁽¹⁾	Minimum Participants
Permafold Handouts	\$1.60 (each)	None
<i>Six Steps to a Healthy Heart</i> (American Diabetes Association)	\$1.20 (each)	None

⁽¹⁾ Health screenings are recommended for organizations with greater than 200 subscribers per site. Minimum guarantee is 20 participants per site. Other minimums may apply if the online appointment system is not used. Four (4) hour minimum event duration required. A minimum of 4-6 weeks is required to plan an event. This program is brought to you through an arrangement that Aetna has negotiated with Summit Health. Summit Health is the provider of the services referenced above. Payment for services should be made to Aetna.



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Self Funded General Description

We provide a full range of administrative services for our self-funded customers including plan administration, account management, statistical reporting/analysis, network and medical management, and field representative services. We bill the customer a monthly service charge based on the previous month's number of covered subscribers. The service charge is subject to change based on the caveats listed in the proposal and rate sheets, such as more than a 10 percent variance in lives, more than a 10 percent variance in member/subscriber ratio, etc. Also, additional charges will be billed for non-standard services, such as printing or preparation of non-standard reports.

BANKING AND FUNDING

We offer banking services designed for both simplicity and efficiency. We maintain a joint disbursement account for self-funded customers at Bank of America or Citibank. Once the customer executes the banking agreement, we handle all other details concerning participation in this account. Funds are requested and transferred on an as-needed basis for all 0 checks.

Our simplified banking:

- Avoids maintenance charges for separate customer bank accounts and expensive custom-printed check stock.
- Incorporates numerous cash-flow advantages. For example, we clear all checks/EFTs through Bank of America or Citibank. Aetna requests funds from the customer's bank when 0 claims total \$20,000 or more, with a monthly closeout request on the first banking day of each month. Wire request are administered through a Federal drawdown by Bank of America or Citibank (as instructed by Aetna).
- Seed Deposit Requirements - We require an up-front deposit equal to two weeks of projected mature claims (equivalent to approximately four percent of annual, mature claims). If there is no run-off, the up-front deposit will be returned to the customer one year following the cancellation date. If there is run-off, the up-front deposit will be returned to the customer 12 months after the end of the run-off period, as long as there are no additional funds due Aetna. This requirement serves as a security deposit in the event a self-funded group is unable to honor its claims wire requests either while the Administrative Services Agreement is active or following termination. Seed money deposits also act as an offset to any overdraft caused by a customer's claims reimbursements that have been presented for payment but have yet to be requested and subsequently funded by the group. For customers with 1,000 or more subscribers, seed money is not required.
- Reserve Requirements - The customer retains the health reserve liability.

The customer is responsible for funding all benefits paid under the plan. All benefits checks/EFTs clear through the joint account. All benefits payments are made in the customer's name, with Aetna as the paying agent. As we identify and approve the check amounts, Bank of America or Citibank requests funds (as instructed by Aetna) to cover the 0 checks from the customer's designated bank using the Federal Wire Transfer system. Proper transfer of funds is monitored closely through the series of audits we perform within our accounting system, as well as the audits between banks.

STANDARD SERVICES

We provide the following standard services:

- Account Management:
 - Analysis of experience
 - Calculation of reserves
 - Expected cost projections for budgeting purposes
 - Generic subscriber communication materials
 - Installation of the plan and resolution of servicing issues
 - Maintenance of exposure data for consulting/plan design/plan analysis purposes
- Banking/Financial:
 - Bulk payment system
 - Central bank account
 - Checks-0 funding
 - Checks reconciled and recorded on claims reporting system
 - Outgoing wire transfer request charges and bank check handling charges
 - Wire transfer/EFT reconciliation
 - Up to three wire lines per customer
- Claims Administration/Adjudication:

- Application of COB
 - Application of medical necessity criteria
 - Application of R&C (surgery, common provider services, X-ray, and lab)
 - Bulk payment to improve cash flow
 - Certification of subscriber/dependent eligibility
 - Claim forms and envelopes
 - ClaimCheck editing of CPT billing practices
 - Claims audits; services of professional auditors
 - Computerized claims payment system
 - Computerized hospital duration guidelines
 - Fraud protection/investigative staff
 - Maintenance of subscriber and dependent data, including eligibility and claims history
 - Maintenance of financial records for seven years
 - Maintenance of plan information for automatic claims calculation
 - Mental/nervous condition claims controls
 - Production and distribution of checks and EOBs, when applicable
 - Provider flags for utilization/fraud control
 - Provider TIN reporting (1099)
 - Investigative staff
- Eligibility Reporting:
 - Flexibility in the transmission media we can accept
 - Online eligibility inquiry and update capabilities
- Medical Services:
 - Wellness Programs
 - Health education
 - Wellness/preventive care reminders
 - Member website
 - Acute Care Management
 - Precertification, utilization management/concurrent review, pre-hospital discharge planning
 - Case Management
 - Catastrophic case management, Women's Health, National Medical Excellence Program®
 - Electronic Total Utilization Management System (eTUMS)
 - Integrated, cross-platform data sharing
 - Wireless communication of real-time patient information
 - The PULSE AIM application – identifies candidates for case management
 - Quality and Patient Safety
 - Participation in Leapfrog initiatives
 - Data Integration/Tools/Resources
 - Aetna IntelliHealth®
 - Healthwise® Knowledgebase
 - Cost Management
 - Audits, COB, duplicate bill elimination, fraud team
- Member Services:
 - Toll-free number for members and providers to access claims and patient management services, ask questions, and resolve problems
- Plan Services
 - Counseling on federal and state regulatory requirements
 - Drafting of plan documents
 - Producing ID cards
 - Underwriting advice for late entrants
- Statistical Reporting and Analysis
 - Annual accounting
 - Claims detail reports (monthly)
 - Health care information reports (cumulative quarterly)
 - Standard coding (CPT-4, PAS, ICD-9, ADA, etc.)
 - In addition to preformatted reports, customers granted two to four prepaid reporting hours to handle other ad hoc reporting requests (Two hours for customers with 300 to 999 covered subscribers; four hours for customers

with 1,000 plus covered subscribers.)

- **Implementation** - We develop an implementation management plan outlining the tasks to be accomplished by both groups and establishing target dates for completion. Throughout the implementation process, team members work together, contributing their specialized skills and talents toward a successful goal.
- **Claim History Transfer** - These files are used to administer deductible and internal maximums, if any. There is no cost associated with receiving claim history files electronically from the prior carrier. There will be a charge for files received in a format other than electronically; costs are based on the complexity and format of the data.
- **ID Cards** - Standard ID cards are included. Each member and covered spouse receives a plastic family ID card. The family ID card allows for group family members on one ID card to a maximum of five, with additional members listed on a second family card. It takes about one week from the time we receive the customer's eligibility information to produce the initial order of ID cards. Subsequent orders can be filled overnight. For an additional cost, we can customize ID cards to show the customer's logo or special colors or designs. Production times take about two to six weeks, and subsequent orders can be filled overnight.
- **Directories and Other Materials** - To alleviate customer expense, protect natural resources, and provide convenient member assistance, we offer many no-charge, Web-based solutions. For example, DocFind®, our online directory of participating providers, helps members find provider information. Aetna Navigator™, our member website, lets members send a secure message to Aetna Member Services, obtain preventive health care schedules, and view eligibility, and benefits-related information, and Explanations of Benefits (EOBs) statements. For those customers who require hardcopy directories, we can include an annual supply equal to 1.2 times the number of subscribers who match our network sites. We can also bulk mail the directories to the customer.

ADDITIONAL COST SERVICES

- The quoted fee factors exclude provision for certain additional services that may be requested and any non-recurring charges. These services include, but are not limited to, the following:
 - Charge for additional wire lines above three
 - Charges for any available custom reports (including third-party Stop Loss vendor reports)
 - Charges for late payment of fees and/or wires
 - COBRA direct-billing charges
 - Daily advice wire (additional cost not applicable to New Business)
 - HIPAA Certificates
 - Printing expenses
 - Processing of changes in benefits plans
 - Alternative Claim Fiduciary options
 - National Advantage™ Program (NAP) - Aetna's NAP offers access to contracted rates for many hospital and physician claims that would otherwise be paid at billed charges under Indemnity plans, the out-of-network portion of managed care plans, or for emergency /medically necessary services not provided with the network. The fee for the National Advantage Program is a percentage of savings and is not included in the per subscriber per month fee. The fee is only charged when contracted rates are applied. When a NAP contracted rate is used, the average savings - before NAP fees - range from 15-25 percent of billed charges depending on product. Discounts vary by geographic region. The fee for the National Advantage Program is 40% percent of savings and is not included in the per subscriber per month fee. The Facility Charge Review (FCR) is an optional feature of the National Advantage Program (NAP) for self-funded plans. It provides reasonable charge allowance review for most inpatient and outpatient facility claims under indemnity plans, the out-of-network portion of managed care plans, or for emergency/medically necessary services not provided within the network, where a NAP contracted rate is not available. FCR is only available in conjunction with NAP and is not available separately. The fee for the Facility Charge Review feature of NAP is the same as the NAP fee, 40% percent of savings and is not included in the per subscriber per month fee.
 - Disease Management Programs – Congestive Heart Failure, Diabetes, Coronary Artery Disease, Asthma

We can also provide special services ranging from printing additional directories, printing other materials (such as PPO Dental directories, booklets, or Summary Plan Descriptions), collating enrollment materials, and mailing materials to subscriber homes for a charge.

Administration charges for any additional services will be billed during the guarantee period, or they will be reconciled in conjunction with the annual accounting process and may result in a year-end adjustment to the final administration charge.

- MedQuery® is a program that uses member data such as medical claims, pharmacy claims, laboratory reports, and demographic information to identify potential gaps in care. This information is shared with physicians to help improve clinical quality and patient safety.

Based on a review of our book of business data, we are seeing medical cost reductions for customers that have implemented MedQuery. The average ratio of medical cost reduction to fees for the program is 2:1, although customer-specific results vary based on demographics, account size and other factors.

ADDITIONAL INFORMATION

- Billing - We prepare a monthly Administrative Charge Statement based on the number of subscribers covered during the previous month. The customer forwards the service fee to us.
- Processed Claim Transaction (PCT) – For medical and dental benefits, a PCT is any transaction with respect to a benefits request or predetermination of dental benefits for expenses incurred or expected to be incurred by one claimant in any one calendar year for a major line of coverage, including but not limited to, a benefits payment, benefits denial, pending benefits request or decision on an appeal of a denied benefits request.
- Late Charges – If fees or benefit funding is not provided on a timely basis, Aetna will assess a late-payment charge. The current charges are:
 - late funds to cover benefits payments (e.g., late wire transfers): 12.0 percent annual rate
 - late payments of service fees: 12.0 percent annual rate
- Eligibility Information - In order to provide services accurately and efficiently, we must have the most up-to-date, accurate eligibility information on each subscriber and dependent. We gather and maintain this information from data the customer provides. We encourage customers to provide this data by using one of our Internet-based eligibility solutions, including SecureTransport™, Aetna EZConnect™, EZLink™ or EZenroll®. These solutions are not only efficient, they are available to our customers at no additional charge. Non-standard eligibility transmission may generate additional charges.
- Claims Administration Vendors - Some claims services may be performed by vendors in U.S. or in offshore locations. If a payment recovery vendor is used, amounts recovered are credited to the plan net of vendor's fees.
- Aetna uses a number of different payment methodologies in its contracts with participating providers, including risk adjustment mechanisms and incentive arrangements. In general, self-funded customers are billed based on actual costs incurred by plan members, but in some cases, costs are allocated on a pro-rata or other basis. In certain cases, PMPM fees are paid to vendors (such as behavioral health vendors) for access to administrative services (such as network development, patient management and claim processing) and for claim costs. The PMPM fees can be passed through as claims transactions.
- Aetna may receive negotiated manufacturers' rebates for certain pharmaceuticals. A portion of these rebates may be shared with certain self-funded customers with more than 500 subscribers. Information regarding the ability to share in these rebates is available from your Aetna representative.
- Data produced in the administration of self-funded plans is housed in an Aetna data warehouse and may be accessed in a number of mandatory and/or legally permissible ways, including health care operations and reporting to government agencies.
- Claims Subrogation – Aetna has entered into an agreement with the firm of Rawlings & Associates to provide comprehensive subrogation services. There is no administration charge from Aetna to utilize the subrogation program; however, a contingency fee of 27 percent is collected upon recovery for self-funded customers.

CUSTOMER ADVANTAGES

- Tax and risk charge savings
- Full services (plan administration, actuarial, underwriting, network management, medical management and field representative services)
- Simplified banking
- Cash-flow improvement

Disruption Report Definitions

We have included a Yes/No/Exclude/Discount (Yes_No) column within the detail of our report.

The following codes are the fields included in the report.

Disruption Summary Line Item	Line on Summary Tab	Indicator shown in Yes_No Code on Detail Tab:	Detailed Description for Yes/No/Exclude/Discount (Yes_No) Column
In Network	21	Y	Provider is matching as in network for the product quoted.
NAP Matches	28	D	Provider matches with a National Advantage Program provider (NAP). This designation means the member would have access to an additional level of discount, however the discount is access on an out-of-network basis.
Excluded Services	13	E	Records with this indicator are either not considered records (junk records such as unknown provider) or excluded services (matching and non-matching optical facilities, ambulance, EMS, police, fire, municipal, etc)
Limited Services	22	L	Records with this indicator match to facilities which have agreed to provide services for specific procedures or under certain conditions.
Non-Matching	N/A	N	Provider is non-matching (out of network) with regard to the product being quoted. Records included in this category are records we have matched with our non-par claim information or did not match to any in-network provider for the product being quoted.

Category Definitions

The Summary Tab in "Expanded Summary" view, contains many categories of match types.

Some definitions are below.

Disruption Summary Line Item	Line on Summary Tab	Indicator shown in Yes_No Code on Detail Tab:	Definition
Records Not Considered	12	E	We attempt to exclude any records which we would not have any possibility of matching. These may include records associated with invalid TINs, medical management vendors from other carriers, unknown provider records, etc.
Excluded Records (Matching and Non Matching)	13	E	We attempt to identify and exclude any ambulance, police, fire, EMS records from the match. These are providers we do not typically sign contracts with and would be covered at an in-network level even if the provider was non-participating. Additionally, Optical facilities are also excluded since exams are not offered at these locations.
Retired/Deceased Providers	14	E	As part of our analysis, we have identified these providers as either retired or deceased and they have been excluded.
Excluded LabCorp Records	18	E	As part of our analysis we have identified LabCorp records that would be paid via Aetna's National Contract with Quest.
Contracted for Limited Services Only	22	L	Records which match to providers with limited services. For example, a facility which is not contracted to provide all services that are available at that facility (transplant only).
Hospital Based providers (Non-Matching)	26	Y	Non-Par hospital based providers (Anesthesiology, Emergency Medicine, Pathology) which we are including as a match since any service performed by these specialties would be covered as in-network if performed at an in-network facility.
NAP Matches	28	D	Records which match to the National Advantage Program (NAP). NAP is access to an additional level of discounts which are reimbursed at an out-of-network level.
Non Matching Records Outside the Service Area	32	N	Records which are outside the service area for the product being quoted. This may be helpful in explaining poor matches for certain products since providers being utilized by the client are not in an area where the Aetna product being quoted is available.
Aetna Recruitment	31	D,N	Records that are not in network that are targeted for recruitment. Percentages are based on the total out of network providers. This is not a guarantee that the provider will contract with Aetna.

Medical Disruption Information Sheet

Name of Case:

SUMTER COUNTY BOCC

MSU Consultant

84486

l/jm

Products Contained in Analysis:

Aetna Choice POS II (S) w/Rural Blended PPO

MSU Run Date:

3/17/2010

Quoting Options:

Behavioral Health	Quoted
Dental	Carved-Out
Pharmacy	Carved-Out

How to Utilize the Disruption Report

<p>We have included a Yes/No/Exclude/Discount (Yes_No) column within the detail of our report. This column indicates whether the provider record is in-network (Y), has access to a level of discount (D), is excluded from the analysis (E), is a limited services provider (L), or is a non-matching record (N). A detailed description of each of these codes can be obtained by "mousing over" each of the codes to the left.</p>	Code
	Y
	D
	E
	L
	N

Issues which may affect projected match:

Please note that the attached file did not contain the following fields which would have allowed us to run our full complement of matching criteria. As a result the results may be lower than is actually the case.

- TIN
- City
- State
- Zip
- Name

Please note that the attached file did not contain the following fields which would have allowed us to portray the results in other meaningful ways.

- Claim Dollars
- Visits/Members
- Par/Non-Par Indicator

Important to note about these results:

Par/Non-Par Indicator missing - since there is no Indicator on the file identifying which providers utilized are participating with the current carrier, we cannot provide any comparison of members utilization of current in-network providers to Aetna in-network providers.

SUMTER COUNTY BOCC - Request # B4466

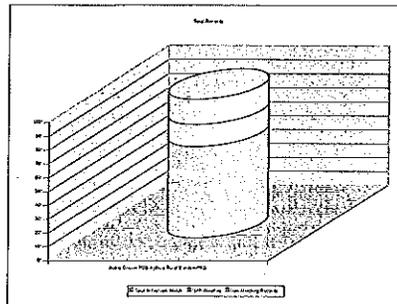
Report run against Aetna provider data as of 02/22/2010

Collapsed Summary Expanded Summary

Quoting Options	
Behavioral Health	Quoted
Dental	Carved-Out
Pharmacy	Carved-Out

Aetna Choice POS II (S) w/Rural Blended PPO		
	Total Records	% of Total
Total Records	50	100.00%
Records Not Considered	0	0.00%
Excluded Services (Matching and Non-Matching)	0	0.00%
Retired/Deceased Providers	0	0.00%
Excluded Behavioral Health Records	0	0.00%
Excluded Dental Records	0	0.00%
Excluded Pharmacy Records	0	0.00%
Excluded LabCorp Records	0	0.00%
Total Excluded Records	0	0.00%
Records Utilized in Analysis	60	
Network Matches	33	66.00%
Contracted for Limited Services Only	0	0.00%
Quoted Behavioral Health Records	0	0.00%
Quoted Dental Records	0	0.00%
Quoted Pharmacy Records	0	0.00%
Hospital Based Providers (Non-Matching)	0	0.00%
Total In-Network Match	33	66.00%
NAP Matches	8	18.00%
Total In-Network Matches and Additional Discount Matches	41	82.00%
Aetna Recruitment (% of Out of Network Providers) ***	0	0.00%
Non-Matching Records Outside the Service Area	3	6.00%

*** Not a guarantee providers will contract with Aetna



Provider Data Report by Claims Dollars

Group Name: SUMTER CNTY BD OF CNTY COMMRS Group Number: 80668

Claim Incurred Dates: 200901 - 200912

Report Run Date: 2/5/2010

Rank	Provider Number	Provider Name	Category	Specialty	Address Line 1 & 2	City	State	Zip	County	Yes No	Calc_Su	Match Descript	Match_Level	Reprin	PIN	Matched_Net	Matched	Service Area	Net_Area	Seq_Nun
1	25494	AHMED MAHMUD U	PRIMARY CARE SPECIALIST	MEDICINE	34498 CORTEZ BLVD	RIDGE MANOR	FL	33523	PASCO	Y	M1	Network	QP	I	5E+06	TampaBay	399	TampaBay	399	1
2	10140	MORTENSEN MONICA M	PRIMARY CARE SPECIALIST	PEDIATRICS	1389 S US 301	SUMTERVILLE	FL	33585	SUMTER	N	NP	Match to N	NP No Mat	O	1E+07	NP NO MA	0	Out of Area		2
3	26826	CHEAS RAFAEL A	PRIMARY CARE SPECIALIST	PEDIATRICS	33017 PROFESSIONAL DR	LEESBURG	FL	34788	LAKE	D	D1	NAP	NAP	D	6E+06	FedMed/IF	2703	Orlando, F	449	3
4	58003	ALBINO NORMARIE M	PRIMARY CARE SPECIALIST	PEDIATRICS	STE 042	THE VILLAGES	FL	32159	LAKE	D	D1	NAP	NAP	D	8E+06	Multiplan N	3033	Orlando, F	449	4
5	7887	THOMAS VALERIE B	PRIMARY CARE SPECIALIST	PEDIATRICS	1603 BANNING BEACH RD	TAVARES	FL	32778	LAKE	Y	M1	Network	QP	I	7E+06	Orlando, F	449	Orlando, F	449	5
6	44102	CARRAWAY ROBERT D	PRIMARY CARE SPECIALIST	MEDICINE	1389 S US HWY 301	SUMTERVILLE	FL	33585	SUMTER	N	NM	Not Found	No Match	O	3E+06	NM Out of		Out of Area		6
7	48179	DIAZ TANYA I	PRIMARY CARE SPECIALIST	FAMILY MEDICINE	1425 S US HIGHWAY 301	SUMTERVILLE	FL	33585	SUMTER	N	NP	Match to N	NP No Mat	O	8E+06	NP NO MA	0	Out of Area		7
8	25804	USON ALEX M	PRIMARY CARE SPECIALIST	PEDIATRICS	1039 W DIXIE AVE	LEESBURG	FL	34748	LAKE	Y	M1	Network	QP	I	5E+06	Orlando, F	449	Orlando, F	449	8
9	32406	GUPTA RAVI P	PRIMARY CARE SPECIALIST	MEDICINE	401 W NORTH BLVD	LEESBURG	FL	34748	LAKE	Y	M1	Network	QP	I	8E+06	Orlando, F	449	Orlando, F	449	9
10	35208	BOGGUS DAN A	PRIMARY CARE SPECIALIST	FAMILY MEDICINE	1755 DAVID WALKER DR	TAVARES	FL	32778	LAKE	Y	M1	Network	QP	I	4E+06	Orlando, F	449	Orlando, F	449	10
11	35967	RIVERA JANNETTE H	PRIMARY CARE SPECIALIST	PEDIATRICS	STE 100	CLERMONT	FL	34711	LAKE	Y	M1	Network	QP	I	7E+06	Orlando, F	449	Orlando, F	449	11
12	44982	ANSARI MASOOD U	PRIMARY CARE SPECIALIST	MEDICINE	119 OAKFIELD DR	BRANDON	FL	33511	OUGH	N	NP	Match to N	NP No Mat	O	6E+06	NP NO MA	0	TampaBay	399	12
13	18373	WATSON JILL P	PRIMARY CARE SPECIALIST	PEDIATRICS	STE 100	CLERMONT	FL	34711	LAKE	Y	M1	Network	QP	I	5E+06	Orlando, F	449	Orlando, F	449	13
14	35207	CLARK LOWELL F	PRIMARY CARE SPECIALIST	MEDICINE	212 S FLORIDA ST	BUSHNELL	FL	33513	SUMTER	Y	M1	Network	QP	I	4E+06	Orlando, F	449	Out of Area		14
16	31645	SINGH PARIKSITH	PRIMARY CARE SPECIALIST	MEDICINE	5350 SPRING HILL DR	SPRING HILL	FL	34606	O	Y	M1	Network	QP	I	5E+06	TampaBay	399	TampaBay	399	15
16	47025	SOBERANO MICHAEL M	PRIMARY CARE SPECIALIST	PEDIATRICS	DR STE 106B	AUGUSTINE	FL	32080	JOHNS	Y	M1	Network	QP	I	6E+06	Jacksonvill	448	Jacksonvill	448	16
17	1116	BURRESS JOHN D	PRIMARY CARE SPECIALIST	FAMILY MEDICINE	607 HIGHWAY 466	LADY LAKE	FL	32159	LAKE	Y	M1	Network	QP	I	7E+06	Orlando, F	449	Orlando, F	449	17
18	1811	SAHNI MANISH	PRIMARY CARE SPECIALIST	MEDICINE	1425 S US HIGHWAY 301	SUMTERVILLE	FL	33585	SUMTER	Y	M1	Network	QP	I	7E+06	Out of Area	88899	Out of Area		18
19	43166	GORDON SHERRYL G	PRIMARY CARE SPECIALIST	PEDIATRICS	6712 DAIRY RD	ZEPHYRHILLS	FL	33542	PASCO	Y	M1	Network	QP	I	7E+06	TampaBay	399	TampaBay	399	19
20	80689	LICHTINGER DAVID R	PRIMARY CARE SPECIALIST	MEDICINE	29320 US HIGHWAY 27	LEESBURG	FL	34748	LAKE	D	D1	NAP	NAP	D	5E+06	TRPN Phy	3378	Orlando, F	449	20
21	82926	DUFFE YVONNE D	PRIMARY CARE SPECIALIST	FAMILY MEDICINE	1	OCOOEE	FL	34781	ORANGE	Y	M1	Network	QP	I	6E+06	Orlando, F	449	Orlando, F	449	21
22	10164	LARUE TODD G	PRIMARY CARE SPECIALIST	FAMILY MEDICINE	13417 US HIGHWAY 301	DADE CITY	FL	33525	PASCO	Y	M1	Network	QP	I	4E+06	TampaBay	399	TampaBay	399	22
23	9743	PELLEGRINO FRANK	PRIMARY CARE SPECIALIST	FAMILY MEDICINE	601 E DIXIE AVE STE 605	LEESBURG	FL	34748	LAKE	Y	M1	Network	QP	I	4E+06	Orlando, F	449	Orlando, F	449	23
24	67298	BROWN JAMES M	PRIMARY CARE SPECIALIST	FAMILY MEDICINE	10696 SE US HIGHWAY 441	BELLEVIEW	FL	34420	MARION	Y	M1	Network	QP	I	6E+06	Ocala	1939	Ocala	1939	24
25	2718	GONZALEZ JAIME C	PRIMARY CARE SPECIALIST	MEDICINE	265 W HIGHWAY 50	CLERMONT	FL	34711	LAKE	Y	M1	Network	QP	I	6E+06	Orlando, F	449	Orlando, F	449	25
26	42671	CARRASCO JOSEPH L	PRIMARY CARE SPECIALIST	MEDICINE	28540 ACE AVE STE 108C	LEESBURG	FL	34748	LAKE	Y	M1	Network	QP	I	6E+06	Orlando, F	449	Orlando, F	449	26
27	17224	WHINNEN DANIEL W	PRIMARY CARE SPECIALIST	FAMILY MEDICINE	6051 SE 110TH ST	BELLEVIEW	FL	34420	MARION	D	D1	NAP	NAP	D	8E+06	Beech St F	3495	Ocala	1939	27
28	47890	CARDONA FRANCISCO	PRIMARY CARE SPECIALIST	MEDICINE	560 JACKSON ST N	PETERSBURG	FL	33705	PINELLAS	Y	M1	Network	QP	I	7E+06	TampaBay	399	TampaBay	399	28
29	47722	PELTONSON HOWARD	PRIMARY CARE SPECIALIST	PEDIATRICS	102	MAITLAND	FL	32761	ORANGE	Y	M1	Network	QP	I	6E+06	Orlando, F	449	Orlando, F	449	29
30	48436	KORBAI RABEE H	PRIMARY CARE SPECIALIST	MEDICINE	1839 CENTRAL AVE	PETERSBURG	FL	33713	PINELLAS	Y	M1	Network	QP	I	9E+06	TampaBay	399	TampaBay	399	30
31	94201	JACKSON BURKE I	PRIMARY CARE SPECIALIST	FAMILY MEDICINE	10762 SE US HIGHWAY 441	BELLEVIEW	FL	34420	MARION	Y	M1	Network	QP	I	5E+06	Orlando, F	449	Ocala	1939	31
32	80395	CREWS STEVEN A	PRIMARY CARE SPECIALIST	FAMILY MEDICINE	STE 101	LEESBURG	FL	34788	LAKE	Y	M1	Network	QP	I	4E+06	Orlando, F	449	Orlando, F	449	32
33	82588	HOLSTEIN ROBERT B	PRIMARY CARE SPECIALIST	FAMILY MEDICINE	101 S OSCEOLA AVE	INVERNESS	FL	34452	CITRUS	D	D1	NAP	NAP	D	6E+06	FedMed/IF	2703	TampaBay	399	33
34	56054	STEED JAMES D	PRIMARY CARE SPECIALIST	FAMILY MEDICINE	6051 SE 110TH ST	BELLEVIEW	FL	34420	MARION	D	D1	NAP	NAP	D	1E+07	Beech St F	3495	Ocala	1939	34
35	76020	AUNG MA THUZAR	PRIMARY CARE SPECIALIST	MEDICINE	A	HOUSTON DORA	FL	32767	LAKE	N	NP	Match to N	NP No Mat	O	7E+06	NP NO MA	0	Orlando, F	449	35
36	12833	HAWK CHERYL J	PRIMARY CARE SPECIALIST	PEDIATRICS	1600 SE 17TH ST STE 600	OCALA	FL	34471	MARION	Y	M1	Network	QP	I	4E+06	Ocala	1939	Ocala	1939	36
37	31407	ROQUE ROGER C	PRIMARY CARE SPECIALIST	FAMILY MEDICINE	720 N BAY ST STE 8	EUSTIS	FL	32726	LAKE	Y	M1	Network	QP	I	6E+06	Orlando, F	449	Orlando, F	449	37
38	14831	OTEBGEYE AYODEJI B	PRIMARY CARE SPECIALIST	PEDIATRICS	844 N THORNTON AVE	ORLANDO	FL	32803	ORANGE	Y	M1	Network	QHB	I	5E+06	Orlando, F	449	Orlando, F	449	38
39	9018	GELIN JOHN D	PRIMARY CARE SPECIALIST	PRACTICE	7646 S FLORIDA AVE	FLORAL CITY	FL	34436	CITRUS	N	NP	Match to N	NP No Mat	O	4E+06	NP NO MA	0	TampaBay	399	39
40	79110	ABRAHAM MATHEW T	PRIMARY CARE SPECIALIST	MEDICINE	1389 S US HIGHWAY 301	SUMTERVILLE	FL	33585	SUMTER	D	D1	NAP	NAP	D	8E+06	Multiplan N	3033	Out of Area		40
41	32444	BELLO MARIA B	PRIMARY CARE SPECIALIST	FAMILY MEDICINE	STE 600	LEESBURG	FL	34748	LAKE	Y	M1	Network	QP	I	5E+06	Orlando, F	449	Orlando, F	449	41
42	12465	KERNS SUSAN F	PRIMARY CARE SPECIALIST	PEDIATRICS	1600 SE 17TH ST STE 600	OCALA	FL	34471	MARION	Y	M1	Network	QP	I	4E+06	Ocala	1939	Ocala	1939	42

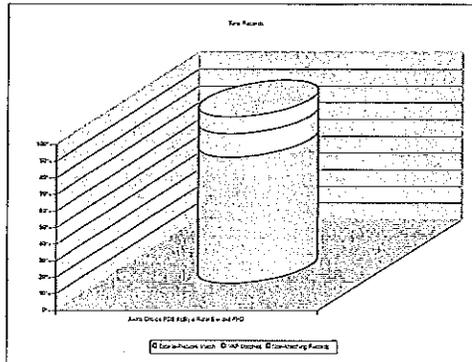
Collapsed Summary **Expanded Summary**

Quoting Options

Behavioral Health	Quoted
Dental	Carved-Out
Pharmacy	Carved-Out

Aetna Choice POS II (SI) w/Rural Blended PPO		
	Total Records	% of Total
Total Records	50	100.00%
Records Not Considered	0	0.00%
Excluded Services (Matching and Non-Matching)	0	0.00%
Retired/Deceased Providers	0	0.00%
Excluded Behavioral Health Records	0	0.00%
Excluded Dental Records	0	0.00%
Excluded Pharmacy Records	0	0.00%
Excluded LabCorp Records	0	0.00%
Total Excluded Records	0	0.00%
Records Utilized In Analysis	50	
Network Matches	38	76.00%
Contracted for Limited Services Only	0	0.00%
Quoted Behavioral Health Records	1	2.00%
Quoted Dental Records	0	0.00%
Quoted Pharmacy Records	0	0.00%
Hospital Based Providers (Non-Matching)	1	2.00%
Total In-Network Match	38	76.00%
NAP Matches	7	14.00%
Total In-Network Matches and Additional Discount Matches	45	90.00%
Aetna Recruitment (% of Out of Network Providers) ***	0	0.00%
Non-Matching Records Outside the Service Area	2	4.00%

*** Not a guarantee providers will contract with Aetna



Provider Data Report by Claims Dollars

Group Name: SUMTER CNTY BD OF CNTY COMMRS Group Number: 60668

Claim Incurred Dates: 200901 - 200912

Report Run Date: 2/6/2010

Rank	Provider Number	Provider Name	Category	Specialty	Address Line 1 & 2	City	State	Zip	County	Yes	No	Calc	Sumch	Descr	tech	Le	Reprich	PIN	Matched N	Matched	Fee Area	Fee Area	Seq Num
1	53426	HOPPE BRADFORD	OTHER SPECIALTIES	RADIATION ONCOLOGY	2015 N JEFFERSON ST	JACKSONVILLE	FL	32206	DUVAL	Y	M1	Networ	QRL	I			9205212	Jackson	448	Jackson	448	1	
2	57845	ROGERS TIMOTHY W	OTHER SPECIALTIES	NEPHROLOGY	2980 SE 3RD CT	OCALA	FL	34471	MARION	D	D1	NAP	NAP	D			7168556	Multiplan	3033	Ocala	1939	2	
3	15097	NICHOLS ROMAINE C	OTHER SPECIALTIES	RADIATION ONCOLOGY	2015 N JEFFERSON ST	JACKSONVILLE	FL	32206	DUVAL	Y	M1	Networ	QRL	I			5897578	Jackson	448	Jackson	448	3	
4	26565	HENDERSON RANDAL H	OTHER SPECIALTIES	MEDICAL ONCOLOGY	1600 SW ARCHER RD	GAINESVILLE	FL	32611	ALACHUA	Y	M1	Networ	QRL	I			4137054	Gainesv	2522	Gainesv	2522	4	
5	81933	SHER ANDREW B	OTHER SPECIALTIES	UROLOGY	616 N PALMETTO ST	LEESBURG	FL	34748	LAKE	N	NP	Match	NP	NO			7856471	NP NO	0	Orlando	449	5	
6	17445	THAPER SANDEEP K	OTHER SPECIALTIES	HEMATOLOGY & ONCOLOGY	601 E DIXIE AVE STE 1001	LEESBURG	FL	34748	LAKE	Y	M1	Networ	QP	I			5383680	Orlando	449	Orlando	449	6	
7	71176	ICAZA ORLANDO J	OTHER SPECIALTIES	ANATOMIC PATHOLOGY	600 E DIXIE AVE	LEESBURG	FL	34748	LAKE	Y	M6	Non-Ma	NPH	I			5517326	NM SRV	0	Orlando	449	7	
8	35161	SAHAB JOSEPH G	OTHER SPECIALTIES	CARDIOVASCULAR DISEASE	101	LEESBURG	FL	34748	LAKE	Y	M1	Networ	QP	I			4538330	Orlando	449	Orlando	449	8	
9	53059	BEHROUZ REZA	OTHER SPECIALTIES	VASCULAR NEUROLOGY	2ND FLOOR	TAMPA	FL	33606	HILLSBOROUGH	Y	M1	Networ	QP	I			7641848	TampaB	399	TampaB	399	9	
10	44787	CARDOSI RICHARD J	OTHER SPECIALTIES	GYNCOLOGIC ONCOLOGY	1600 LAKELAND HILLS BLVD	LAKELAND	FL	33605	POLK	Y	M1	Networ	QP	I			5817731	TampaB	399	TampaB	399	10	
11	42383	ORTIZ FELIPE O	OTHER SPECIALTIES	PULMONARY DISEASE	102	LEESBURG	FL	34748	LAKE	Y	M3	Quoted	QBH	I			9338134	Orlando	449	Orlando	449	11	
12	78675	MCLEAN KRISTINA M	OTHER SPECIALTIES	OBSTETRICS & GYNCOLOGY	STE 110	CLERMONT	FL	34711	LAKE	Y	M1	Networ	QP	I			7913511	Orlando	449	Orlando	449	12	
13	9012	BHATTA SANJEEV	OTHER SPECIALTIES	CARDIOLOGY	101	LEESBURG	FL	34748	LAKE	Y	M1	Networ	QP	I			7632464	Orlando	449	Orlando	449	13	
14	27892	STENDEL SCOTT M	OTHER SPECIALTIES	PAIN MEDICINE	1112 W DIXIE AVE	LEESBURG	FL	34748	LAKE	D	D1	NAP	NAP	D			5867667	TRPN P	3378	Orlando	449	14	
15	18070	HANUBAL SHIVAKUMAR S	OTHER SPECIALTIES	OBSTETRICS & GYNCOLOGY	1414 E MAIN ST	LEESBURG	FL	34748	LAKE	Y	M1	Networ	QP	I			4611371	Orlando	449	Orlando	449	15	
16	29894	BROWARSKY IRWIN L	OTHER SPECIALTIES	ANATOMIC PATHOLOGY	SUITE 300	TAMPA	FL	33614	HILLSBOROUGH	Y	M1	Networ	QHB	I			4129327	TampaB	399	TampaB	399	16	
17	8370	COURTNEY WENDELL J	OTHER SPECIALTIES	OBSTETRICS & GYNCOLOGY	601 E DIXIE AVE STE 301	LEESBURG	FL	34748	LAKE	Y	M1	Networ	QP	I			5531325	Orlando	449	Orlando	449	17	
18	13555	LIU WING	OTHER SPECIALTIES	CARDIOVASCULAR DISEASE	101	LEESBURG	FL	34748	LAKE	Y	M1	Networ	QP	I			9913223	Orlando	449	Orlando	449	18	
19	145TK	XU NATALIE	OTHER SPECIALTIES	RADIATION ONCOLOGY	2015 N JEFFERSON ST	JACKSONVILLE	FL	32206	DUVAL	Y	M1	Networ	QRL	I			9925375	Jackson	448	Jackson	448	19	
20	28820	SOUNDARAPANDIAN	OTHER SPECIALTIES	GASTROENTEROLOGY	2060 N DONNELLY ST	MOUNT DORA	FL	32767	LAKE	Y	M1	Networ	QP	I			7824209	Orlando	449	Orlando	449	20	
21	71684	BOND MICHAEL J	OTHER SPECIALTIES	DERMATOLOGY	STE 330	CLERMONT	FL	34711	LAKE	Y	M1	Networ	QP	I			4048555	Orlando	449	Orlando	449	21	
22	9490	MARUNIAK NICHOLAS A	OTHER SPECIALTIES	ANATOMIC PATHOLOGY	1201 S 9TH ST	LEESBURG	FL	34748	LAKE	Y	M1	Networ	QHB	I			5525647	Orlando	449	Orlando	449	22	
23	55112	PAULK JACK E	OTHER SPECIALTIES	UROLOGY	1901 SE 18TH AVE STE 300	OCALA	FL	34471	MARION	Y	M1	Networ	QP	I			5268311	Ocala	1939	Ocala	1939	23	
24	65910	MONTENSEN NEAL R	OTHER SPECIALTIES	PODIATRIST	1389 S US HIGHWAY 301	SUMTERVILLE	FL	33585	SUMTER	N	NM	Not Fou	No M	O			3333333	NM Out		Out of A		24	
25	12944	NERAD STEVEN J	OTHER SPECIALTIES	CARDIOLOGY	102	LEESBURG	FL	34788	LAKE	Y	M1	Networ	QP	I			4615188	Orlando	449	Orlando	449	25	
26	30345	KAUFMAN STUART J	OTHER SPECIALTIES	OPHTHALMOLOGY	6329 GALL BLVD	ZEPHYRHILLS	FL	33542	PASCO	Y	M1	Networ	QP	I			4117090	TampaB	399	TampaB	399	26	
27	61373	MAVROFRIDES ELIAS C	OTHER SPECIALTIES	OPHTHALMOLOGY	1025 PRIMERA BLVD	LAKE MARY	FL	32746	SEMINOLE	Y	M1	Networ	QP	I			7822481	Orlando	449	Orlando	449	27	
28	46593	DAVILA GUILLERMO	OTHER SPECIALTIES	GYNCOLOGY	2950 CLEVELAND CLINIC BLVD	WESTON	FL	33331	BROWARD	N	NM	Not Fou	No M	O			3333333	NM SRV		Dade/B	397	28	
29	90270	KAREN ANDREW D	OTHER SPECIALTIES	OBSTETRICS & GYNCOLOGY	STE 110	CLERMONT	FL	34711	LAKE	Y	M1	Networ	QP	I			7081594	Orlando	449	Orlando	449	29	
30	70193	KARRIE L	OTHER SPECIALTIES	CHIROPRACTOR	118 COUNTY ROAD 470	PANASOFFKEE	FL	33558	SUMTER	N	NM	Not Fou	No M	O			3333333	NM Out		Out of A		30	
31	68710	ANTONELLI PATRICK J	OTHER SPECIALTIES	OTOLOGY	1600 SW ARCHER RD	GAINESVILLE	FL	32611	ALACHUA	Y	M1	Networ	QP	I			5343642	Gainesv	2522	Gainesv	2522	31	
32	14243	TORRES AMARILIS	OTHER SPECIALTIES	RHEUMATOLOGY	38135 MARKET SQ	ZEPHYRHILLS	FL	33542	PASCO	Y	M1	Networ	QP	I			4297376	TampaB	399	TampaB	399	32	
33	26955	ROJAS ARMANDO I	OTHER SPECIALTIES	OBSTETRICS & GYNCOLOGY	600 MEDICAL CT E	INVERNESS	FL	34452	CITRUS	D	D1	NAP	NAP	D			5674118	FedMed	2703	TampaB	399	33	
34	93513	UPADYA ANUPAMA	OTHER SPECIALTIES	PULMONARY DISEASE	763 HIGHWAY 466	LADY LAKE	FL	32159	LAKE	Y	M1	Networ	QP	I			7692502	Orlando	449	Orlando	449	34	
35	18756	MARZEK PETER A	OTHER SPECIALTIES	PLASTIC SURGERY	1879 NIGHTINGALE LN STE A2	TAVARES	FL	32778	LAKE	Y	M1	Networ	QP	I			4238739	Orlando	449	Orlando	449	35	
36	35206	SUSTARSIC DAVID L	OTHER SPECIALTIES	SURGERY	101	LEESBURG	FL	34748	LAKE	Y	M1	Networ	QP	I			4469688	Orlando	449	Orlando	449	36	
37	47066	MOFFETT DOUGLAS H	OTHER SPECIALTIES	OBSTETRICS & GYNCOLOGY	601 E DIXIE AVE STE 401	LEESBURG	FL	34748	LAKE	N	NP	Match	NP	NO			7207348	NP NO	0	Orlando	449	37	
38	31339	KOLLER CHARLES J	OTHER SPECIALTIES	SURGERY	2055 GLENWOOD DR	WINTER PARK	FL	32782	ORANGE	Y	M1	Networ	QP	I			5229244	Orlando	449	Orlando	449	38	
39	82769	KATANICK SHIELDON L	OTHER SPECIALTIES	DIAGNOSTIC RADIOLOGY	5926 SE ABSHIER BLVD	BELLEVUE	FL	34420	MARION	Y	M1	Networ	QP	I			4376303	Ocala	1939	Ocala	1939	39	
40	51767	YELAMANCHI VISHNU P	OTHER SPECIALTIES	CARDIOLOGY	102	LADY LAKE	FL	32159	LAKE	Y	M1	Networ	QP	I			7913045	Orlando	449	Orlando	449	40	
41	25650	PERROTT WENDY S	OTHER SPECIALTIES	OBSTETRICS & GYNCOLOGY	400 W WOODWARD AVE	EUSTIS	FL	32728	LAKE	Y	M1	Networ	QP	I			5885008	Orlando	449	Orlando	449	41	
42	51952	STEEPY KATHLEEN A	OTHER SPECIALTIES	GYNCOLOGY	181	THE VILLAGES	FL	32159	LAKE	D	D1	NAP	NAP	D			5329566	FedMed	2703	Orlando	449	42	

43	26918	ESPERANZA LOWELLA E	OTHER SPECIALTIES	DERMATOLOGY	38051 MARKET SQ	ZEPHYRHILLS	FL	33542	PASCO	Y	M1	Networ	QP	I	5098107	TampaB	399	TampaF	399	43
44	15165	WAHL MICHAEL J	OTHER SPECIALTIES	(CARDIOTHORACIC VASCULAR SURGERY)	13910 LAKESHORE BLVD STE 140	HUDSON	FL	34667	PASCO	Y	M1	Networ	QP	I	4237262	TampaB	399	TampaF	399	44
45	55273	LEWANDOWSKI RUSSELL J	OTHER SPECIALTIES	CHIROPRACTOR	3348 E GULF TO LAKE HWY	INVERNESS	FL	34453	CITRUS	D	D1	NAP	NAP	D	5474299	FedMed	2703	TampaF	399	45
46	4669	DALOS NANCY P	OTHER SPECIALTIES	QUALIFICATIONS IN CHILD NEUROLOGY	1099 6TH AVE N STE 300	SAINT PETERSBURG	FL	33705	PINELLAS	Y	M1	Networ	QP	I	4210332	TampaB	399	TampaF	399	46
47	68562	LEW DAVID C	OTHER SPECIALTIES	CARDIOLOGY	101	LEESBURG	FL	34748	LAKE	Y	M1	Networ	QP	I	5382395	Orlando	449	Orlando	449	47
48	22261	ETHEREDGE RICHARD K	OTHER SPECIALTIES	CHIROPRACTOR	A1	FRUITLAND PARK	FL	34731	LAKE	D	D1	NAP	NAP	D	5597279	Beech S	3495	Orlando	449	48
49	68627	CHUN KEVIN E	OTHER SPECIALTIES	DERMATOLOGY	1132 E NORTH BLVD	LEESBURG	FL	34748	LAKE	D	D1	NAP	NAP	D	4852228	Beech S	3495	Orlando	449	49
50	6103	RAMIREZ EDGAR D	OTHER SPECIALTIES	PAIN MEDICINE	15303 AMBERLY DR STE A	TAMPA	FL	33647	HILLSBOROUGH	Y	M1	Networ	QHB	I	7910357	TampaB	399	TampaF	399	50

SUMTER COUNTY BOCC - Request # 84486

Report run against Aetna provider data as of 02/22/2010

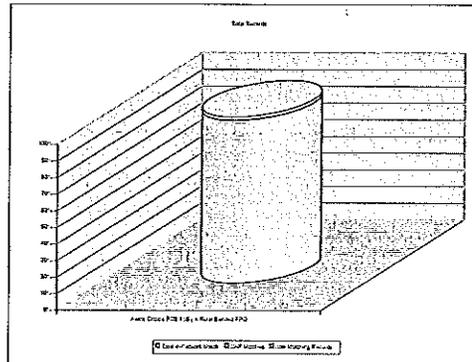
Collapsed Summary | Expanded Summary

Quoting Options

Behavioral Health	Quoted
Dental	Carved-Out
Pharmacy	Carved-Out

Aetna Choice POS II (SI) w/Rural Blended PPO		
	Total Records	% of Total
Total Records	50	100.00%
Records Not Considered	0	0.00%
Excluded Services (Matching and Non-Matching)	0	0.00%
Retired/Deceased Providers	0	0.00%
Excluded Behavioral Health Records	0	0.00%
Excluded Dental Records	0	0.00%
Excluded Pharmacy Records	0	0.00%
Excluded LabCorp Records	0	0.00%
Total Excluded Records	0	0.00%
Records Utilized In Analysis	50	
Network Matches	49	98.00%
Contracted for Limited Services Only	0	0.00%
Quoted Behavioral Health Records	0	0.00%
Quoted Dental Records	0	0.00%
Quoted Pharmacy Records	0	0.00%
Hospital Based Providers (Non-Matching)	0	0.00%
Total In-Network Match	49	98.00%
NAP Matches	1	2.00%
Total In-Network Matches and Additional Discount Matches	50	100.00%
Aetna Recruitment (% of Out of Network Providers) ***	1	100.00%
Non-Matching Records Outside the Service Area	0	0.00%

*** Not a guarantee providers will contract with Aetna



Provider Data Report by Claims Dollars

Group Name: SUMTER CNTY BD OF CNTY COMMRS Group Number: 60668

Claim Incurred Dates: 200901 - 200912

Report Run Date: 2/5/2010

Rank	Provider Number	Provider Name	Category	Specialty	Address Line 1 & 2	City	State	Zip	County	Yes	No	Calc	Match_Descrpt	Match_Lev	Reps	PIN	Matched_Net	Matched_Net	Service_Area	Face_Area	Seq_Numbe
1	328	LEESBURG REGIONAL MEDICAL CENTER	FACILITY	CARE HOSPITAL	600 E DIXIE AVE	LEESBURG	FL	34748	LAKE	Y		M1	Network	QP	I	6200720	Orlando, F	449	Orlando, F	449	1
2	306	FLORIDA HOSPITAL WATERMAN	FACILITY	CARE HOSPITAL	1000 WATERMAN WAY	TAVARES	FL	32778	LAKE	Y		M1	Network	QP	I	6205870	Orlando, F	449	Orlando, F	449	2
3	684	H LEE MOFFITT CANCER CENTER	FACILITY	CARE HOSPITAL	12902 MAGNOLIA DR	TAMPA	FL	33612	HILLSBOROUGH	Y		M1	Network	QP	I	6202840	TampaBay	399	TampaBay	399	3
4	302	FLORIDA HOSPITAL MEDICAL CENTER	FACILITY	CARE HOSPITAL	601 E ROLLINS ST	ORLANDO	FL	32803	ORANGE	Y		M1	Network	QP	I	7225584	Secondary	98765	Orlando, F	449	4
5	314	SOUTH LAKE HOSPITAL INC	FACILITY	CARE HOSPITAL	BLVD	CLERMONT	FL	34711	LAKE	Y		M1	Network	QP	I	6200225	Secondary	98765	Orlando, F	449	5
6	345	ORLANDO HEALTH INC	FACILITY	CARE HOSPITAL	1414 KUHL AVE	ORLANDO	FL	32808	ORANGE	Y		M1	Network	QANC	I	5073548	Orlando, F	449	Orlando, F	449	6
7	125	SHANDS AT THE UNIVERSITY OF FLORIDA	FACILITY	CARE HOSPITAL	1600 SW ARCHER RD	GAINESVILLE	FL	32610	ALACHUA	Y		M1	Network	QP	I	6200470	Secondary	98765	Gainesville	2522	7
8	644	CITRUS MEMORIAL HOSPITAL	FACILITY	CARE HOSPITAL	123 S SEMINOLE AVE	INVERNESS	FL	34452	CITRUS	Y		M1	Network	QP	I	6200520	Secondary	98765	TampaBay	399	8
9	688	THE VILLAGES REGIONAL HOSPITAL	FACILITY	CARE HOSPITAL	1451 EL CAMINO REAL	THE VILLAGES	FL	32169	LAKE	Y		M1	Network	QP	I	7058377	Orlando, F	449	Orlando, F	449	9
10	509	TAMPA GENERAL HOSPITAL	FACILITY	CARE HOSPITAL	CIRCLE	TAMPA	FL	33606	HILLSBOROUGH	Y		M1	Network	QP	I	6201285	Secondary	98765	TampaBay	399	10
11	532	BROOKSVILLE REGIONAL HOSPITAL	FACILITY	CARE HOSPITAL	17240 CORTEZ BLVD	BROOKSVILLE	FL	34601	HERNANDO	Y		M1	Network	QP	I	6200185	Secondary	98765	TampaBay	399	11
12	304	MUNROE REGIONAL MEDICAL CENTER	FACILITY	CARE HOSPITAL	1600 SW 1ST AVENUE	OCALA	FL	34474	MARION	Y		M1	Network	QP	I	6200900	Secondary	98765	Ocala	1939	12
13	666	PASCO REGIONAL MEDICAL CENTER	FACILITY	CARE HOSPITAL	13100 FORT KING RD	DADE CITY	FL	33526	PASCO	Y		M1	Network	QP	I	6200200	Secondary	98765	TampaBay	399	13
14	581	OAK HILL HOSPITAL	FACILITY	CARE HOSPITAL	11376 CORTEZ BLVD	SPRING HILL	FL	34613	HERNANDO	Y		M1	Network	QP	I	6201518	Secondary	98765	TampaBay	399	14
15	339	OCALA REGIONAL MEDICAL CENTER	FACILITY	CARE HOSPITAL	AVENUE	OCALA	FL	34474	MARION	Y		M1	Network	QP	I	6200935	Secondary	98765	Ocala	1939	15
16	577	CENTER	FACILITY	CARE HOSPITAL	BLVD	CRYSTAL RIVER	FL	34428	CITRUS	D		D1R	NAP	NAP	D	6200270	Multiplan N	1997	TampaBay	399	16
17	506	ST JOSEPHS HOSPITAL	FACILITY	CARE HOSPITAL	W	TAMPA	FL	33607	HILLSBOROUGH	Y		M1	Network	QP	I	6201265	TampaBay	399	TampaBay	399	17
18	316	HEALTH CENTRAL	FACILITY	CARE HOSPITAL	DRIVE	OCOOEE	FL	34761	ORANGE	Y		M1	Network	QP	I	4300854	Secondary	98765	Orlando, F	449	18
19	585	SPRING HILL REGIONAL HOSPITAL	FACILITY	CARE HOSPITAL	10461 QUALITY DR	SPRING HILL	FL	34609	HERNANDO	Y		M1	Network	QP	I	6204760	Secondary	98765	TampaBay	399	19
20	301	HOLMES REGIONAL MEDICAL CENTER	FACILITY	CARE HOSPITAL	1350 S HICKORY ST	MELBOURNE	FL	32901	BREVARD	Y		M1	Network	QP	I	6200780	Secondary	98765	Brevard Co	604	20
21	326	FLORIDA HOSPITAL DELAND	FACILITY	CARE HOSPITAL	701 W PLYMOUTH AVE	DELAND	FL	32720	VOLUSIA	Y		M1	Network	QP	I	6200305	Secondary	98765	Daytona B	1716	21
22	633	FLORIDA HOSPITAL ZEPHYRHILLS, INC.	FACILITY	CARE HOSPITAL	7050 GALL BLVD	ZEPHYRHILLS	FL	33541	PASCO	Y		M1	Network	QP	I	6200275	Secondary	98765	TampaBay	399	22
23	616	LAKELAND REGIONAL MEDICAL CENTER	FACILITY	CARE HOSPITAL	BLVD	LAKELAND	FL	33805	POLK	Y		M1	Network	QP	I	6200655	Secondary	98765	TampaBay	399	23
24	579	REGIONAL MED CTR BAYONET POINT	FACILITY	CARE HOSPITAL	14000 FWAY RD	HUDSON	FL	34667	PASCO	Y		M1	Network	QP	I	6200565	Secondary	98765	TampaBay	399	24
25	338	OSCEOLA REGIONAL MEDICAL CENTER	FACILITY	CARE HOSPITAL	700 W OAK ST	KISSIMMEE	FL	34741	OSCEOLA	Y		M1	Network	QP	I	6200620	Secondary	98765	Orlando, F	449	25
26	132	CENTER	FACILITY	CARE HOSPITAL	6500 W NEWBERRY RD	GAINESVILLE	FL	32605	ALACHUA	Y		M1	Network	QP	I	6200365	Secondary	98765	Gainesville	2522	26
27	636	ALL CHILDRENS HOSPITAL, INC.	FACILITY	CARE HOSPITAL	601 6TH ST S	PETERSBURG	FL	33701	PINELLAS	Y		M1	Network	QP	I	6201126	Secondary	98765	TampaBay	399	27
28	587	SYSTEM N	FACILITY	CARE HOSPITAL	3100 WESTON RD	WESTON	FL	33331	BROWARD	Y		M1	Network	QP	I	7036245	Secondary	98765	Dade/Brow	397	28
29	611	BARTOW REGIONAL MEDICAL CENTER	FACILITY	CARE HOSPITAL	2200 OSPREY BLVD	BARTOW	FL	33830	POLK	Y		M1	Network	QP	I	6200130	TampaBay	399	TampaBay	399	29
30	505	ST ANTHONYS HOSPITAL INC	FACILITY	CARE HOSPITAL	1200 7TH AVE N	PETERSBURG	FL	33705	PINELLAS	Y		M1	Network	QP	I	6201160	Secondary	98765	TampaBay	399	30
31	119	INC	FACILITY	CARE HOSPITAL	655 W 8TH ST	JACKSONVILLE	FL	32209	DUVAL	Y		M1	Network	QP	I	6200540	Secondary	98765	Jacksonvil	448	31
32	146	SAINT CLOUD REGIONAL MEDICAL CENTER	FACILITY	CARE HOSPITAL	2806 17TH STREET	SAINT CLOUD	FL	34769	OSCEOLA	Y		M1	Network	QP	I	6201120	Secondary	98765	Orlando, F	449	32
33	303	HALIFAX MEDICAL CENTER	FACILITY	CARE HOSPITAL	BLVD	DAYTONA BEACH	FL	32114	VOLUSIA	Y		M1	Network	QP	I	6200285	Secondary	98765	Daytona B	1716	33
34	653	UNIVERSITY COMMUNITY HOSPITAL	FACILITY	CARE HOSPITAL	3100 E FLETCHER AVE	TAMPA	FL	33613	HILLSBOROUGH	Y		M1	Network	QP	I	6201295	TampaBay	399	TampaBay	399	34
35	120	BAPTIST MEDICAL CENTER	FACILITY	CARE HOSPITAL	800 PRUDENTIAL DR	JACKSONVILLE	FL	32207	DUVAL	Y		M1	Network	QP	I	6200530	Secondary	98765	Jacksonvil	448	35
36	108	ST VINCENTS MEDICAL CENTER	FACILITY	CARE HOSPITAL	1 SHIRCLIFF WAY	JACKSONVILLE	FL	32204	DUVAL	Y		M1	Network	QP	I	6200570	Secondary	98765	Jacksonvil	448	36
37	137	LAKE CITY MEDICAL CENTER	FACILITY	CARE HOSPITAL	DR	LAKE CITY	FL	32655	COLUMBIA	Y		M1	Network	QP	I	6200626	Secondary	98765	Gainesville	2522	37
38	445	CAPITAL REGIONAL MEDICAL CENTER	FACILITY	CARE HOSPITAL	MEDICAL BLVD	TALLAHASSEE	FL	32308	LEON	Y		M1	Network	QP	I	6201235	Tallahasse	3198	Tallahasse	3198	38
39	206	MARTIN MEMORIAL MEDICAL CENTER	FACILITY	CARE HOSPITAL	300 SE HOSPITAL AVE	STUART	FL	34994	MARTIN	Y		M1	Network	QP	I	6201225	Secondary	98765	PalmB/Ma	396	39
40	291	WEST BOCA MEDICAL CENTER	FACILITY	CARE HOSPITAL	21644 STATE ROAD 7	BOCA RATON	FL	33428	PALM BEACH	Y		M1	Network	QP	I	6201580	Secondary	98765	PalmB/Ma	396	40
41	607	WINTER HAVEN HOSPITAL, INC.	FACILITY	CARE HOSPITAL	200 AVENUE F NE	WINTER HAVEN	FL	33881	POLK	Y		M1	Network	QP	I	6201376	Secondary	98765	TampaBay	399	41
42	283	COLUMBIA HOSPITAL	FACILITY	CARE HOSPITAL	2201 45TH ST	BEACH	FL	33407	PALM BEACH	Y		M1	Network	QP	I	6201345	Secondary	98765	PalmB/Ma	396	42

43	107	MAYO CLINIC FLORIDA HOSPITAL	HOSPITAL	CARE HOSPITAL	4500 SAN PABLO ROAD	JACKSONVILLE	FL	32224	DUVAL	Y	M1	Network	QP	I	6200560	National C	3117	Jacksonvil	448	43
44	318	FLORIDA HOSPITAL FISH MEMORIAL	FACILITY	CARE HOSPITAL	1055 SAXON BLVD	ORANGE CITY	FL	32763	VOLUSIA	Y	M1	Network	QP	I	6200300	Secondary	98765	Daytona B	1716	44
45	243	LOWER KEYS MEDICAL CENTER	FACILITY	CARE HOSPITAL	6900 COLLEGE RD	KEY WEST	FL	33040	MONROE	Y	M1	Network	QP	I	6200600	Secondary	98765	Dade/Brow	397	45
46	143	MEMORIAL HOSPITAL MIRAMAR	FACILITY	CARE HOSPITAL	1901 SW 172ND AVE	MIRAMAR	FL	33029	BROWARD	Y	M1	Network	QP	I	7257633	Dade/Brow	397	Dade/Brow	397	46
47	135	PUTNAM COMMUNITY MEDICAL CTR	FACILITY	CARE HOSPITAL	611 ZEAGLER DR	PALATKA	FL	32177	PUTNAM	Y	M1	Network	QP	I	6200980	Secondary	98765	Jacksonvil	448	47
48	251	MARINERS HOSPITAL	FACILITY	CARE HOSPITAL	MARINERS HOSPITAL	TAVERNIER	FL	33070	MONROE	Y	M1	Network	QP	I	6200525	Secondary	98765	Dade/Brow	397	48
49	289	JUPITER MEDICAL CENTER	FACILITY	CARE HOSPITAL	1210 S OLD DIXIE HWY	JUPITER	FL	33458	PALM BEACH	Y	M1	Network	QP	I	6201385	Secondary	98765	PalmB/Ma	396	49
50	244	SOUTH MIAMI HOSPITAL	FACILITY	CARE HOSPITAL	6200 SW 73RD ST	MIAMI	FL	33143	MIAMI-DADE	Y	M1	Network	QP	I	6201215	Dade/Brow	397	Dade/Brow	397	50

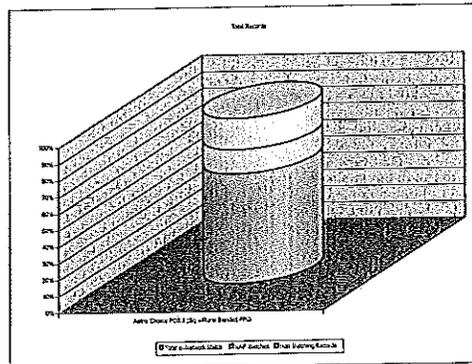
SUMNER COUNTY BOCC - Request # 84486

Report run against Aetna provider data as of 02/22/2010

Quoting Options	
Behavioral Health	Quoted
Dental	Carved-Out
Pharmacy	Carved-Out

	Aetna Choice POS II (SI) w/Rural Blended PPO	
	Total Records	% of Total
Total Records	50	100.00%
Records Not Considered	0	0.00%
Excluded Services (Matching and Non-Matching)	1	2.00%
Retired/Deceased Providers	0	0.00%
Excluded Behavioral Health Records	0	0.00%
Excluded Dental Records	0	0.00%
Excluded Pharmacy Records	1	2.00%
Excluded LabCorp Records	0	0.00%
Total Excluded Records	2	4.00%
Records Utilized in Analysis	48	
Network Matches	30	62.50%
Contracted for Limited Services Only	0	0.00%
Quoted Behavioral Health Records	2	4.17%
Quoted Dental Records	0	0.00%
Quoted Pharmacy Records	0	0.00%
Hospital Based Providers (Non-Matching)	0	0.00%
Total In-Network Match	32	66.67%
NAP Matches	7	14.58%
Total In-Network Matches and Additional Discount Matches	39	81.25%
Aetna Recruitment (% of Out of Network Providers) ***	0	0.00%
Non-Matching Records Outside the Service Area	1	2.08%

*** Not a guarantee providers will contract with Aetna



Provider Data Report by Claims Dollars

Group Name: SUMTER CNTY BD OF CNTY COMMRS Group Number: 60668

Claim Incurred Dates: 200901 - 200912

Report Run Date: 2/6/2010

Rank	Provider Number	Provider Name	Category	Specialty	Address Line 1 & 2	City	State	Zip	County	Yes	No	Calc	Match	Descrpt	Match_Level	Repr	PIN	Matched_Net	Matched	Area	Area	Seq	Nus
1	T9041	CAREMARK LLC	ANCILLARY	SPECIALTY PHARMACY	CENTER BLVD STE	TAMPA	FL	33614	HILLSBOROUGH	E	E6	Carved-Out	NAP - NER	E	4464124	FedMed/II	3035	TampaBay	399			1	
2	V75	RENAL TREATMENT CENTERS LEESBURG	ANCILLARY	(ESRD) TREATMENT	STE 108A	G	FL	34748	LAKE	N	NM	Not Found	No Match	O	3333333	NM SRVA		Orlando, F	449			2	
3	V3J	MT DORA DIALYSIS	ANCILLARY	(ESRD) TREATMENT	441	DORA	FL	32757	LAKE	Y	M1	Network	QP	I	7054290	Orlando, F	449	Orlando, F	449			3	
4	L8020	QUEST DIAGNOSTICS INC	ANCILLARY	LABORATORY	BLVD	WIN	PA	19403	MONTGOMERY	Y	M1	Network	QRL	I	4567070	Southeast	408	Southeast	408			4	
5	6P2	LLC	ANCILLARY	AMBULATORY SURGICAL	PLACE	ELD	FL	34491	MARION	Y	M1	Network	QP	I	9216095	Ocala	1939	Ocala	1939			5	
6	V3060	RADIOLOGY ASSOCIATES OF CENTRAL FLORIDA	ANCILLARY	RADIOLOGY	STE 104	G	FL	34748	LAKE	D	D1	NAP	NAP - NER	D	7855178	Beech Stre	3493	Orlando, F	449			6	
7	A0725		ANCILLARY	AMBULANCE	441 #A	DORA	FL	32757	LAKE	E	E2	Excluded S	NPAPFM	I	7700175	NM SRVA	0	Orlando, F	449			7	
8	68V	SUNCOAST ENDOSCOPY CENTER	ANCILLARY	AMBULATORY SURGICAL	3621 E FOREST DR	S	FL	34453	CITRUS	Y	M1	Network	QP	I	7275338	TampaBay	399	TampaBay	399			8	
9	65D	LAKE SURGERY AND ENDOSCOPY CENTER	ANCILLARY	AMBULATORY SURGICAL	ROAD 44, LEG A	G	FL	34788	LAKE	Y	M1	Network	QP	I	5941113	Orlando, F	449	Orlando, F	449			9	
10	V3235	THOMAS E LANGLEY MEDICAL CENTER	ANCILLARY	RADIOLOGY	1389 S US HWY 301	LLE	FL	33585	SUMTER	N	NM	Not Found	NERL	I	3333333	NM Out of		Out of Area				10	
11	8AC	CARILION SURGERY CENTER LLC	ANCILLARY	AMBULATORY SURGICAL		PETERSB	FL	33716	PINELLAS	Y	M1	Network	QP	I	9795258	TampaBay	399	TampaBay	399			11	
12	H4A	INTERIM HEALTHCARE OF NORTH CENTRAL FLA	ANCILLARY	HOME HEALTH	32644 BLOSSOM LN	G	FL	34788	LAKE	D	D1	NAP	NAP	D	5906823	Beech Stre	3493	Orlando, F	449			12	
13	JV3	BAYCARE HOME CARE INC	ANCILLARY	HOME HEALTH	AVENUE NORTH	LARGO	FL	33773	PINELLAS	Y	M1	Network	QANC	I	4473417	FL Myers (	394	TampaBay	399			13	
14	JQ4	FLORIDA HOSPITAL HOME INFUSION LLP	ANCILLARY	HOME HEALTH	STE 1010	TE	FL	32714	SEMINOLE	Y	M1	Network	QANC	I	4579012	TampaBay	399	Orlando, F	449			14	
15	E8A	LAKESIDE BEHAVIORAL HEALTHCARE INC	ANCILLARY	PSYCHIATRIC HOSPITAL	BLVD	ORLANDO	FL	32810	ORANGE	Y	M3	Quoted BH	QBH	I	4328822	Orlando, F	449	Orlando, F	449			15	
16	V3179	LAKE MEDICAL IMAGING & VASCULAR INSTITUT	ANCILLARY	RADIOLOGY	STE 122	VILLAGES	FL	32162	SUMTER	N	NM	Not Found	NERL	I	3333333	NM SRVA		Orlando, F	449			16	
17	B902B	LAKE REGIONAL URGENT CARE	ANCILLARY	URGENT CARE	441	G	FL	34788	LAKE	Y	M1	Network	QP	I	7679495	Orlando, F	449	Orlando, F	449			17	
18	R9458	BAYCARE HOME CARE INC	ANCILLARY	EQUIPMENT & MEDICAL	8452 118TH AVE	LARGO	FL	33773	PINELLAS	Y	M1	Network	QANC	I	4473417	FL Myers (	394	TampaBay	399			18	
19	Y600P	BROOKSVILLE	ANCILLARY	PHYSICAL THERAPY	BLVD	LLE	FL	34801	HERNANDO	D	D1	NAP	NAP	D	7301187	Beech St F	3495	TampaBay	399			19	
20	V3059	LAKE MEDICAL IMAGING AND BREAST CENTER A	ANCILLARY	RADIOLOGY	HIGHWAY 441 STE	VILLAGES	FL	32169	LAKE	D	D1	NAP	NAP - NER	D	7768009	Beech Stre	3493	Orlando, F	449			20	
21	64V	THE SURGERY CENTER OF OCALA LLC	ANCILLARY	AMBULATORY SURGICAL	3241 SW 34TH ST	OCALA	FL	34474	MARION	Y	M1	Network	QP	I	5372058	Ocala	1939	Ocala	1939			21	
22	610	SURGICAL LICENSED WARD	ANCILLARY	AMBULATORY SURGICAL	UNDERWOOD ST	ORLANDO	FL	32806	ORANGE	Y	M1	Network	QP	I	4513911	Orlando, F	449	Orlando, F	449			22	
23	6P8	LAKE ENDOSCOPY CENTER	ANCILLARY	AMBULATORY SURGICAL	TERRACE RD	ELD	FL	34491	MARION	Y	M1	Network	QP	I	9721148	Ocala	1939	Ocala	1939			23	
24	GA9	REHAB G V INC	ANCILLARY	COMPREHENSIVE OUTPATIENT	765 HIGHWAY 468	LAKE	FL	32169	LAKE	Y	M1	Network	QP	I	7651300	Orlando, F	449	Orlando, F	449			24	
25	6H9	PEDIATRIC SURGERY CENTERS LLC	ANCILLARY	AMBULATORY SURGICAL	DR	TAMPA	FL	33619	HILLSBOROUGH	Y	M1	Network	QP	I	7850627	TampaBay	399	TampaBay	399			25	
26	69R	ENDOSURG OUTPATIENT CENTER	ANCILLARY	AMBULATORY SURGICAL	HIGHWAY 441	LAKE	FL	32169	LAKE	Y	M1	Network	QP	I	7236228	Orlando, F	449	Orlando, F	449			26	
27	B916L	PARAMOUNT URGENT CARE INC	ANCILLARY	URGENT CARE	ROAD 488 STE A	VILLAGES	FL	32162	SUMTER	D	D1	NAP	NAP	D	9383231	Beech Stre	3493	Orlando, F	449			27	
28	6Q7	CENTER	ANCILLARY	AMBULATORY SURGICAL	STREET	LAKÉ	FL	32169	LAKE	N	NM	Not Found	No Match	O	3333333	NM SRVA		Orlando, F	449			28	
29	R9445	PEDIATRIC HEALTH CHOICE	ANCILLARY	EQUIPMENT & MEDICAL	STE A	TAMPA	FL	33634	HILLSBOROUGH	Y	M1	Network	QANC	I	7160961	FL Myers (	394	TampaBay	399			29	
30	R33	LAKE CENTRE FOR REHABILITATION	ANCILLARY	REHABILITATION	BLVD STE D	G	FL	34748	LAKE	N	NP	Match to N	NP No Mat	O	4664484	NP NO MA	0	Orlando, F	449			30	
31	62Z	THE OCALA ENDOSCOPY ASC	ANCILLARY	AMBULATORY SURGICAL	1160 SE 18TH PL	OCALA	FL	34471	MARION	Y	M1	Network	QP	I	5381227	Ocala	1939	Ocala	1939			31	
32	83N	PHYSICIANS SURGICAL CARE CENTER	ANCILLARY	AMBULATORY SURGICAL	2056 ALOMA AVE	PARK	FL	32792	ORANGE	Y	M1	Network	QP	I	8207632	Orlando, F	449	Orlando, F	449			32	
33	668	CENTRAL FLORIDA SURGICAL CENTER	ANCILLARY	AMBULATORY SURGICAL	DR STE 3	OCOEEE	FL	34761	ORANGE	Y	M1	Network	QP	I	7390511	Orlando, F	449	Orlando, F	449			33	
34	6R2	THE SURGERY CENTER OF THE VILLAGES LLC	ANCILLARY	AMBULATORY SURGICAL	TERRACE RD	ELD	FL	34491	MARION	Y	M1	Network	QP	I	5372056	Ocala	1939	Ocala	1939			34	
35	QR2	CORA REHABILITATION CLINICS	ANCILLARY	REHABILITATION	STE B	TAVARES	FL	32778	LAKE	Y	M1	Network	QP	I	7512125	Orlando, F	449	Orlando, F	449			35	
36	62E	MID FLORIDA SURGERY CENTER	ANCILLARY	AMBULATORY SURGICAL	441	DORA	FL	32757	LAKE	Y	M1	Network	QP	I	7558072	Orlando, F	449	Orlando, F	449			36	
37	B904H	LRMC RIVERSIDE URGENT CARE CENTER	ANCILLARY	URGENT CARE	BLVD	TAVARES	FL	32778	LAKE	N	NM	Not Found	No Match	O	3333333	NM SRVA		Orlando, F	449			37	
38	64G	FLORIDA MEDICAL CLINIC SPECIAL PROCEDURE	ANCILLARY	AMBULATORY SURGICAL	36135 MARKET SQ	LLS	FL	33542	PASCO	Y	M1	Network	QP	I	7642564	TampaBay	399	TampaBay	399			38	
39	63T	CITRUS SURGERY CENTER	ANCILLARY	AMBULATORY SURGICAL	HWY	LECANTO	FL	34461	CITRUS	N	NP	Match to N	NP No Mat	O	5383252	NP NO MA	0	TampaBay	399			39	
40	Q3N	PHYSIO MED INC	ANCILLARY	REHABILITATION	LOOP STE 4	DORA	FL	32757	LAKE	Y	M1	Network	QP	I	5847559	Orlando, F	449	Orlando, F	449			40	
41	E15	THE CENTERS INC	ANCILLARY	PSYCHIATRIC HOSPITAL	5684 SW 60TH AVE	OCALA	FL	34474	MARION	Y	M3	Quoted BH	QBH	I	4371379	Ocala	1939	Ocala	1939			41	
42	J28	AMBIENT HEALTHCARE OF CENTRAL FLORIDA IN	ANCILLARY	HOME HEALTH	CHALLENGER	ORLANDO	FL	32826	ORANGE	Y	M1	Network	QANC	I	7334410	FL Myers (	394	Orlando, F	449			42	

43	Z044X	KANOPKIN PAMELA	ANCILLARY	CLINICAL	12380 NW 77TH ST	OCALA	FL	34482	MARION	N	NM	Not Found	No Match	O	3333333	NM SRVA		Ocala	1939	43
44	V3076	MEDICAL IMAGING CENTER AT WINDSOR OAKS	ANCILLARY	RADIOLOGY	STE 200A	OCALA	FL	34471	MARION	D	D1	NAP	NAP - NEFD	D	5651030	FedMed/IH	3035	Ocala	1939	44
45	687	SUNCOAST EYE CENTER	ANCILLARY	AMBULATORY SURGICAL	BLVD	HUDSON	FL	34667	PASCO	Y	M1	Network	QP	I	5680316	TampaBay	399	TampaBay	399	45
46	M2729	ANIMAS DIABETES CARE LLC	ANCILLARY	EQUIPMENT & MEDICAL	STE 600	MIAMI	FL	33131	MIAMI-DADE	N	NM	Not Found	No Match	O	3333333	NM SRVA		Dade/Brow	397	46
47	V2302	CENTER	ANCILLARY	RADIOLOGY	WAY	HILL	FL	34606	HERNANDO	Y	M1	Network	QRL	I	8205840	TampaBay	399	TampaBay	399	47
48	68P	FLORIDA ENDOSCOPY AND SURGERY FAC	ANCILLARY	AMBULATORY SURGICAL	BLVD STE 103	LLE	FL	34613	HERNANDO	Y	M1	Network	QP	I	7576146	TampaBay	399	TampaBay	399	48
49	R5713	LIBERTY MEDICAL SUPPLY	ANCILLARY	EQUIPMENT & MEDICAL	STE 260	SAINT	FL	34952	SAINT LUCIE	D	D1	NAP	NAP - NEAD	D	8208006	Multiplan N	1997	PalmB/Ma	396	49
50	R9045	BYRAM HEALTHCARE CENTERS INC	ANCILLARY	EQUIPMENT & MEDICAL	STE A	TER	FL	33762	PINELLAS	Y	M1	Network	QANC	I	9434403	Los Angeles	209	TampaBay	399	50



Accessibility Analysis

March 30, 2010

A report on the accessibility of the

Aetna Choice POS II (SI)

for the employees of

Sumter County Board of County Commissioners

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Accessibility summary

Accessibility analysis specifications	
Provider group:	Adult PCPs 154,557 providers at 67,661 locations (based on 300,451 records)
Employee group:	All EEs 843 employees
Access standard:	2 providers within 10 miles
Employees with desired access:	751 (89.1%)

Average distance to a choice of providers for employees with desired access					
Number of providers	1	2	3	4	5
Miles	4.2	4.6	6.6	7.1	7.4

Key geographic areas				
City	Total number of employees	Employees with desired access		
		Number	Percent	Average distance to 2 providers
BUSHNELL, FL	215	153	71	8.7
LAKE PANASOFFKEE, FL	65	65	100	2.0
WILDWOOD, FL	59	59	100	4.9
WEBSTER, FL	71	49	69	8.3
LEESBURG, FL	26	26	100	1.1
CLERMONT, FL	24	24	100	2.3
EUSTIS, FL	23	23	100	2.6
CENTER HILL, FL	22	22	100	8.3
INVERNESS, FL	19	19	100	2.2
SUMTERVILLE, FL	18	18	100	6.8

ZIP Codes meeting the access standard

All EEs							
City	ZIP Code	Total number of employees	Total number of providers	Employees with desired access			
				Number	Pct	Average distance to providers	
						1	2
BIRMINGHAM, AL	35225	1	0	1	100	0.3	0.3
LINEVILLE, AL	36266	1	1	1	100	2.6	4.5
ALTAMONTE SPRINGS, FL	32714	1	37	1	100	0.8	1.2
ALTOONA, FL	32702	5	0	4	80	5.2	5.5
APOPKA, FL	32703	3	51	3	100	1.2	1.2
	32712	1	5	1	100	1.8	2.2
ASTOR, FL	32102	2	1	2	100	2.7	6.0
AUBURNDALE, FL	33823	1	5	1	100	2.0	2.0
BARTOW, FL	33830	1	32	1	100	0.4	0.4
BELL, FL	32619	1	3	1	100	4.4	4.4
BELLEVIEW, FL	34420	4	15	4	100	1.4	1.6
BEVERLY HILLS, FL	34465	1	9	1	100	4.1	4.1
BROOKSVILLE, FL	34601	12	14	12	100	2.4	2.8
	34602	3	1	3	100	2.9	5.5
	34604	1	0	1	100	2.2	2.3
	34614	1	0	1	100	5.4	5.5
BUSHNELL, FL	33513	215	0	153	71	8.5	8.7
CASSELBERRY, FL	32707	1	9	1	100	1.8	1.8
CENTER HILL, FL	33514	22	0	22	100	8.3	8.3
CLERMONT, FL	34711	12	69	12	100	0.9	1.0
	34712	1	0	1	100	0.3	0.3
	34714	2	1	2	100	5.9	7.0
	34715	9	0	9	100	3.0	3.3
COCOA, FL	32922	1	6	1	100	0.3	0.7
COLEMAN, FL	33521	8	0	8	100	5.2	5.2
DADE CITY, FL	33523	5	1	5	100	3.4	3.5
DEBARY, FL	32713	2	5	2	100	0.5	0.7
DELAND, FL	32724	1	2	1	100	0.9	1.8
DELTONA, FL	32725	3	13	3	100	0.8	1.1
	32738	1	0	1	100	2.5	2.5
DUNNELLON, FL	34431	1	2	1	100	6.9	6.9
	34433	1	0	1	100	1.2	1.2
	34434	1	2	1	100	1.6	1.6
EUSTIS, FL	32726	13	16	13	100	0.6	0.6
	32727	1	0	1	100	0.1	0.1
	32736	9	0	9	100	5.1	5.7
FLORAL CITY, FL	34436	12	0	10	83	6.7	6.8
FORT LAUDERDALE, FL	33315	1	1	1	100	0.8	0.9
FRUITLAND PARK, FL	34731	9	0	9	100	1.8	1.8

Access standard: 2 providers within 10 miles
 Provider group: Adult PCPs

6/15/2006

ZIP Codes meeting the access standard

All EEs							
City	ZIP Code	Total number of employees	Total number of providers	Employees with desired access			
				Number	Pct	Average distance to providers	
						1	2
OCALA, FL	34483	1	0	1	100	2.3	3.5
OCKLAWAHA, FL	32179	3	0	3	100	6.4	8.0
OCOEE, FL	34761	1	63	1	100	1.0	1.0
ORLANDO, FL	32806	1	141	1	100	0.7	0.7
	32826	2	5	2	100	1.3	1.9
	32828	1	38	1	100	0.8	0.8
	32835	2	27	2	100	0.1	0.1
	32869	1	0	1	100	0.9	0.9
OVIEDO, FL	32766	1	0	1	100	3.3	3.4
OXFORD, FL	34484	16	0	16	100	2.6	4.1
PALM BAY, FL	32907	1	18	1	100	1.1	1.1
	32909	1	0	1	100	6.6	6.6
PALM HARBOR, FL	34683	1	6	1	100	1.2	1.2
PERRY, FL	32348	1	0	1	100	2.5	2.5
PLANT CITY, FL	33567	1	1	1	100	1.8	3.3
PORT RICHEY, FL	34668	1	25	1	100	0.5	0.5
PORT SAINT LUCIE, FL	34985	1	0	1	100	1.3	1.3
SAINT CLOUD, FL	34771	1	0	1	100	2.7	4.1
	34772	1	0	1	100	5.0	5.0
SAN ANTONIO, FL	33576	1	0	1	100	5.0	5.0
SANFORD, FL	32771	1	69	1	100	0.5	0.7
	32773	1	0	1	100	1.5	1.5
SEMINOLE, FL	33776	1	7	1	100	0.8	1.3
SORRENTO, FL	32776	8	1	8	100	2.4	5.5
SPRING HILL, FL	34606	1	29	1	100	0.7	0.7
	34608	1	9	1	100	1.3	1.3
	34609	5	22	5	100	1.0	1.1
	34610	1	0	1	100	3.1	3.2
SUMMERFIELD, FL	34491	7	20	7	100	2.5	2.7
SUMTERVILLE, FL	33585	18	0	18	100	6.8	6.8
TAMPA, FL	33618	1	21	1	100	0.1	0.4
	33637	1	0	1	100	1.7	1.7
TAVARES, FL	32778	16	12	16	100	1.0	1.2
THE VILLAGES, FL	32162	11	21	11	100	1.9	1.9
UMATILLA, FL	32784	10	2	10	100	3.8	4.2
WEBSTER, FL	33597	71	0	49	69	5.5	8.3
WEIRSDALE, FL	32195	3	1	3	100	0.9	2.1
WESLEY CHAPEL, FL	33544	1	20	1	100	3.3	3.3
WILDWOOD, FL	34785	59	0	59	100	4.8	4.9

Access standard: 2 providers within 10 miles

Provider group: Adult PCPs

ZIP Codes meeting the access standard

All EEs							
City	ZIP Code	Total number of employees	Total number of providers	Employees with desired access			
				Number	Pct	Average distance to providers	
						1	2
WINTER GARDEN, FL	34787	1	13	1	100	0.3	0.3
WINTER PARK, FL	32792	1	62	1	100	1.1	1.1
WINTER SPRINGS, FL	32708	3	23	3	100	2.6	2.6
YALAHA, FL	34797	2	0	2	100	2.9	3.4
HIAWASSEE, GA	30546	1	9	1	100	7.0	8.3
OCHLOCKNEE, GA	31773	1	0	1	100	9.5	9.5
MC MINNVILLE, TN	37110	1	14	1	100	4.2	4.3
TOTALS		838	1,646	751	90	4.2	4.6

Access standard: 2 providers within 10 miles
 Provider group: Adult PCPs

Accessibility summary

Accessibility analysis specifications	
Provider group:	Adult PCPs 154,557 providers at 67,661 locations (based on 300,451 records)
Employee group:	All EEs 843 employees
Access standard:	2 providers within 10 miles
Employees without desired access:	92 (10.9%)

Average distance to a choice of providers for employees without desired access					
Number of providers	1	2	3	4	5
Miles	9.5	10.8	11.6	12.6	13.6

Key geographic areas				
City	Total number of employees	Employees without desired access		
		Number	Percent	Average distance to 2 providers
BUSHNELL, FL	215	62	29	10.6
WEBSTER, FL	71	22	31	11.3
FLORAL CITY, FL	12	2	17	10.3
PAISLEY, FL	2	2	100	10.3
ALTOONA, FL	5	1	20	11.3
FORT MC COY, FL	1	1	100	12.7
OLD TOWN, FL	1	1	100	15.1
SILVER SPRINGS, FL	1	1	100	10.9

Continued

ZIP Codes not meeting the access standard

All EEs							
City	ZIP Code	Total number of employees	Total number of providers	Employees without desired access			
				Number	Pct	Average distance to providers	
						1	2
ALTOONA, FL	32702	5	0	1	20	6.6	11.3
BUSHNELL, FL	33513	215	0	62	29	10.0	10.6
FLORAL CITY, FL	34436	12	0	2	17	9.1	10.3
FORT MC COY, FL	32134	1	1	1	100	12.7	12.7
OLD TOWN, FL	32680	1	6	1	100	15.1	15.1
PAISLEY, FL	32767	2	0	2	100	10.2	10.3
SILVER SPRINGS, FL	34488	1	0	1	100	9.9	10.9
WEBSTER, FL	33597	71	0	22	31	7.7	11.3
TOTALS		308	7	92	30	9.5	10.8

Access standard: 2 providers within 10 miles
 Provider group: Adult PCPs

Accessibility summary

Accessibility analysis specifications	
Provider group:	Pediatrics All 58,717 providers at 24,469 locations (based on 127,426 records)
Employee group:	All EEs 843 employees
Access standard:	2 providers within 10 miles
Employees with desired access:	426 (50.5%)

Average distance to a choice of providers for employees with desired access					
Number of providers	1	2	3	4	5
Miles	4.1	4.8	5.9	6.6	7.1

Key geographic areas				
City	Total number of employees	Employees with desired access		
		Number	Percent	Average distance to 2 providers
WILDWOOD, FL	59	53	90	8.3
LEESBURG, FL	26	26	100	2.0
CLERMONT, FL	24	24	100	3.1
EUSTIS, FL	23	22	96	3.8
CENTER HILL, FL	22	22	100	8.7
INVERNESS, FL	19	19	100	4.3
BROOKSVILLE, FL	17	16	94	3.8
TAVARES, FL	16	16	100	1.3
OCALA, FL	15	15	100	2.8
GROVELAND, FL	12	12	100	3.3

ZIP Codes meeting the access standard

All EEs							
City	ZIP Code	Total number of employees	Total number of providers	Employees with desired access			
				Number	Pct	Average distance to providers	
						1	2
BIRMINGHAM, AL	35225	1	0	1	100	0.3	0.7
ALTAMONTE SPRINGS, FL	32714	1	4	1	100	0.2	1.3
APOPKA, FL	32703	3	15	3	100	1.3	1.3
	32712	1	0	1	100	2.2	2.3
AUBURNDALE, FL	33823	1	0	1	100	5.4	5.4
BARTOW, FL	33830	1	9	1	100	0.4	0.4
BELL, FL	32619	1	2	1	100	4.4	4.4
BELLEVIEW, FL	34420	4	1	3	75	1.4	8.3
BEVERLY HILLS, FL	34465	1	0	1	100	4.7	5.3
BROOKSVILLE, FL	34601	12	3	11	92	2.7	2.8
	34602	3	0	3	100	6.3	6.4
	34604	1	0	1	100	4.8	4.8
	34614	1	0	1	100	5.9	5.9
BUSHNELL, FL	33513	215	1	8	4	8.8	9.3
CASSELBERRY, FL	32707	1	0	1	100	2.7	2.7
CENTER HILL, FL	33514	22	0	22	100	7.4	8.7
CLERMONT, FL	34711	12	31	12	100	1.7	2.0
	34712	1	0	1	100	2.3	2.6
	34714	2	5	2	100	4.9	4.9
	34715	9	0	9	100	3.9	4.4
COCOA, FL	32922	1	0	1	100	2.3	2.6
DADE CITY, FL	33523	5	0	5	100	3.8	3.8
DEBARY, FL	32713	2	0	2	100	1.5	1.5
DELAND, FL	32724	1	0	1	100	2.2	2.2
DELTONA, FL	32725	3	1	3	100	1.6	2.3
	32738	1	0	1	100	3.8	5.7
	34433	1	0	1	100	1.2	8.7
DUNNELLON, FL	34434	1	1	1	100	1.6	7.2
	32726	13	1	13	100	0.9	2.4
EUSTIS, FL	32727	1	0	1	100	0.5	2.7
	32736	9	0	8	89	5.7	6.1
	34436	12	0	9	75	6.7	8.7
FLORAL CITY, FL	34436	12	0	9	75	6.7	8.7
FORT LAUDERDALE, FL	33315	1	0	1	100	1.0	1.1
FRUITLAND PARK, FL	34731	9	0	9	100	1.8	1.8
GRAND ISLAND, FL	32735	4	0	4	100	3.9	4.3
GROVELAND, FL	34736	12	2	12	100	2.4	3.3
HERNANDO, FL	34442	3	0	3	100	4.0	5.0
HOMOSASSA, FL	34446	1	0	1	100	7.2	7.3
HOMOSASSA SPRINGS, FL	34447	1	0	1	100	5.3	6.2

Access standard: 2 providers within 10 miles
 Provider group: Pediatrics All

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ZIP Codes meeting the access standard

All EEs							
City	ZIP Code	Total number of employees	Total number of providers	Employees with desired access			
				Number	Pct	Average distance to providers	
						1	2
HOWEY IN THE HILLS, FL	34737	2	0	2	100	5.6	6.4
INVERNESS, FL	34450	8	0	8	100	2.9	4.9
	34452	5	1	5	100	2.8	4.8
	34453	6	1	6	100	1.3	3.0
JACKSONVILLE, FL	32210	1	5	1	100	1.3	1.3
KISSIMMEE, FL	34743	2	2	2	100	1.8	1.8
	34744	1	3	1	100	0.6	0.6
	34758	1	0	1	100	1.2	3.6
	34759	1	9	1	100	4.9	4.9
LADY LAKE, FL	32158	2	0	2	100	4.8	4.8
	32159	10	0	10	100	6.0	6.0
LAKE MARY, FL	32746	3	41	3	100	1.0	1.0
LAKE WALES, FL	33898	1	0	1	100	2.2	2.3
LAKELAND, FL	33805	1	75	1	100	0.9	0.9
LEESBURG, FL	34748	13	7	13	100	0.9	1.9
	34749	2	0	2	100	0.3	0.9
	34788	11	2	11	100	2.4	2.4
LONGWOOD, FL	32750	1	6	1	100	1.0	1.5
	32779	1	2	1	100	0.5	1.2
MASCOTTE, FL	34753	8	0	8	100	1.7	2.4
MELBOURNE, FL	32901	1	27	1	100	1.0	1.2
	32904	2	2	2	100	0.7	1.4
MINNEOLA, FL	34755	3	0	3	100	1.5	2.2
MONTVERDE, FL	34756	1	0	1	100	4.2	4.2
MOUNT DORA, FL	32757	12	1	12	100	1.2	3.7
OCALA, FL	34470	2	0	2	100	1.9	2.0
	34471	5	28	5	100	0.5	0.5
	34473	1	0	1	100	7.3	8.1
	34474	1	2	1	100	0.9	3.1
	34476	1	0	1	100	3.8	4.1
	34480	4	0	4	100	2.5	4.1
	34483	1	0	1	100	4.1	4.4
OCOEE, FL	34761	1	35	1	100	2.7	2.7
ORLANDO, FL	32806	1	249	1	100	0.8	1.0
	32826	2	3	2	100	1.8	1.9
	32828	1	19	1	100	0.8	0.8
	32835	2	11	2	100	0.1	0.1
	32869	1	0	1	100	2.3	3.2
OVIDO, FL	32766	1	0	1	100	4.1	4.3

Access standard: 2 providers within 10 miles
 Provider group: Pediatrics All

6/20/2008

ZIP Codes meeting the access standard

All EEs							
City	ZIP Code	Total number of employees	Total number of providers	Employees with desired access			
				Number	Pct	Average distance to providers	
						1	2
OXFORD, FL	34484	16	0	3	19	9.6	9.8
PALM BAY, FL	32907	1	6	1	100	1.1	2.0
	32909	1	0	1	100	6.6	7.2
PALM HARBOR, FL	34683	1	0	1	100	1.3	1.3
PLANT CITY, FL	33567	1	0	1	100	4.1	4.1
PORT RICHEY, FL	34668	1	1	1	100	0.8	2.6
PORT SAINT LUCIE, FL	34985	1	0	1	100	1.2	1.2
SAINT CLOUD, FL	34771	1	0	1	100	4.1	4.3
	34772	1	1	1	100	3.9	5.8
SAN ANTONIO, FL	33576	1	0	1	100	5.6	5.6
SANFORD, FL	32771	1	41	1	100	1.3	1.8
	32773	1	0	1	100	2.1	2.1
SEMINOLE, FL	33776	1	0	1	100	1.3	1.4
SORRENTO, FL	32776	8	0	8	100	5.9	7.4
SPRING HILL, FL	34606	1	0	1	100	4.5	4.5
	34608	1	2	1	100	1.3	1.3
	34609	5	10	5	100	1.8	1.9
	34610	1	0	1	100	3.8	3.8
SUMMERFIELD, FL	34491	7	0	1	14	9.2	9.2
SUMTERVILLE, FL	33585	18	0	2	11	8.3	8.8
TAMPA, FL	33618	1	20	1	100	0.4	0.4
	33637	1	0	1	100	1.7	1.9
TAVARES, FL	32778	16	9	16	100	1.2	1.3
THE VILLAGES, FL	32162	11	0	10	91	6.8	6.8
UMATILLA, FL	32784	10	0	6	60	6.5	8.6
WEBSTER, FL	33597	71	0	10	14	8.3	9.4
WEIRSDALE, FL	32195	3	0	2	67	8.2	8.2
WESLEY CHAPEL, FL	33544	1	17	1	100	3.8	3.8
WILDWOOD, FL	34785	59	0	53	90	8.3	8.3
WINTER GARDEN, FL	34787	1	18	1	100	0.3	0.3
WINTER PARK, FL	32792	1	14	1	100	2.1	2.2
WINTER SPRINGS, FL	32708	3	0	3	100	3.0	3.3
YALAHA, FL	34797	2	0	2	100	3.4	5.2
MC MINNVILLE, TN	37110	1	6	1	100	4.3	4.3
TOTALS		747	752	426	57	4.1	4.8

Access standard: 2 providers within 10 miles
 Provider group: Pediatrics All

6/20/2006

Accessibility summary

Accessibility analysis specifications	
Provider group:	Pediatrics All 58,717 providers at 24,469 locations (based on 127,426 records)
Employee group:	All EEs 843 employees
Access standard:	2 providers within 10 miles
Employees without desired access:	417 (49.5%)

Average distance to a choice of providers for employees without desired access					
Number of providers	1	2	3	4	5
Miles	6.0	13.5	14.1	14.6	15.3

Key geographic areas				
City	Total number of employees	Employees without desired access		
		Number	Percent	Average distance to 2 providers
BUSHNELL, FL	215	207	96	14.1
LAKE PANASOFFKEE, FL	65	65	100	12.6
WEBSTER, FL	71	61	86	13.4
SUMTERVILLE, FL	18	16	89	11.6
OXFORD, FL	16	13	81	12.2
COLEMAN, FL	8	8	100	10.9
WILDWOOD, FL	59	6	10	11.8
SUMMERFIELD, FL	7	6	86	11.1
ALTOONA, FL	5	5	100	13.3
UMATILLA, FL	10	4	40	11.5

ZIP Codes not meeting the access standard

All EEs							
City	ZIP Code	Total number of employees	Total number of providers	Employees without desired access			
				Number	Pct	Average distance to providers	
						1	2
LINEVILLE, AL	36266	1	0	1	100	22.7	22.7
ALTOONA, FL	32702	5	0	5	100	11.0	13.3
ASTOR, FL	32102	2	0	2	100	6.0	15.3
BELLEVIEW, FL	34420	4	1	1	25	6.3	11.7
BROOKSVILLE, FL	34601	12	3	1	8	9.7	10.8
BUSHNELL, FL	33513	215	1	207	96	3.6	14.1
COLEMAN, FL	33521	8	0	8	100	9.8	10.9
DUNNELLON, FL	34431	1	0	1	100	12.4	15.3
EUSTIS, FL	32736	9	0	1	11	10.4	10.9
FLORAL CITY, FL	34436	12	0	3	25	10.2	10.8
FORT MC COY, FL	32134	1	0	1	100	13.2	19.2
INGLIS, FL	34449	1	0	1	100	12.4	12.7
LAKE PANASOFFKEE, FL	33538	65	0	65	100	8.6	12.6
NOBLETON, FL	34661	2	0	2	100	9.2	10.5
OCKLAWAHA, FL	32179	3	0	3	100	10.8	14.2
OLD TOWN, FL	32680	1	0	1	100	22.3	22.3
OXFORD, FL	34484	16	0	13	81	9.5	12.2
PAISLEY, FL	32767	2	0	2	100	12.6	12.6
PERRY, FL	32348	1	1	1	100	1.7	26.7
SILVER SPRINGS, FL	34488	1	0	1	100	13.4	13.7
SUMMERFIELD, FL	34491	7	0	6	86	4.0	11.1
SUMTERVILLE, FL	33585	18	0	16	89	6.3	11.6
THE VILLAGES, FL	32162	11	0	1	9	7.9	10.9
UMATILLA, FL	32784	10	0	4	40	10.9	11.5
WEBSTER, FL	33597	71	0	61	86	6.8	13.4
WEIRSDALE, FL	32195	3	0	1	33	10.1	10.1
WILDWOOD, FL	34785	59	0	6	10	11.4	11.8
HIAWASSEE, GA	30546	1	0	1	100	13.6	14.4
OCHLOCKNEE, GA	31773	1	0	1	100	11.0	11.0
TOTALS		543	6	417	77	6.0	13.5

Access standard: 2 providers within 10 miles
 Provider group: Pediatrics All

Accessibility summary

Accessibility analysis specifications	
Provider group:	OB/GYN Specialists 32,614 providers at 18,291 locations (based on 72,507 records)
Employee group:	All EEs 843 employees
Access standard:	2 providers within 10 miles
Employees with desired access:	340 (40.3%)

Average distance to a choice of providers for employees with desired access					
Number of providers	1	2	3	4	5
Miles	4.6	5.1	5.7	9.2	9.6

Key geographic areas				
City	Total number of employees	Employees with desired access		
		Number	Percent	Average distance to 2 providers
BUSHNELL, FL	215	26	12	9.5
LEESBURG, FL	26	26	100	3.6
WILDWOOD, FL	59	25	42	8.2
CLERMONT, FL	24	23	96	3.6
EUSTIS, FL	23	22	96	3.6
BROOKSVILLE, FL	17	17	100	4.1
TAVARES, FL	16	16	100	4.2
OCALA, FL	15	15	100	3.0
MOUNT DORA, FL	12	12	100	4.0
GROVELAND, FL	12	10	83	7.7

ZIP Codes meeting the access standard

All EEs							
City	ZIP Code	Total number of employees	Total number of providers	Employees with desired access			
				Number	Pct	Average distance to providers	
						1	2
BIRMINGHAM, AL	35225	1	0	1	100	0.3	2.1
ALTAMONTE SPRINGS, FL	32714	1	2	1	100	1.7	1.9
ALTOONA, FL	32702	5	0	2	40	8.6	9.7
APOPKA, FL	32703	3	8	3	100	1.3	2.1
	32712	1	0	1	100	2.2	2.3
AUBURNDALE, FL	33823	1	0	1	100	4.1	5.4
BARTOW, FL	33830	1	2	1	100	1.1	2.2
BELLEVIEW, FL	34420	4	0	3	75	8.5	8.6
BEVERLY HILLS, FL	34465	1	0	1	100	5.1	5.7
BROOKSVILLE, FL	34601	12	5	12	100	3.1	3.7
	34602	3	0	3	100	5.9	6.1
	34604	1	0	1	100	2.4	2.4
	34614	1	0	1	100	5.4	5.4
BUSHNELL, FL	33513	215	0	26	12	9.5	9.5
CASSELBERRY, FL	32707	1	1	1	100	2.6	2.7
CLERMONT, FL	34711	12	9	12	100	2.6	2.6
	34712	1	0	1	100	2.9	3.0
	34714	2	0	1	50	9.7	9.7
	34715	9	0	9	100	4.4	4.4
COCOA, FL	32922	1	0	1	100	2.5	3.1
DADE CITY, FL	33523	5	0	5	100	3.6	3.7
DEBARY, FL	32713	2	0	2	100	0.7	1.5
DELAND, FL	32724	1	0	1	100	2.2	2.2
DELTONA, FL	32725	3	4	3	100	1.1	1.6
	32738	1	0	1	100	3.8	3.8
EUSTIS, FL	32726	13	2	13	100	0.9	1.9
	32727	1	0	1	100	0.7	2.0
	32736	9	0	8	89	5.5	6.7
FLORAL CITY, FL	34436	12	0	4	33	9.1	9.1
FORT LAUDERDALE, FL	33315	1	0	1	100	1.1	1.1
FRUITLAND PARK, FL	34731	9	0	9	100	4.5	4.8
GRAND ISLAND, FL	32735	4	0	4	100	3.4	4.0
GROVELAND, FL	34736	12	0	10	83	7.6	7.7
HOMOSASSA, FL	34446	1	1	1	100	2.9	8.7
HOMOSASSA SPRINGS, FL	34447	1	0	1	100	3.9	6.5
HOWEY IN THE HILLS, FL	34737	2	0	2	100	8.4	8.8
JACKSONVILLE, FL	32210	1	4	1	100	1.3	1.3
KISSIMEE, FL	34743	2	0	2	100	1.9	2.2
	34744	1	5	1	100	0.6	0.7

Access standard: 2 providers within 10 miles
 Provider group: OB/GYN Specialists

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ZIP Codes meeting the access standard

All EEs							
City	ZIP Code	Total number of employees	Total number of providers	Employees with desired access			
				Number	Pct	Average distance to providers	
						1	2
KISSIMMEE, FL	34758	1	0	1	100	8.4	8.4
	34759	1	0	1	100	5.9	5.9
LADY LAKE, FL	32158	2	0	2	100	7.7	8.0
	32159	10	0	7	70	8.1	8.4
LAKE MARY, FL	32746	3	31	3	100	0.9	1.0
LAKE WALES, FL	33898	1	0	1	100	2.3	2.3
LAKELAND, FL	33805	1	22	1	100	0.9	1.4
LEESBURG, FL	34748	13	3	13	100	2.0	2.4
	34749	2	0	2	100	0.4	0.4
	34788	11	0	11	100	4.7	5.5
LONGWOOD, FL	32750	1	9	1	100	1.0	1.0
	32779	1	0	1	100	1.5	1.9
MASCOTTE, FL	34753	8	0	4	50	9.6	9.6
MELBOURNE, FL	32901	1	19	1	100	1.3	1.3
	32904	2	0	2	100	1.8	2.8
MINNEOLA, FL	34755	3	0	3	100	2.2	2.2
MONTVERDE, FL	34756	1	0	1	100	4.2	4.2
MOUNT DORA, FL	32757	12	1	12	100	1.8	4.0
NOBLETON, FL	34661	2	0	2	100	8.7	8.7
OCALA, FL	34470	2	0	2	100	2.3	2.3
	34471	5	8	5	100	0.5	0.8
	34473	1	0	1	100	8.1	8.1
	34474	1	2	1	100	0.9	0.9
	34476	1	0	1	100	3.8	3.8
	34480	4	0	4	100	4.5	4.5
	34483	1	0	1	100	5.2	5.3
OCOE, FL	34761	1	7	1	100	1.0	2.6
ORLANDO, FL	32806	1	155	1	100	0.9	1.3
	32826	2	0	2	100	2.4	2.6
	32828	1	3	1	100	0.8	1.4
	32835	2	5	2	100	0.2	0.3
	32869	1	0	1	100	2.9	4.0
OVIEDO, FL	32766	1	1	1	100	3.4	3.4
PALM BAY, FL	32907	1	1	1	100	4.1	4.1
	32909	1	0	1	100	7.0	8.0
PALM HARBOR, FL	34683	1	0	1	100	1.2	1.2
PLANT CITY, FL	33567	1	0	1	100	4.1	4.2
PORT RICHEY, FL	34668	1	0	1	100	0.8	2.5
PORT SAINT LUCIE, FL	34985	1	0	1	100	1.4	1.4

Access standard: 2 providers within 10 miles
 Provider group: OB/GYN Specialists

Continued

ZIP Codes meeting the access standard

All EEs							
City	ZIP Code	Total number of employees	Total number of providers	Employees with desired access			
				Number	Pct	Average distance to providers	
						1	2
SAINT CLOUD, FL	34771	1	0	1	100	4.5	7.3
SAN ANTONIO, FL	33576	1	0	1	100	5.6	7.9
SANFORD, FL	32771	1	6	1	100	1.9	1.9
	32773	1	0	1	100	2.2	2.6
SEMINOLE, FL	33776	1	0	1	100	1.3	2.0
SORRENTO, FL	32776	8	0	8	100	6.3	7.7
SPRING HILL, FL	34606	1	1	1	100	0.7	4.5
	34608	1	1	1	100	1.4	1.4
	34609	5	4	5	100	1.8	1.9
	34610	1	0	1	100	3.1	3.9
SUMTERVILLE, FL	33585	18	0	2	11	7.8	7.8
TAMPA, FL	33618	1	5	1	100	1.0	1.0
	33637	1	0	1	100	1.9	1.9
TAVARES, FL	32778	16	0	16	100	3.0	4.2
THE VILLAGES, FL	32162	11	0	7	64	8.0	8.0
UMATILLA, FL	32784	10	0	7	70	7.0	8.2
WESLEY CHAPEL, FL	33544	1	8	1	100	3.8	5.4
WILDWOOD, FL	34785	59	0	25	42	8.2	8.2
WINTER GARDEN, FL	34787	1	4	1	100	0.3	2.5
WINTER PARK, FL	32792	1	19	1	100	1.9	1.9
WINTER SPRINGS, FL	32708	3	0	3	100	3.0	3.1
YALAHA, FL	34797	2	0	2	100	5.5	5.9
MC MINNVILLE, TN	37110	1	5	1	100	4.2	4.2
TOTALS		609	363	340	56	4.6	5.1

Access standard: 2 providers within 10 miles
 Provider group: OB/GYN Specialists

10/25/08

Accessibility summary

Accessibility analysis specifications	
Provider group:	OB/GYN Specialists 32,614 providers at 18,291 locations (based on 72,507 records)
Employee group:	All EEs 843 employees
Access standard:	2 providers within 10 miles
Employees without desired access:	503 (59.7%)

Average distance to a choice of providers for employees without desired access					
Number of providers	1	2	3	4	5
Miles	13.9	14.0	15.2	18.2	18.4

Key geographic areas				
City	Total number of employees	Employees without desired access		
		Number	Percent	Average distance to 2 providers
BUSHNELL, FL	215	189	88	14.5
WEBSTER, FL	71	71	100	14.2
LAKE PANASOFFKEE, FL	65	65	100	15.2
WILDWOOD, FL	59	34	58	11.1
CENTER HILL, FL	22	22	100	12.0
INVERNESS, FL	19	19	100	16.0
SUMTERVILLE, FL	18	16	89	11.3
OXFORD, FL	16	16	100	13.6
FLORAL CITY, FL	12	8	67	14.2
COLEMAN, FL	8	8	100	11.0

ZIP Codes not meeting the access standard

All EEs							
City	ZIP Code	Total number of employees	Total number of providers	Employees without desired access			
				Number	Pct	Average distance to providers	
						1	2
LINEVILLE, AL	36266	1	0	1	100	22.6	22.7
ALTOONA, FL	32702	5	0	3	60	13.9	15.1
ASTOR, FL	32102	2	0	2	100	15.4	15.4
BELL, FL	32619	1	0	1	100	30.8	31.9
BELLEVIEW, FL	34420	4	0	1	25	12.5	12.5
BUSHNELL, FL	33513	215	0	189	88	14.5	14.5
CENTER HILL, FL	33514	22	0	22	100	12.0	12.0
CLERMONT, FL	34714	2	0	1	50	11.4	11.4
COLEMAN, FL	33521	8	0	8	100	11.0	11.0
DUNNELLON, FL	34431	1	0	1	100	14.5	17.2
	34433	1	0	1	100	10.2	11.0
	34434	1	0	1	100	10.2	10.3
EUSTIS, FL	32736	9	0	1	11	10.4	11.1
FLORAL CITY, FL	34436	12	0	8	67	14.2	14.2
FORT MC COY, FL	32134	1	0	1	100	15.9	18.6
GROVELAND, FL	34736	12	0	2	17	10.8	10.9
HERNANDO, FL	34442	3	0	3	100	11.0	13.5
INGLIS, FL	34449	1	0	1	100	6.4	11.1
INVERNESS, FL	34450	8	0	8	100	17.2	17.8
	34452	5	0	5	100	13.7	15.3
	34453	6	0	6	100	13.5	14.3
LADY LAKE, FL	32159	10	0	3	30	10.3	10.6
LAKE PANASOFFKEE, FL	33538	65	0	65	100	15.2	15.2
MASCOTTE, FL	34753	8	0	4	50	10.6	10.6
OCKLAWAHA, FL	32179	3	0	3	100	15.3	15.5
OLD TOWN, FL	32680	1	0	1	100	37.9	40.8
OXFORD, FL	34484	16	0	16	100	13.6	13.6
PAISLEY, FL	32767	2	0	2	100	12.7	12.7
PERRY, FL	32348	1	0	1	100	47.8	47.9
SAINT CLOUD, FL	34772	1	0	1	100	5.9	10.4
SILVER SPRINGS, FL	34488	1	0	1	100	14.6	14.8
SUMMERFIELD, FL	34491	7	0	7	100	11.3	11.3
SUMTERVILLE, FL	33585	18	0	16	89	11.3	11.3
THE VILLAGES, FL	32162	11	0	4	36	12.6	12.6
UMATILLA, FL	32784	10	0	3	30	13.1	13.8
WEBSTER, FL	33597	71	0	71	100	14.2	14.2
WEIRSDALE, FL	32195	3	0	3	100	11.6	12.0
WILDWOOD, FL	34785	59	0	34	58	11.1	11.1
HIAWASSEE, GA	30546	1	0	1	100	12.8	12.8

Access standard: 2 providers within 10 miles

Provider group: OB/GYN Specialists

ZIP Codes not meeting the access standard

All EEs							
City	ZIP Code	Total number of employees	Total number of providers	Employees without desired access			
				Number	Pct	Average distance to providers	
						1	2
OCHLOCKNEE, GA	31773	1	0	1	100	11.1	11.1
TOTALS		609	0	503	83	13.9	14.0

Access standard: 2 providers within 10 miles
 Provider group: OB/GYN Specialists

Accessibility summary

Accessibility analysis specifications	
Provider group:	Specialists 478,877 providers at 167,118 locations (based on 1,410,058 records)
Employee group:	All EEs 843 employees
Access standard:	2 providers within 10 miles
Employees with desired access:	829 (98.3%)

Average distance to a choice of providers for employees with desired access					
Number of providers	1	2	3	4	5
Miles	3.4	4.1	4.2	4.3	4.5

Key geographic areas				
City	Total number of employees	Employees with desired access		
		Number	Percent	Average distance to 2 providers
BUSHNELL, FL	215	215	100	3.7
WEBSTER, FL	71	71	100	6.9
LAKE PANASOFFKEE, FL	65	65	100	8.2
WILDWOOD, FL	59	59	100	4.6
LEESBURG, FL	26	26	100	1.2
CLERMONT, FL	24	24	100	2.1
EUSTIS, FL	23	23	100	2.5
INVERNESS, FL	19	19	100	2.1
CENTER HILL, FL	22	18	82	7.7
SUMTERVILLE, FL	18	18	100	6.3

ZIP Codes meeting the access standard

All EEs							
City	ZIP Code	Total number of employees	Total number of providers	Employees with desired access			
				Number	Pct	Average distance to providers	
						1	2
BIRMINGHAM, AL	35225	1	0	1	100	0.3	0.3
LINEVILLE, AL	36266	1	0	1	100	4.5	5.2
ALTAMONTE SPRINGS, FL	32714	1	71	1	100	0.2	0.3
ALTOONA, FL	32702	5	0	4	80	5.8	5.8
APOPKA, FL	32703	3	236	3	100	1.0	1.3
	32712	1	1	1	100	2.2	2.2
AUBURNDALE, FL	33823	1	0	1	100	4.4	4.9
BARTOW, FL	33830	1	61	1	100	0.2	0.4
BELLEVIEW, FL	34420	4	2	4	100	1.4	1.9
BEVERLY HILLS, FL	34465	1	7	1	100	2.8	3.8
BROOKSVILLE, FL	34601	12	76	12	100	2.6	2.7
	34602	3	0	3	100	5.4	5.7
	34604	1	0	1	100	2.2	2.3
	34614	1	0	1	100	5.4	5.4
BUSHNELL, FL	33513	215	5	215	100	3.2	3.7
CASSELBERRY, FL	32707	1	23	1	100	1.1	1.1
CENTER HILL, FL	33514	22	0	18	82	6.5	7.7
CLERMONT, FL	34711	12	304	12	100	0.9	1.0
	34712	1	0	1	100	0.3	0.3
	34714	2	2	2	100	4.5	5.3
	34715	9	1	9	100	2.6	3.2
COCOA, FL	32922	1	29	1	100	0.3	1.0
COLEMAN, FL	33521	8	0	8	100	4.7	8.7
DADE CITY, FL	33523	5	2	5	100	3.5	3.6
DEBARY, FL	32713	2	17	2	100	0.4	0.6
DELAND, FL	32724	1	20	1	100	0.4	0.6
DELTONA, FL	32725	3	30	3	100	0.6	0.8
	32738	1	1	1	100	3.0	3.8
DUNNELLON, FL	34433	1	0	1	100	1.2	2.1
	34434	1	1	1	100	1.6	3.5
EUSTIS, FL	32726	13	53	13	100	0.6	0.6
	32727	1	0	1	100	0.1	0.1
	32736	9	0	9	100	5.5	5.6
FLORAL CITY, FL	34436	12	0	12	100	7.2	7.2
FORT LAUDERDALE, FL	33315	1	0	1	100	0.9	0.9
FRUITLAND PARK, FL	34731	9	2	9	100	1.1	1.2
GRAND ISLAND, FL	32735	4	0	4	100	3.1	3.2
GROVELAND, FL	34736	12	1	12	100	3.2	6.0
HERNANDO, FL	34442	3	2	3	100	2.7	2.8

Access standard: 2 providers within 10 miles

Provider group: Specialists

ZIP Codes meeting the access standard

All EEs							
City	ZIP Code	Total number of employees	Total number of providers	Employees with desired access			
				Number	Pct	Average distance to providers	
						1	2
HOMOSASSA, FL	34446	1	6	1	100	1.7	2.3
HOMOSASSA SPRINGS, FL	34447	1	2	1	100	0.0	0.0
HOWEY IN THE HILLS, FL	34737	2	0	2	100	6.4	6.4
INVERNESS, FL	34450	8	2	8	100	2.4	2.5
	34452	5	112	5	100	2.7	2.8
	34453	6	15	6	100	1.1	1.1
JACKSONVILLE, FL	32210	1	58	1	100	1.0	1.3
KISSIMMEE, FL	34743	2	8	2	100	1.0	1.0
	34744	1	153	1	100	0.3	0.3
	34758	1	0	1	100	1.4	1.4
	34759	1	3	1	100	5.8	6.4
LADY LAKE, FL	32158	2	0	2	100	0.5	0.5
	32159	10	117	10	100	1.5	1.5
LAKE MARY, FL	32746	3	224	3	100	0.7	0.8
LAKE PANASOFFKEE, FL	33538	65	0	65	100	7.0	8.2
LAKE WALES, FL	33898	1	2	1	100	2.2	2.3
LAKELAND, FL	33805	1	556	1	100	0.2	0.2
LEESBURG, FL	34748	13	167	13	100	1.3	1.4
	34749	2	0	2	100	0.4	0.4
	34788	11	24	11	100	0.9	1.0
LONGWOOD, FL	32750	1	283	1	100	0.8	0.9
	32779	1	10	1	100	0.7	0.7
MASCOTTE, FL	34753	8	0	8	100	2.4	7.4
MELBOURNE, FL	32901	1	414	1	100	0.4	0.4
	32904	2	45	2	100	0.7	0.7
MINNEOLA, FL	34755	3	0	3	100	0.4	0.8
MONTVERDE, FL	34756	1	0	1	100	3.5	3.5
MOUNT DORA, FL	32757	12	37	12	100	0.8	0.9
NOBLETON, FL	34661	2	0	2	100	8.0	8.7
OCALA, FL	34470	2	33	2	100	0.3	0.5
	34471	5	385	5	100	0.3	0.3
	34473	1	3	1	100	0.5	0.5
	34474	1	219	1	100	0.4	0.4
	34476	1	15	1	100	3.7	3.8
	34480	4	1	4	100	1.8	2.5
	34483	1	0	1	100	0.5	2.6
OCKLAWAHA, FL	32179	3	0	3	100	6.2	6.5
OCOE, FL	34761	1	265	1	100	1.0	1.0
ORLANDO, FL	32806	1	1,139	1	100	0.6	0.7

Access standard: 2 providers within 10 miles

Provider group: Specialists

ZIP Codes meeting the access standard

All EEs							
City	ZIP Code	Total number of employees	Total number of providers	Employees with desired access			
				Number	Pct	Average distance to providers	
						1	2
ORLANDO, FL	32826	2	40	2	100	0.9	0.9
	32828	1	44	1	100	0.6	0.6
	32835	2	68	2	100	0.1	0.1
	32869	1	0	1	100	1.4	1.6
OVIEDO, FL	32766	1	1	1	100	0.6	1.7
OXFORD, FL	34484	16	11	16	100	1.7	1.7
PALM BAY, FL	32907	1	70	1	100	1.1	1.1
	32909	1	0	1	100	6.6	6.6
PALM HARBOR, FL	34683	1	27	1	100	1.2	1.2
PERRY, FL	32348	1	0	1	100	2.8	2.8
PLANT CITY, FL	33567	1	5	1	100	1.8	1.8
PORT RICHEY, FL	34668	1	55	1	100	0.2	0.5
PORT SAINT LUCIE, FL	34985	1	0	1	100	0.3	0.3
SAINT CLOUD, FL	34771	1	1	1	100	1.9	2.9
	34772	1	3	1	100	3.6	5.1
SAN ANTONIO, FL	33576	1	0	1	100	5.0	5.0
SANFORD, FL	32771	1	185	1	100	0.6	1.1
	32773	1	6	1	100	0.8	0.9
	33776	1	1	1	100	0.8	1.3
SEMINOLE, FL	34488	1	1	1	100	4.4	9.7
SILVER SPRINGS, FL	32776	8	0	8	100	5.5	5.6
SORRENTO, FL	34606	1	48	1	100	0.6	0.6
SPRING HILL, FL	34608	1	33	1	100	0.4	0.4
	34609	5	108	5	100	0.9	1.0
	34610	1	1	1	100	0.9	3.1
	34491	7	54	7	100	2.7	2.9
SUMMERFIELD, FL	33585	18	1	18	100	2.2	6.3
SUMTERVILLE, FL	33618	1	163	1	100	0.0	0.0
	33637	1	67	1	100	0.4	0.4
TAMPA, FL	32778	16	109	16	100	1.1	1.2
TAVARES, FL	32162	11	56	11	100	1.4	1.7
THE VILLAGES, FL	32784	10	3	10	100	4.4	4.4
UMATILLA, FL	33597	71	0	71	100	5.1	6.9
WEBSTER, FL	32195	3	0	3	100	2.1	2.1
WEIRSDALE, FL	33544	1	48	1	100	3.3	3.3
WESLEY CHAPEL, FL	34785	59	0	59	100	4.1	4.6
WILDWOOD, FL	34787	1	15	1	100	0.3	0.8
WINTER GARDEN, FL	32792	1	537	1	100	0.3	1.1
WINTER PARK, FL	32708	3	35	3	100	0.7	0.8
WINTER SPRINGS, FL							

Access standard: 2 providers within 10 miles
 Provider group: Specialists

GENESYS

ZIP Codes meeting the access standard

All EEs							
City	ZIP Code	Total number of employees	Total number of providers	Employees with desired access			
				Number	Pct	Average distance to providers	
						1	2
YALAHA, FL	34797	2	0	2	100	5.1	5.2
HIAWASSEE, GA	30546	1	39	1	100	7.0	8.3
OCHLOCKNEE, GA	31773	1	0	1	100	7.9	8.5
MC MINNVILLE, TN	37110	1	32	1	100	4.3	4.3
TOTALS		834	7,112	829	99	3.4	4.1

Access standard: 2 providers within 10 miles
 Provider group: Specialists

Continued

Accessibility summary

Accessibility analysis specifications	
Provider group:	Specialists 478,877 providers at 167,118 locations (based on 1,410,058 records)
Employee group:	All EEs 843 employees
Access standard:	2 providers within 10 miles
Employees without desired access:	14 (1.7%)

Average distance to a choice of providers for employees without desired access					
Number of providers	1	2	3	4	5
Miles	8.5	11.6	11.6	12.7	12.8

Key geographic areas				
City	Total number of employees	Employees without desired access		
		Number	Percent	Average distance to 2 providers
CENTER HILL, FL	22	4	18	10.0
ASTOR, FL	2	2	100	15.2
PAISLEY, FL	2	2	100	10.4
ALTOONA, FL	5	1	20	11.7
DUNNELLON, FL	3	1	33	10.5
BELL, FL	1	1	100	11.5
FORT MC COY, FL	1	1	100	11.8
INGLIS, FL	1	1	100	10.8
OLD TOWN, FL	1	1	100	15.1

GeoAccess

ZIP Codes not meeting the access standard

All EEs							
City	ZIP Code	Total number of employees	Total number of providers	Employees without desired access			
				Number	Pct	Average distance to providers	
						1	2
ALTOONA, FL	32702	5	0	1	20	11.7	11.7
ASTOR, FL	32102	2	0	2	100	6.0	15.2
BELL, FL	32619	1	1	1	100	4.4	11.5
CENTER HILL, FL	33514	22	0	4	18	7.1	10.0
DUNNELLON, FL	34431	1	0	1	100	10.4	10.5
FORT MC COY, FL	32134	1	0	1	100	11.8	11.8
INGLIS, FL	34449	1	0	1	100	5.9	10.8
OLD TOWN, FL	32680	1	0	1	100	13.3	15.1
PAISLEY, FL	32767	2	0	2	100	10.4	10.4
TOTALS		36	1	14	39	8.5	11.6

Access standard: 2 providers within 10 miles
 Provider group: Specialists

CONFIDENTIAL

Accessibility summary

Accessibility analysis specifications	
Provider group:	Hospitals 4,941 providers at 5,465 locations (based on 5,788 records)
Employee group:	All EEs 843 employees
Access standard:	1 provider within 15 miles
Employees with desired access:	656 (77.8%)

Average distance to a choice of providers for employees with desired access					
Number of providers	1	2	3	4	5
Miles	7.9	11.3	13.2	16.2	19.2

Key geographic areas				
City	Total number of employees	Employees with desired access		
		Number	Percent	Average distance to 1 provider
BUSHNELL, FL	215	87	40	13.4
LAKE PANASOFFKEE, FL	65	65	100	12.4
WILDWOOD, FL	59	59	100	7.6
LEESBURG, FL	26	26	100	2.8
CLERMONT, FL	24	24	100	3.4
WEBSTER, FL	71	23	32	14.2
EUSTIS, FL	23	23	100	5.0
CENTER HILL, FL	22	22	100	12.8
INVERNESS, FL	19	19	100	2.8
SUMTERVILLE, FL	18	18	100	11.8

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ZIP Codes meeting the access standard

All EEs						
City	ZIP Code	Total number of employees	Total number of providers	Employees with desired access		
				Number	Pct	Average distance to a choice of 1 provider
BIRMINGHAM, AL	35225	1	0	1	100	0.3
LINEVILLE, AL	36266	1	0	1	100	8.5
ALTAMONTE SPRINGS, FL	32714	1	0	1	100	2.9
ALTOONA, FL	32702	5	0	3	60	11.5
APOPKA, FL	32703	3	1	3	100	2.7
	32712	1	0	1	100	2.2
AUBURNDALE, FL	33823	1	0	1	100	5.4
BARTOW, FL	33830	1	1	1	100	2.1
BELLEVUE, FL	34420	4	0	4	100	8.6
BEVERLY HILLS, FL	34465	1	0	1	100	14.2
BROOKSVILLE, FL	34601	12	1	12	100	4.9
	34602	3	0	3	100	7.6
	34604	1	0	1	100	2.7
	34614	1	0	1	100	5.5
BUSHNELL, FL	33513	215	0	87	40	13.4
CASSELBERRY, FL	32707	1	0	1	100	3.6
CENTER HILL, FL	33514	22	0	22	100	12.8
CLERMONT, FL	34711	12	3	12	100	1.9
	34712	1	0	1	100	1.3
	34714	2	0	2	100	10.3
	34715	9	0	9	100	4.1
COCOA, FL	32922	1	0	1	100	3.3
COLEMAN, FL	33521	8	0	8	100	11.5
DADE CITY, FL	33523	5	0	5	100	4.3
DEBARY, FL	32713	2	0	2	100	1.9
DELAND, FL	32724	1	0	1	100	2.3
DELTONA, FL	32725	3	0	3	100	2.4
	32738	1	0	1	100	5.7
DUNNELLON, FL	34431	1	0	1	100	14.5
	34434	1	0	1	100	13.8
EUSTIS, FL	32726	13	0	13	100	2.8
	32727	1	0	1	100	2.9
	32736	9	0	9	100	8.3
FLORAL CITY, FL	34436	12	0	12	100	7.8
FORT LAUDERDALE, FL	33315	1	0	1	100	1.1
FRUITLAND PARK, FL	34731	9	0	9	100	4.0
GRAND ISLAND, FL	32735	4	0	4	100	4.0
GROVELAND, FL	34736	12	0	12	100	7.1
HERNANDO, FL	34442	3	0	3	100	7.6

Access standard: 1 provider within 15 miles
 Provider group: Hospitals

Gen. Access

ZIP Codes meeting the access standard

All EEs						
City	ZIP Code	Total number of employees	Total number of providers	Employees with desired access		
				Number	Pct	Average distance to a choice of 1 provider
ORLANDO, FL	32826	2	0	2	100	6.8
	32828	1	0	1	100	4.8
	32835	2	0	2	100	3.8
	32869	1	0	1	100	1.6
OVIEDO, FL	32766	1	0	1	100	11.4
OXFORD, FL	34484	16	0	16	100	6.4
PAISLEY, FL	32767	2	0	2	100	12.8
PALM BAY, FL	32907	1	1	1	100	4.9
	32909	1	0	1	100	7.0
PALM HARBOR, FL	34683	1	0	1	100	1.3
PLANT CITY, FL	33567	1	0	1	100	5.2
PORT RICHEY, FL	34668	1	0	1	100	2.6
PORT SAINT LUCIE, FL	34985	1	0	1	100	1.5
	34771	1	0	1	100	4.2
SAINT CLOUD, FL	34772	1	0	1	100	5.7
	33576	1	0	1	100	8.4
SAN ANTONIO, FL	32771	1	1	1	100	2.4
SANFORD, FL	32773	1	0	1	100	3.0
	33776	1	0	1	100	2.5
SEMINOLE, FL	32776	8	0	8	100	8.2
SORRENTO, FL	34606	1	0	1	100	4.3
SPRING HILL, FL	34608	1	0	1	100	3.0
	34609	5	1	5	100	2.7
	34610	1	0	1	100	3.3
SUMMERFIELD, FL	34491	7	0	7	100	6.9
SUMTERVILLE, FL	33585	18	0	18	100	11.8
TAMPA, FL	33618	1	0	1	100	3.8
	33637	1	0	1	100	3.3
TAVARES, FL	32778	16	1	16	100	2.2
THE VILLAGES, FL	32162	11	0	11	100	4.1
UMATILLA, FL	32784	10	0	10	100	9.0
WEBSTER, FL	33597	71	0	23	32	14.2
WEIRSDALE, FL	32195	3	0	3	100	2.6
WESLEY CHAPEL, FL	33544	1	0	1	100	5.4
WILDWOOD, FL	34785	59	0	59	100	7.6
WINTER GARDEN, FL	34787	1	0	1	100	3.0
WINTER PARK, FL	32792	1	2	1	100	3.7
WINTER SPRINGS, FL	32708	3	0	3	100	4.5
YALAHA, FL	34797	2	0	2	100	5.5

Access standard: 1 provider within 15 miles
 Provider group: Hospitals

G:\ACCESS

ZIP Codes meeting the access standard

All EEs						
City	ZIP Code	Total number of employees	Total number of providers	Employees with desired access		
				Number	Pct	Average distance to a choice of 1 provider
HIAWASSEE, GA	30546	1	1	1	100	8.3
OCHLOCKNEE, GA	31773	1	0	1	100	11.4
MC MINNVILLE, TN	37110	1	2	1	100	4.3
TOTALS		834	32	656	79	7.9

Access standard: 1 provider within 15 miles
 Provider group: Hospitals

GEO ACCESS

Accessibility summary

Accessibility analysis specifications	
Provider group:	Hospitals 4,941 providers at 5,465 locations (based on 5,788 records)
Employee group:	All EEs 843 employees
Access standard:	1 provider within 15 miles
Employees without desired access:	187 (22.2%)

Average distance to a choice of providers for employees without desired access					
Number of providers	1	2	3	4	5
Miles	17.1	18.0	19.2	21.3	22.1

Key geographic areas				
City	Total number of employees	Employees without desired access		
		Number	Percent	Average distance to 1 provider
BUSHNELL, FL	215	128	60	16.7
WEBSTER, FL	71	48	68	17.1
ALTOONA, FL	5	2	40	17.3
ASTOR, FL	2	2	100	15.5
DUNNELLON, FL	3	1	33	15.4
BELL, FL	1	1	100	30.8
FORT MC COY, FL	1	1	100	19.3
INGLIS, FL	1	1	100	24.3
OLD TOWN, FL	1	1	100	37.9
PERRY, FL	1	1	100	26.9

GeoNetworks Report

C:\Data\geo\Request\Sumter County Board of County Commissioners\SumterCRY.rpt

Summary Information:

Date created: May 20, 2008 **Version:** 8.5.0.0
Author: Aetna Inc.
Company: Sumter County Board of County Commissioners
Network: Aetna Choice POS II (SI)
Notes:

Tables:

Employee tables:	Records:	Provider tables:	Records:
...\Sumter County Board of County Commissioners.mdb	847	ADULTPCP @ C:\Data\geo\pro...MEDAGG.mdb	380523
		PED @ C:\Data\geo\providers\MEDAGG.mdb	146906
		OBGYN @ C:\Data\geo\providers\MEDAGG.mdb	86376
		Other tables...	

Calculations:

Started at: 14:16:40 - March 30, 2010 **Elapsed time:** 2 minutes, 1 second
Completed at: 14:18:41 - March 30, 2010
Calculation method: As-the-crow-flies
Capacity option: Unlimited

Printing:

Started at: 14:16:40 - March 30, 2010 **Elapsed time:** 2 minutes, 1 second
Completed at: 14:18:41 - March 30, 2010
Pages printed: 22 of 22 (all pages)



Sumter County Board of County Commissioners

Geo Access Summary

Medical

Product	EE Count	Employees with Access to at Least 2 Providers within 10 Miles												Employees with Access to at Least 1 Hospital within 15 Miles		
		Adult Primary Care Physician			Pediatrician			OB/GYN			Specialist			#	%	**
	#	#	%	*	#	%	*	#	%	*	#	%	*	#	%	**
Aetna Choice POS II	843	154,557	89.1	7.4	58,717	50.5	7.1	32,614	40.3	9.6	478,877	98.3	4.5	4,941	77.8	13.2

Total number of participating providers

% Percentage of employees with desired access

* Average distance in miles for employees with desired access to five (5) providers.

**Average distance in miles for employees with desired access to three (3) hospitals.

Network Discounts

Network Discounts for 2009

Geographic Area: Lake, Sumter, Citrus Counties

Dates: Claim incurred 10/01/2008 through 09/30/2009 and paid through 12/31/2009

Using paid claims information on your **Group** book of business, please provide the following information for Lake, Sumter, and Citrus Counties, Florida for the time period indicated for each network you are proposing.

- Exclude pending, denied, duplicate, Medicare-primary, and other secondary claims.
- Exclude prescription drug (retail and mail-order), dental, and vision hardware claims.
- Exclude individual denied services within a valid claim. For example, if one service provided during an office visit is not covered, exclude that service.

Aetna considers information concerning fees negotiated with providers to be proprietary, commercially valuable information, which is not in the public domain. Consequently, the information contained herein is to be maintained in a confidential manner, and used solely for the purposes of reviewing this proposal.

Tampa Bay, Florida network:

Choice POS II			
Category	a) Total \$ Billed	b) Total \$ Allowed*	Discount**
Hospital Inpatient	\$270,846,491.49	\$101,786,122.09	62.42%
Hospital Outpatient	\$251,531,725.89	\$96,520,833.89	61.63%
Emergency Room	Not tracked	Not tracked	Not tracked
Physicians – MDs and DOs	\$333,284,669.77	\$146,232,531.44	56.12%

Orlando, Florida network

Choice POS II			
Category	a) Total \$ Billed	b) Total \$ Allowed*	Discount**
Hospital Inpatient	\$116,073,443.11	\$50,398,332.18	56.58%
Hospital Outpatient	\$117,993,400.85	\$44,546,686.03	62.25%
Emergency Room	Not tracked	Not tracked	Not tracked
Physicians – MDs and DOs	\$157,478,521.16	\$70,936,438.39	54.95%

Network Discounts

Tampa Bay, Florida network:

Aetna Select			
Category	a) Total \$ Billed	b) Total \$ Allowed*	Discount**
Hospital Inpatient	\$79,255,621.52	\$29,678,740.92	62.55%
Hospital Outpatient	\$83,084,567.22	\$32,671,284.74	60.68%
Emergency Room	Not tracked	Not tracked	Not tracked
Physicians – MDs and DOs	\$107,630,798.39	\$47,296,126.12	56.06%

Orlando, Florida network

Aetna Select			
Category	a) Total \$ Billed	b) Total \$ Allowed*	Discount**
Hospital Inpatient	\$45,141,477.76	\$19,993,582.91	55.71%
Hospital Outpatient	\$37,167,230.43	\$13,478,630.15	63.74%
Emergency Room	Not tracked	Not tracked	Not tracked
Physicians – MDs and DOs	\$49,652,518.80	\$22,387,730.47	54.91%

*Total \$ Allowed = allowed amount before application of any deductibles, copays, coinsurance, etc.

** Discount = a) minus b) divided by a)

Deviations and Clarifications

We have reviewed *Sumter County Board of Commissioners* requested 1 plan design and matched the plan design as closely as possible to our Choice POS™ II plan. Below we have identified some of the key benefits we are unable to administer as requested. Please also refer to the attached detailed plan descriptions for our proposed benefits. Where benefits are not specified, Aetna’s standard benefit provisions will apply. We have assumed that Aetna standard claim policies, schedule frequencies, definitions and exclusions will apply unless noted otherwise.

All plans and benefits are subject to and governed by applicable contracts, policies and government regulations. The information herein is believed accurate as of the date of submission and is subject to change without notice. All benefits of the plan are subject to coordination of benefits and the terms (including exclusions) of the Contract.

Plan Type	Benefit Category	Sumter County Board of Commissioners Requested Benefit	Aetna Proposed Benefit
Aetna Choice POS II			
	Out-of-Network		
	Emergency Room Co-pay	\$200	\$100



**PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY**

PLAN FEATURES	PREFERRED CARE		NON-PREFERRED CARE	
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Deductible (per calendar year)	\$500	Individual	\$750	Individual
	\$1,500	Family	\$2,250	Family

All covered expenses, excluding prescription drugs, accumulate toward both the preferred and non-preferred Deductible. Unless otherwise indicated, the Deductible must be met prior to benefits being payable. Once Family Deductible is met, all family members will be considered as having met their Deductible for the remainder of the calendar year.

Member Coinsurance	20%	40%
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Applies to all expenses unless otherwise stated.

Payment Limit (per calendar year)	\$2,500	Individual	\$5,000	Individual
	\$5,000	Family	\$10,000	Family

All covered expenses, excluding prescription drugs, accumulate toward both the preferred and non-preferred Payment Limit. Certain member cost sharing elements may not apply toward the Payment Limit.

Only those out-of-pocket expenses resulting from the application of coinsurance percentage, deductibles, and copays (except any penalty amounts) may be used to satisfy the Payment Limit.

Once Family Payment Limit is met, all family members will be considered as having met their Payment Limit for the remainder of the calendar year.

Lifetime Maximum	\$5,000,000 per member's lifetime.	\$5,000,000 per member's lifetime.
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All covered expenses accumulate toward both the Preferred Care and Non-Preferred Care Lifetime Maximum.

Primary Care Physician Selection	Optional	Not applicable
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Certification Requirements -

Certification for certain types of Non-Preferred care must be obtained to avoid a reduction in benefits paid for that care. Certification for Hospital Admissions, Treatment Facility Admissions, Convalescent Facility Admissions, Home Health Care, Hospice Care and Private Duty Nursing is required - excluded amount applied separately to each type of expense is \$400 per occurrence.

Referral Requirement	None	None
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PREVENTIVE CARE	PREFERRED CARE		NON-PREFERRED CARE	
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Routine Adult Physical Exams/ Immunizations	\$20 office visit copay; deductible waived		40% after deductible	
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1 exam per 24 months for members age 18 to age 65; 1 exam per 12 months for adults age 65 and older.

Routine Well Child Exams/Immunizations	\$20 office visit copay; deductible waived		40% after deductible	
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7 exams in the first 12 months of life, 2 exams in the 13th-24th months of life; 1 exam per 12 months thereafter to age 18.

Routine Gynecological Care Exams	\$40 office visit copay; deductible waived		40% after deductible	
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Includes routine tests and related lab fees

Routine Mammograms	Covered 100%; deductible waived		40% after deductible	
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For covered females age 40 and over.

Routine Digital Rectal Exam / Prostate-specific Antigen Test	Member cost sharing is based on the type of service performed and the place of service where it is rendered; deductible waived		Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible	
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For covered males age 40 and over.

Colorectal Cancer Screening	Member cost sharing is based on the type of service performed and the place of service where it is rendered; deductible waived		Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible	
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For all members age 50 and over.

PHYSICIAN SERVICES	PREFERRED CARE		NON-PREFERRED CARE	
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Office Visits to PCP	\$20 office visit copay; deductible waived		40% after deductible	
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Includes services of an internist, general physician, family practitioner or pediatrician.



PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY

Specialist Office Visits	\$40 office visit copay; deductible waived	40% after deductible
Allergy Testing	Covered as either PCP or specialist office visit; deductible waived	40% after deductible
Allergy Injections	Covered as either PCP or specialist office visit after deductible	40% after deductible
DIAGNOSTIC PROCEDURES		
	PREFERRED CARE	NON-PREFERRED CARE
Diagnostic Laboratory except for Complex Imaging Services	Covered 100%; deductible waived	40% after deductible
Diagnostic X-ray except for Complex Imaging Services	\$50 copay after deductible	40% after deductible
If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing		
Diagnostic X-ray for Complex Imaging Services	\$150 copay after deductible	40% after deductible
EMERGENCY MEDICAL CARE		
	PREFERRED CARE	NON-PREFERRED CARE
Urgent Care Provider (benefit availability may vary by location)	\$45 copay; deductible waived	40% after deductible
Non-Urgent Use of Urgent Care Provider	Not Covered	Not Covered
Emergency Room	\$100 copay; deductible waived	Same as preferred care; after deductible
Non-Emergency care in an Emergency Room	Not Covered	Not Covered
Ambulance	20% after deductible	40% after deductible
HOSPITAL CARE		
	PREFERRED CARE	NON-PREFERRED CARE
Inpatient Coverage	\$600 per confinement copay after deductible	40% after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay		
Inpatient Maternity Coverage	\$600 per confinement copay after deductible	40% after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay		
Outpatient Surgery	\$200 outpatient surgery copay after deductible	40% after deductible
Outpatient Hospital Expenses (excluding surgery)	20% after deductible	40% after deductible
The member cost sharing applies to all Covered Benefits incurred during a member's outpatient visit		
MENTAL HEALTH SERVICES		
	PREFERRED CARE	NON-PREFERRED CARE
Inpatient	\$600 per confinement copay after deductible	40% after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay		
Outpatient	\$40 copay after deductible	40% after deductible
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit		
ALCOHOL/DRUG ABUSE SERVICES		
	PREFERRED CARE	NON-PREFERRED CARE
Inpatient	\$600 per confinement copay after deductible	40% after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay		
Outpatient	\$40 copay after deductible	40% after deductible
The member cost sharing applies to all Covered Benefits incurred during a member's outpatient visit		
OTHER SERVICES		
	PREFERRED CARE	NON-PREFERRED CARE
Convalescent Facility	20% after deductible	40% after deductible
Limited to 60 days per calendar year.		



**PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY**

The member cost sharing applies to all covered benefits incurring during a member's inpatient stay		
Home Health Care	20% after deductible	40% after deductible
Limited to 60 visits per calendar year. Includes Private Duty Nursing limited to 70 eight hour shifts per calendar year. Each visit by a nurse or therapist is one visit. Each visit up to 4 hours by a home health care aide is one visit.		
Hospice Care - Inpatient	20% after deductible	40% after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay		
Hospice Care - Outpatient	20% after deductible	40% after deductible
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit		
Outpatient Short-Term Rehabilitation	\$40 copay after deductible	40% after deductible
Include Speech, Physical, and Occupational Therapy, limited to 60 visits per calendar year.		
Spinal Manipulation Therapy	\$40 copay after deductible	40% after deductible
Limited to 20 visits per calendar year		
Durable Medical Equipment	20% after deductible	40% after deductible
Maximum annual benefit of \$2,500 per member per calendar year		
Diabetic Supplies	Covered same as any other medical expense; after deductible	Covered same as any other medical expense; after deductible
Contraceptive drugs and devices not obtainable at a pharmacy (includes coverage for contraceptive visits)	20% (payable as any other covered expense) after deductible	40% (payable as any other covered expense) after deductible
Transplants	20% after \$500 per confinement copay Preferred coverage is provided at an IOE contracted facility only; after deductible	40% Non-Preferred coverage is provided at a Non-IOE facility; after deductible
Mouth, Jaws and Teeth (oral surgery procedures, whether medical or dental in nature)	Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible	40% after deductible
Out of Area Dependents	Coverage provided at 20%, all non-preferred benefits and limitations apply; after deductible	
FAMILY PLANNING		
Infertility Treatment	PREFERRED CARE Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible	NON-PREFERRED CARE Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible
Diagnosis and treatment of the underlying medical condition.		
Voluntary Sterilization Including tubal ligation and vasectomy.	Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible	Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible
PHARMACY		
Retail	PREFERRED CARE \$5 copay for generic drugs, \$25 copay for formulary brand-name drugs, and \$50 copay for non-formulary brand-name drugs up to a 30 day supply at participating pharmacies.	NON-PREFERRED CARE Not Covered



PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY

Mail Order	\$10 copay for generic drugs, \$50 copay for formulary brand-name drugs, and \$100 copay for non-formulary brand-name drugs up to a 31-90 day supply from Aetna Rx Home Delivery®.	Not applicable
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Pharmacy Managed Self Injectables (PMSI)

First prescription fill at any retail or mail order drug facility. Subsequent fills must be through Aetna Specialty Pharmacy®

No Mandatory Generic (NO MG) - Member is responsible to pay the applicable copay only.

Plan Includes: Contraceptive drugs and devices obtainable from a pharmacy, Diabetic supplies.

Precert for growth hormones included

GENERAL PROVISIONS

Dependents Eligibility	Spouse, children from birth to age 19 or to age 25 if in school.
Pre-existing Conditions Exclusion	On effective date: Waived After effective date: Waived

This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased by your employer.

All medical or hospital services not specifically covered in, or which are limited or excluded in the plan documents; Charges related to any eye surgery mainly to correct refractive errors; Cosmetic surgery, including breast reduction; Custodial care; Dental care and X-rays; Donor egg retrieval; Experimental and investigational procedures; Hearing aids; Immunizations for travel or work; Infertility services, including, but not limited to, artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents; Nonmedically necessary services or supplies; Orthotics; Over-the-counter medications and supplies; Reversal of sterilization; Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, or counseling; and special duty nursing. Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including Morbid Obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions.

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. Aetna does not provide health care services and, therefore, cannot guarantee results or outcomes. Consult the plan documents (i.e. Group Insurance Certificate and/or Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitation relating to the plan. With the exception of Aetna Rx Home Delivery, all preferred providers and vendors are independent contractors in private practice and are neither employees nor agents of Aetna or its affiliates. Aetna Rx Home Delivery, LLC, is a subsidiary of Aetna Inc. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice.

Some benefits are subject to limitations or visit maximums. Certain services require precertification, or prior approval of coverage. Failure to precertify for these services may lead to substantially reduced benefits or denial of coverage. Some of the benefits requiring precertification may include, but are not limited to, inpatient hospital, inpatient mental health, inpatient skilled nursing, outpatient surgery, substance abuse (detoxification, inpatient and outpatient rehabilitation). When the Member's preferred provider is coordinating care, the preferred provider will obtain the precertification. When the member utilizes a non-preferred provider, Member must obtain the precertification. Precertification requirements may vary. Depending on the plan selected, new prescription drugs not yet reviewed by our medication review committee are either available under plans with an open formulary or excluded from coverage unless a medical exception is obtained under plans that use a closed



PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY

Summary.

They may also be subject to precertification or step-therapy. Non-prescription drugs and drugs in the Limitations and Exclusions section of the plan documents (received after open enrollment) are not covered, and medical exceptions are not available for them. While this information is believed to be accurate as of the print date, it is subject to change.

Plans are administered by Aetna Life Insurance Company.

FULLY INSURED PREMIUMS

We have not provided a Fully Insured quote for Sumter County Board of County Commissioners.

FULLY INSURED RENEWAL FORMULA

We have not provided a Fully Insured quote for Sumter County Board of County Commissioners.

Sample Claims Reports

SAMPLE CLAIMS REPORTS

Please see Section *IV, Tab C* of our proposal for information regarding our Claims Reports. Sample reports have also been provided in this section.

A.M. Best Ratings

The claims-paying ratings for Aetna Life Insurance Company (ALIC) are:

	Rating	Reporting Date*	Next Scheduled Rating **
AM Best	A	1/13/04	Current rating affirmed 6/09 Next review likely 6/10

* Reporting date reflects the effective date of the most current rating.

** These rating agencies do not have scheduled rating dates. Rate changes, confirmations or affirmations result from industry/peer reviews or company specific events affecting their financial profile.

Outlook

A.M. Best has the ratings on outlook-stable.

Carrier/TPA Website Information

Members are looking for convenient, round-the-clock online tools and information to help them make educated health care decisions and manage their benefits online. Aetna Navigator, our secure member website at www.aetna.com, offers several online resources which include benefits information, health education, health assessment tools, cost and quality tools and health care decision support.

Aetna Navigator offers secure functionality allowing members to:

- View eligibility and PCP selections for themselves or covered dependents.
- View eligibility information available on ID cards, such as member ID, group number, coverage effective date, etc.
- Inquire about the status of a medical, dental and pharmacy claim for themselves or a covered dependent.
- View details about medical, dental or pharmacy claims such as the amount paid by the plan and the members' responsibility.
- View benefit balances such as deductible and coinsurance maximums.
- View their Health History Record, a centralized summary of health information based on claims data for members and covered family members.
- Access a Health Plan Guide. Members can learn more about their health benefits by accessing the Health Plan Guide which helps explain how the plan works as well as the different tools and resources available with the plan. The plan guide is available as both flash presentation and PDF file.
- Find information readily and organized. The new Aetna Navigator Health Information Guide provides members with a starting point to find answers to questions about their health care, types of treatment, cost of services and more. It is designed to improve a member's experience by providing them with links to some of the tools, programs and health content on Aetna Navigator that can help them make more informed decisions, before, during and after they receive medical care.
- Download personal claims safely and securely to a computer or disk for use in planning for health care expenses, tax reporting and record keeping.

-
- Check flexible spending account (FSA) status and detailed payment information.
 - View EOB statements.
 - Print out Aetna standard forms.
 - Change primary care physician and dentist selections.
 - Contact Member Services through secure messaging in both English and Spanish.

During first quarter 2010 Aetna Navigator member ID information, registration, claim search and Contact Us features became available on a mobile version of the website, allowing for the functionalities to be available in a more user-friendly format, specific to the mobile device being used.

Aetna Navigator assists members in using their health plan and in making informed health choices by providing access to:

- Credible health information through Aetna IntelliHealth, our online health information subsidiary that provides members with online tools and resources to help them better understand health and wellness.
- Healthwise® Knowledgebase, a user-friendly decision-support tool designed to encourage informed health decision-making and allow users to better understand their treatment options.
- Aetna SmartSource, an intelligent online search tool available through Aetna Navigator, Simple Steps To A Healthier Life and our Personal Health Record (PHR).

A read-only version of the PHR became available in a mobile device during first quarter 2010.

- DocFind, our newly redesigned, online directory of participating providers that includes details about providers and facilities as well as links to quality and patient safety information.

Public DocFind will also be available in a mobile device during first quarter 2010.

- Simple Steps To A Healthier Life, a program that offers disease prevention, health education and behavior modification programs aimed at improving the health of our members.

- Aetna Pharmacy's website that offers interactive content and tools to help manage both health and pharmacy costs.
- Women's Health Online, our women's health website that provides age-specific health care resources and interactive tools on a variety of health concerns for women.
- Plan For Your Health, a website that provides consumers with easy-to-understand information about health benefits and guidance on choices that will affect their financial futures.
- All About the Benefits, an educational program designed to make health benefits a priority and provide young workers with the knowledge and confidence they need to make informed health benefits decisions as they enter the workforce.
- Aetna Navigator Hospital Comparison Tool, a tool that allows users access to evidence-based hospital outcome data and quality and safety information on hospitals in their area.
- Estimate the Cost of Care (ECC), a suite of interactive web-based cost tools designed to provide members with cost information they can use to make more informed decisions. Cost information is provided for the most common medical and dental procedures, prescription drugs, office visits, diagnostic test and vaccines and diseases and conditions. The Price-A-Drug tool became available in a mobile version during first quarter 2010.

References

REFERENCE & SIMILAR PROJECTS EXPERIENCE FORM

Owner / Business Name: Diversified Clinical Services		
Project Location / Address: 4500 N Salisbury Rd., Suite 300		
City: Jacksonville	State: Florida	Zip Code: 32216
Point of Contact: Robert Wilson, Senior Vice President of Human Resources and Administration		Dates of Work: 1 year, 7 months (eff. 10/1/07)
Phone Number: 904-482-0814		Fax Number: 904-482-1371
E-mail Address: HRBob@diversifiedcs.com		
Project Name: Diversified Clinical Services		
Brief Description of Project: Self-Funded Medical, Stop Loss, Pharmacy and FSA 1300 Employees		

Owner / Business Name: Lee County Board of County Commissioners		
Project Location / Address: 2115 Second Street		
City: Fort Meyers	State: Florida	Zip Code: 33901
Point of Contact: Jay Light, Benefits Manager		Dates of Work: 6 years
Phone Number: 239-533-2149		Fax Number: 239-335-2677
E-mail Address: JLight@leegov.com		
Project Name: Lee County Board of County Commissioners		
Brief Description of Project: Self-Funded Medical, Stop Loss, Pharmacy, Dental, STD,LTD 4100 Employees		

Owner / Business Name: St. Petersburg College		
Project Location / Address: 14025 58 th Street North		
City: Largo	State: Florida	Zip Code: 33774
Point of Contact: Patty Jones, Executive Director Human Resources & Public Affairs		Dates of Work: 8 years
Phone Number: 727-341-3141		Fax Number: 727-302-6849
E-mail Address: Jones.Patty@spcollege.edu		
Project Name: St. Petersburg College		
Brief Description of Project: Self-Funded Medical, Pharmacy, Life and Dental 1000 Employees		

References

Owner / Business Name: City of Pinellas Park		
Project Location / Address: 5141-78th Ave		
City: Pinellas Park	State: Florida	Zip Code: 33781
Point of Contact: Lisa Hendrickson		Dates of Work: 18 Months
Phone Number: 727-541-0805 x1600		Fax Number: 727-541-0829
E-mail Address: lhendrickson@pinellas-park.com		
Project Name: City of Pinellas Park		
Brief Description of Project: Self-Funded Medical 1100 Members		

Owner / Business Name: Aviation Authority - Tampa Int'l Airport		
Project Location / Address: P.O. Box 22287		
City: Tampa	State: Florida	Zip Code: 33622
Point of Contact: Shannon Seifer, Benefits and Employee Relations Manager		Dates of Work: 11 years
Phone Number: (813) 870-8723		Fax Number:
E-mail Address: SSeifer@TampaAirport.com		
Project Name: Name: Aviation Authority - Tampa Int'l Airport		
Brief Description of Project: Self-Funded Medical 550 Lives		

This document must be completed and returned with your Submittal

WELLNESS INFORMATION

At Aetna, we believe wellness is a lifelong journey. It means treating the whole person and looking at each individual's physical, mental, emotional, and financial wellbeing. While the path to wellness is different for everyone, the journey always begins when employees engage in their own health care.

Wellness is a multi-year, multi-faceted approach. In response, we developed our Aetna Health Connections strategy for wellness success. We based this strategy upon our extensive knowledge of consumer behavior and analysis of clinical data. The five steps towards creating an effective wellness strategy include:

Gathering Information

- Assess workplace culture, business, and benefit strategies
- Review claim information to better understand usage patterns and health risks
- Understand employees and their preferences, health status, and behaviors

Defining Goals and Objectives

- Identify behaviors that employees most want to change
- Determine how wellness programs contribute to the customer's overall benefits strategy
- Define how the customer measures success

Designing Strategy

- Review plan designs and benefits currently offered
- Choose wellness programs and incentives that best fit the customer's needs
- Determine other workplace changes, such as switching to healthier cafeteria food or a smoke-free environment

Developing a Plan

- Ensure leadership commitment and support
- Create a detailed implementation plan and timeline
- Develop a comprehensive communications plan

Evaluating Outcomes and Refining Strategy

- Measure outcomes against goals and objectives
- Gather feedback about how well the strategy is working
- Celebrate successes and refine strategy

The main categories that provide the foundation for our Aetna Health Connections Programs for Wellness include:

- Wellness Outreach
 - Healthy Lifestyle Coaching
 - Wellness Counseling
 - Quit Tobacco Program
 - Aetna Healthy Body, Healthy Weight
- Informed Health Line
- Online Self-Help Tools
 - Simple Steps To A Healthier Life/Health Assessment
 - Aetna IntelliHealth
 - Healthwise[®] Knowledgebase
 - Personal Health Record
 - Aetna SmartSource
- Workplace Wellness Programs and Services
 - Onsite health screenings and test packages
 - Onsite health education workshops
 - Onsite special health awareness campaigns
 - Worksite health programs
 - Member Wellness Message program
- Benefits, Discounts and Rewards
 - Aetna Weight Management discount program
 - Aetna Fitness discount program
 - Aetna Vision discounts
 - Aetna Hearing discounts
 - Healthy Lifestyles discounts
 - Aetna Natural Products and Services discount program
- Aetna Healthy Actions - Incentives

We have provided Sumter County Board of County Commissioners the option to buy our Premier Wellness Bundle as an integrated part of our Self-Funded Medical plan. Please see *Section I, Tab A* of our proposal for more information.

Our Premier Wellness Bundle includes:

Roadmap to Wellness packages at a glance	Premier
Care Management	
Aetna Health Connections Disease Management	•
Aetna Health Connections Beginning Right™ Maternity Program	•
Flu Shot, available from a doctor or participating vendor clinic**	•
Genetic Testing and Counseling***	•
BRCA Genetic Testing Program	•
Outreach Programs	
Aetna Health Connections Informed Health® Line	•
MedQuery®	•
Aetna Health Connections Healthy Lifestyle Coaching†	•
Worksite Health Screenings	
Onsite Biometric Screenings	•
Member Wellness Communication	
Roadmap to Wellness Turnkey Communications Plans and Materials	•
Online Self-Help and Wellness Tools	
Aetna Navigator® Member Website	•
Simple Steps To A Healthier Life®	•
Reawakening Center	•
Healthwise® Knowledgebase	•
Aetna IntellHealth® Website	•
Aetna Women's Health™ Online	•
Personal Health Record	•
Discount Programs	•
Incentives and Rewards	
Beginning Right Program Incentives	•
Simple Steps To A Healthier Life Health Assessment completion/update and completion of one online wellness program	•
Healthy Lifestyle Coaching Rewards	•

* Some programs in this package are available for an additional cost

** Flu shot available from October through mid-November, but may change based on CDC recommendations

***Included for Aetna health plans with coverage for genetic testing

† Healthy Lifestyle Coaching currently not available for companies with less than 125 eligible employees of plan sponsors who have purchased Aetna Integrated Health Solutions®

CLAIMS APPEAL PROCESS

We process claims and administer benefits in accordance with applicable ERISA requirements. Where provided for by contract and subject to a fee, we act as claim fiduciary for benefit review and final determination of claims (Option 1). Otherwise, our self-funded customers serve as claim fiduciary for the purpose of deciding appeals and making final claims determinations (Option 2).

When the customer is claim fiduciary, we are not responsible for the appeal or final claim determination. Upon receipt of an appeal, if an obvious error in the initial claim determination is discovered, the initial denial is reversed and the claim is processed for payment. If this is not the case, the appeal is sent to the customer/claim fiduciary for final determination. We provide the customer/claim fiduciary with a copy of the claim/initial determination file. When applicable, this file includes the copies of any medical reviews, whether by our own medical directors or outside consultants related to the decision.

Additional Services

Claim fiduciary services processes (Options 4-6) are also available. These three additional offerings give the customer various choices of claim fiduciary responsibility based on levels of appeal. Under these arrangements, the following applies based on the option chosen:

- Option 4 - We provide mandatory Level I and Level II appeals and write the letter to the member to communicate the upheld or overturned decision. We will act as claim fiduciary on Level I and Level II appeals, as well as the External Review option, if applicable. We will defend any lawsuit originating during or after completion of the first two levels of appeal. After all levels of appeal and the External Review option, if applicable, are exhausted, there is a Voluntary Appeal process available through the customer. The customer becomes responsible for defense of any lawsuit originating from the Voluntary Process.
- Option 5 - We provide all Level I mandatory appeals and Level II appeals for urgent and concurrent care. We act as the claim fiduciary for the mandatory Level I appeals and Level II appeals for urgent and concurrent care. The customer/claim fiduciary provides appeal handling for Level II pre-service (other than urgent and concurrent) and post-service appeals. The customer acts as claim fiduciary for Level II pre-service and post-service appeals.
- Option 6 - We provide all Level I appeals and act as claim fiduciary on those appeals. The customer provides all Level II appeals and is claim fiduciary on those appeals.

The Aetna External Review

Our external review program offers members the opportunity to have certain coverage denials reviewed by independent physician reviewers. Once the applicable appeal process has been exhausted, an eligible member or a member's authorized representative may request an external review if the coverage denial for which the member is financially responsible involves \$500 or greater and is based on lack of medical necessity or on the experimental or investigational nature of the service or supply at issue. An eligible member or a member's authorized representative may request an external review within 60 days after the applicable appeal process has been exhausted. If upon the final level of review, the plan upholds the coverage denial, and, it is determined that the member is eligible for external review, the member is informed in writing of the steps necessary to request an external review. Aetna pays the cost of the review when Aetna is claim fiduciary. Customers who elect external review and remain claim fiduciary are charged back for the review.

The Aetna National External Review Unit refers the request to an independent review organization (IRO) who chooses an appropriate independent reviewer (or reviewers if necessary or required by applicable law) to examine the case. After all necessary information is submitted, external reviews are generally decided within 30 days. Expedited reviews are available when a member's physician certifies that a delay in service will jeopardize the member's health.

The IRO is responsible for choosing a physician who is board certified in the area of medical specialty at issue in the case. The decision of the independent external expert reviewer is binding on Aetna, the customer and the health plan. Members will not be charged a professional fee for the review.

We have contracted with the following independent review organizations: IMEDECS and MCMC, LLC. Both IROs use board-certified physician reviewers, are URAC accredited and when applicable, take an evidence-based approach when reviewing coverage decisions.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/01/2010

PRODUCER Willis of Connecticut, LLC 25 Asylum Street 4th Floor Hartford, CT 06103-3708		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Aetna Inc. and its Affiliated Companies 151 Farmington Avenue, RE2T Hartford, CT 06156		INSURERS AFFORDING COVERAGE	NAIC # 36153
		INSURER A: Aetna Insurance Co of CT	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <hr/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		OTHER Managed Care Professional Liability	88791410	02/01/10	02/01/11	\$10,000,000 Per Claim \$10,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Occurrence Coverage.

CERTIFICATE HOLDER Evidence of Coverage	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Willis Rogal & Hobbs</i>
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Proposer's Certifications

GROUP MEDICAL ADMINISTRATIVE SERVICES AND/OR GROUP MEDICAL FULLY INSURED RFP 152-0-2010/AT

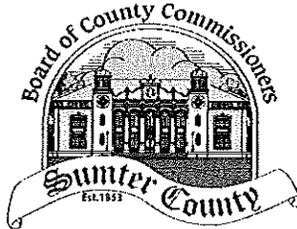
Sumter County Board of County Commissioners Page 16 of 36

PROPOSER'S CERTIFICATION

Submit To: Sumter County Board of County Commissioners 910 North Main Street Bushnell, Florida, 33513 Phone 352-793-0200 Fax 352-793.0207		SUMTER COUNTY BOARD OF COUNTY COMMISSIONERS REQUEST FOR PROPOSAL (RFP) CERTIFICATION AND ADDENDA ACKNOWLEDGMENT											
DUE DATE: April 12, 2010		DUE TIME: 2:00 pm	RFP # 152-0-2010/AT										
TITLE: RFP # 152-0-2010/AT GROUP MEDICAL ADMINISTRATIVE SERVICES AND/OR GROUP MEDICAL FULLY INSURED													
VENDOR NAME: Aetna Life Insurance Company		PHONE NUMBER: (860) 273-0123											
VENDOR MAILING ADDRESS: 151 Farmington Ave.		FAX NUMBER: 215-775-6940											
CITY/STATE/ZIP: Hartford, CT 06156		E-MAIL ADDRESS: JeleticC@aetna.com											
<p>"I, the undersigned, certify that I have reviewed the addenda listed below (list all addenda received to date). I understand that timely commencement will be considered in award of this RFP and that cancellation of award will be considered if commencement time is not met, and that untimely commencement may be cause for termination of contract. I further certify that the services will meet or exceed the RFP requirements. I, the undersigned, declare that I have carefully examined the RFP, specifications, terms and conditions as applicable for this Request, and that I am thoroughly familiar with all provisions and the quality and type of coverage and services specified. I further declare that I have not divulged, discussed, or compared this RFP with any other Offeror and have not colluded with any Offerors or parties to an RFP whatsoever for any fraudulent purpose."</p>													
<table border="1"> <thead> <tr> <th>Addendum #</th> <th>Addendum #</th> <th>Addendum #</th> <th>Addendum #</th> <th>Addendum #</th> </tr> </thead> <tbody> <tr> <td colspan="5"> <p>"I certify that this quote is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting an RFP for the same material, supplies, equipment or services and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this RFP and certify that I am authorized to sign this response and that the offer is in compliance with all requirements of the RFP, including but not limited to certification requirements. In conducting offers with an agency for Sumter County Board of County Commissioners (BOCC), respondent agrees that if this proposal is accepted, the respondent will convey, sell, assign, or transfer to the Sumter County BOCC all rights, title and interest in and to all causes of action it may now or hereafter acquire under the anti-trust laws of the United States for price fixing relating to the particular commodities or services purchased or acquired by the COUNTY. At the Sumter County BOCC discretion, such assignment shall be made and become effective at the time the purchasing agency renders final payment to the respondent."</p> </td> </tr> </tbody> </table>				Addendum #	<p>"I certify that this quote is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting an RFP for the same material, supplies, equipment or services and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this RFP and certify that I am authorized to sign this response and that the offer is in compliance with all requirements of the RFP, including but not limited to certification requirements. In conducting offers with an agency for Sumter County Board of County Commissioners (BOCC), respondent agrees that if this proposal is accepted, the respondent will convey, sell, assign, or transfer to the Sumter County BOCC all rights, title and interest in and to all causes of action it may now or hereafter acquire under the anti-trust laws of the United States for price fixing relating to the particular commodities or services purchased or acquired by the COUNTY. At the Sumter County BOCC discretion, such assignment shall be made and become effective at the time the purchasing agency renders final payment to the respondent."</p>								
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<p>"I certify that this quote is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting an RFP for the same material, supplies, equipment or services and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this RFP and certify that I am authorized to sign this response and that the offer is in compliance with all requirements of the RFP, including but not limited to certification requirements. In conducting offers with an agency for Sumter County Board of County Commissioners (BOCC), respondent agrees that if this proposal is accepted, the respondent will convey, sell, assign, or transfer to the Sumter County BOCC all rights, title and interest in and to all causes of action it may now or hereafter acquire under the anti-trust laws of the United States for price fixing relating to the particular commodities or services purchased or acquired by the COUNTY. At the Sumter County BOCC discretion, such assignment shall be made and become effective at the time the purchasing agency renders final payment to the respondent."</p>													
Charles Jeletic Sales Support Manager		 Authorized/signature	April 8, 2010 Date										
<p><i>This form must be completed and returned with your Submittal</i></p>													

Proposal Form with Exceptions and Deviations attached

PROPOSAL FORM FOR BOARD OF SUMTER COUNTY COMMISSIONERS



Name of Firm Submitting Qualifications Aetna Life Insurance Company (ALIC)

Name of Person Submitting Qualifications John Tucciarone

PROPOSER ACKNOWLEDGMENT

"The undersigned hereby declares that he/she has informed himself/herself fully in regard to all conditions to the work to be done, and that he/she has examined the RFP and Specifications for the work and comments hereto attached. The Vendor proposes and agrees, if this submission is accepted, to contract with the Board of Sumter County Commissioners, to furnish all necessary materials, equipment, labor and services necessary to complete the work covered by the RFP and Contract Documents for this Project. The Vendor agrees to accept in full compensation for each item the prices named in the schedules incorporated herein."

PROPOSER'S FEE SCHEDULE MUST BE ATTACHED TO THIS PROPOSAL FORM

[Handwritten Signature]
Signature

04/08/2010
Date

[] Check if exception(s) or deviation(s) to Specifications. Attach separate sheet(s) detailing reason and type for the exception or deviation.

This document must be completed and returned with your Submittal

Proposal Form with Exceptions and Deviations attached

RFP Language	Aetna's Clarification/Deviation
Part 1- Intent and General Information OPEN RECORDS	<p>Certain Aetna information regarding its network, contracts with hospitals and healthcare providers, related cost information, claims data, and information regarding the processes and cost involved in resolving claims, constitute confidential trade secrets within the definition of section 812.081, Florida Statutes, and documents containing such information are exempt from disclosure under the public records law pursuant to sections 815.04(3) and 815.045, Florida Statutes and <i>SePRO Corp. v. Dep't. of Envir. Prot.</i>, 839 So.2d 781 (Fla. 1st DCA 2003). "</p> <p>Aetna will conspicuously mark all such documents as "Confidential Trade Secret" and requests that it be provided sufficient notice and an opportunity to protect such records from disclosure in a court of competent jurisdiction before any documents marked accordingly are released pursuant to a public records request.</p>
Part 1- Intent and General Information Waiver of Subrogation	Aetna would like to retain our ability to pursue any losses that are a result of customer negligence.
Part 1- Intent and General Information Indemnification	<p>Your Indemnification language is generally acceptable. However, we wish to clarify the following:</p> <p>(1) Aetna can agree to indemnify the County on a comparative negligence theory, but we are not prepared to indemnify the County for 100% of a loss if Aetna is only partially at fault. As such, the words "that portion of" should be inserted before "any and all claims, losses..." in the first line.</p> <p>(2) In the final language, we will be adding a sentence clarifying that Aetna will have the right to control the defense of any such action.</p> <p>(3) In the final language, we will also be adding a sentence requiring the party seeking indemnification to provide the indemnifying party reasonable notice of any actual or threatened action."</p> <p>(4) Neither the County nor Aetna is responsible for the health care delivered by health care providers, whether network or non-network. The indemnification obligation set forth above would not apply to any portion of any claim, demand or legal action caused by the acts or omissions of health care providers with respect to Members.</p>
Part 1- Intent and General Information RIGHT TO AUDIT RECORDS	We welcome independent audits of relevant records and documentation by our customers or their representatives, provided no audit interferes with our business operations or the confidential interests of our company or another party. We have assumed for the purpose of this contract that an "audit" is defined as performing a review of claim transactions for the purpose of assessing the accuracy of benefit determinations and shall be subject to mutual agreement as to nature, scope, format, structure and cost. We work from established audit guidelines that are accepted in this industry and we are confident we can meet your needs in this important area as well.
Statement of Terms and Conditions INDEMNIFICATION	Please refer to previous indemnification response.
Statement of Terms and Conditions OWNERSHIP OF SUBMITTALS	We agree that all documents, records, reports and data initially supplied by the customer, is the property of the customer. Data recorded in our data processing systems, related to the receipt, processing and payment of claims, and manipulated in any way by Aetna, and any information deidentified as to the identity of the customer or member in a manner consistent with HIPAA -- will be the property of Aetna, to be used and maintained in a manner consistent with HIPAA. The administrative services agreement must be signed which includes wording holding Aetna harmless for releasing any individually identifiable information, or a separate confidentiality agreement must be signed before we can release this data
Statement of Terms and Conditions PUBLIC RECORDS LAW	Please refer to previous response regarding Chapter 119.
Sample Professional Services Agreement number 5	In the event of non-payment by the County, Aetna reserves the right to terminate after 1 days for non-funding of claim payments and/or for non-payment of service fees.

Proposal Form with Exceptions and Deviations attached

<p>Sample Professional Services Agreement Number 7.</p>	<p>Please refer to previous ownership and audit responses.</p>
<p>Sample Professional Services Agreement Number 9</p>	<p>We can agree as long as the Administrative Services Contract between the parties is at the highest level of priority and governs in the event of any conflict between these documents. Further, any of Aetna's responses to the listed documents take precedence over the initially submitted copies of these documents. The order of precedence would be as follows:</p> <ol style="list-style-type: none"> 1. ASO Agreement 2. Aetna's response to the RFP, Notice of Intent to Contract, etc.. 3. Any change the customer makes to the RFP. 4. Initially submitted RFP.
<p>Sample Professional Services Agreement Number 10</p>	<p>Your Indemnification language is generally acceptable. However, we wish to clarify the following:</p> <ol style="list-style-type: none"> (1) Aetna can agree to indemnify the County on a comparative negligence theory, but we are not prepared to indemnify the County for 100% of a loss if Aetna is only partially at fault. Also, the words "that portion of" should be inserted before "any and all liability..." in the first line. (2) Consistent with the last comment, a standard of care should be introduced so that Aetna would only be liable for conduct deemed to be negligent. We are prepared to discuss other formulations of the standard of care, but we do not believe it is appropriate to omit the standard of care altogether in this paragraph. [Optional if they reference "gross negligence": We do not insist upon a gross negligence standard.] (3) In the final language, we will be adding a sentence clarifying that Aetna will have the right to control the defense of any such action. (4) In the final language, we will also be adding a sentence requiring the party seeking indemnification to provide the indemnifying party reasonable notice of any actual or threatened action." 5) Neither the County nor Aetna is responsible for the health care delivered by health care providers, whether network or non-network. The indemnification obligation set forth above would not apply to any portion of any claim, demand or legal action caused by the acts or omissions of health care providers with respect to Members.
<p>Sample Professional Services Agreement Number 14</p>	<p>Please refer to previous order of priority.</p>
<p>Notice of Award You are required by the Instruction for Bidders to execute the Agreement and furnish the required certificates of insurance within ten (10) calendar days from the date of this Notice to you.</p>	<p>We would like at least thirty (30) days to execute an agreement with the County</p>

Terms and Conditions

STATEMENT OF TERMS AND CONDITIONS

PUBLIC ENTITY CRIME: A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a Proposal/Bid on a contract to provide any goods or services to a public entity, for the construction or repair of a public building or public work, may not submit Proposals/Bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

INDEMNIFICATION: The Contractor agrees to indemnify and hold harmless Board of Sumter County Commissioners, and their elected officials, employees and volunteers from and against all claims, losses and expenses, including legal costs, arising out of or resulting from, the performance of this contract, provided that any such claims, damage, loss of expenses is attributed to bodily injury, sickness, disease, personal injury or death, or to injury to or destruction of tangible property including the loss or loss of use resulting there from and is caused in whole or in part by any negligent act or omission of the tenant.

PROHIBITION OF LOBBYING: During the black out period which is, the period between the time the submittals for Invitation to Bid or the Request for Proposal, or Qualifications, or Information, as applicable, are received at Contracts / Purchasing and the time the Board awards the contract, no proposer, no lobbyist, principal, or other person may lobby, on behalf of a competing party in a particular procurement matter, any member of the Board, or any Board employee other than the Budget & Purchasing Manager. Violation of this provision may result in disqualification of inviting party. All questions regarding this Request for Proposal (RFP) or Invitation to Bid (ITB) must be submitted in writing to the Board's Budget & Purchasing Manager.

ANTI TRUST LAWS: By submission of a signed RFP or BID, the successful Vendor acknowledges compliance with all antitrust laws of the United States and the State of Florida, in order to protect the public from restraint of trade, which illegally increases prices.

CONFLICT OF INTEREST: The award of the contract hereunder is subject to the provisions of Chapter 112 of the Florida Statutes. Vendors shall disclose the name of any Officer, Director, Partner, Associate, or Agent who is also an Officer, Appointee, or Employee of any of the Boards at the time of the RFP or BID, or at the time of occurrence of the Conflict of Interest thereafter.

INTERPRETATION, CLARIFICATIONS AND ADDENDA: No oral interpretations will be made to any vendor as to the meaning of the RFP/BID Contract Documents. Any inquiry or request for interpretation received by the Budget & Purchasing Manager before the date listed herein will be given consideration. All such changes or interpretations will be made in writing in the form of an addendum and, if issued, will be distributed at or after the Pre-Proposal/Pre-Bid Conference, mailed or sent by available or electronic means to all attending prospective Submitters prior to the established RFP/BID opening date. Each Vendor shall acknowledge receipt of such addenda in the space provided. In case any Proposer/Bidder fails to acknowledge receipt of such addenda or addendum, his offer will nevertheless be construed as though it had been received and acknowledged and the submission of his bid will constitute acknowledgment of the receipt of same. All addenda are a part of the RFP/BID FORMS and each Proposer/Bidder will be bound by such addenda, whether or not received by him. It is the responsibility of each proposer/bidder to verify that he has received all addenda issued before RFP's/BID's are opened. In the case of unit price items, the quantities of work to be done and materials to be furnished under this RFP/BID Contract are to be considered as approximate only and are to be used solely for the comparison of RFP's/BID's received. The Board and/or his CONSULTANT do not expressly or by implication represent that the actual quantities involved will correspond exactly therewith; nor shall the Vendor plead misunderstanding or deception because of such estimate or quantities of work performed or material furnished in accordance with the Specifications and/or Drawings and other Proposal/Bid Documents, and it is understood that the quantities may be increased or diminished as provided herein without in any way invalidating any of the unit or lump sum prices bid.

GOVERNING LAWS AND REGULATIONS: The vendor is required to be familiar with and shall be responsible for complying with all federal, state and local laws, ordinances, rules and regulations that in any manner affect the work.

PROPRIETARY/CONFIDENTIAL INFORMATION: Vendors are hereby notified that all information submitted as part of, or in support of RFP's/BID's, will be available for public inspection ten days after opening of the RFP's/BID's or until a short list is recommended whichever comes first, in compliance with Chapter 119, and 287 of the Florida Statutes. Any person wishing to view the RFP's/BID's must make an appointment by calling the Budget & Purchasing Manager at (352) 793-0200. All RFP's/BID's submitted in response to this solicitation become the property of the Board. Unless information submitted is proprietary, copy written, trademarked, or patented, the Board reserves the right to utilize any or all information, ideas, conceptions, or portions of any RFP/BID, in its best interest.

TAXES: The Board of Sumter County Commissioners is exempt from any taxes imposed by the State and/or Federal Government. Exemption certificates will be provided upon request.

NON-COLLUSION DECLARATION: By signing this RFP/BID, all Vendors shall affirm that they shall not collude, conspire, connive or agree, directly or indirectly, with any other Proposer, firm, or person to submit a collusive or sham Proposal in connection with the work for which their RFP/BID has been submitted; or to refrain from Bidding in connection with such work; or have in any manner, directly or indirectly, sought by person to fix the price or prices in the RFP/BID or of any other Bidder, or to fix any overhead, profit, or cost elements of the RFP/BID price or the RFP/BID price of any other Bidder, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against any other Bidder, or any person interested in the proposed work.

PROPOSER RESPONSIBILITY: Invitation by the Boards to vendors is based on the recipient's specific request and application to DemandStar by Onvia at www.DemandStar.com (800) 711-1712) or as the result of response by the public to the legal advertisements required by State law. Firms or individuals submit their responses on a voluntary basis, and therefore are not entitled to compensation of any kind.

OWNERSHIP OF SUBMITTALS: All responses, inquiries or correspondence relating to or in reference to this RFP/BID, and all other reports, charts, displays, schedules, exhibits and other documentation submitted by the vendors will become the property of the Board. Reference to literature submitted with a previous RFP/BID will not relieve the Bidder from including any required documents with this RFP/BID.

EXAMINATION OF BID DOCUMENTS: Each Bidder shall carefully examine the RFP/BID Document to ensure all pages have been received, all drawings and/or Specifications and other applicable documents are included, and shall inform himself thoroughly regarding any and all conditions and requirements that may in any manner affect cost, progress or performance of the work to be performed under the Contract. Ignorance on the part of the CONTRACTOR will in no way relieve him of the obligations and responsibilities assumed under the Contract.

VENDOR RESPONSIBILITY: Vendors are fully and completely responsible for the labeling, identification and delivery of their submittals. The Budget & Purchasing Manager will not be responsible for any mislabeled or misdirected submissions, nor those handled by delivery persons, couriers, or the US Postal Service.

DRUG FREE WORKPLACE: All Proposers/Bidders shall submit the enclosed, duly signed and notarized form entitled "Drug Free Workplace Certificate". The Drug Free Workplace Vendor shall have the burden of demonstrating that his program complies with Section 287.087 of the Florida Statutes, and any other applicable state law.

BOARD OF SUMTER COUNTY COMMISSIONERS, are political subdivisions of the State of Florida, and reserve the right to reject any and/or all submittals, reserve the right to waive any informalities or irregularities in the examination process, and reserve the right to award contracts and/or in the best interest of the Boards. Submittals not meeting stated minimum terms and qualifications may be rejected by the Boards as non-responsive. The Boards reserve the right to reject any or all submittals without cause. The Boards reserves the right to reject the submission of any Vendor in arrears or in default upon any debt or contract to the Boards, or who has failed to perform faithfully any previous contract with the Boards or with other governmental agencies.

PUBLIC RECORDS LAW: Correspondence, materials and documents received pursuant to this RFP/BID become public records subject to the provisions of Chapter 119, Florida Statutes.

VERIFICATION OF TIME: Nextel time is hereby established as the Official Time of the Boards.

PREPARATION OF PROPOSALS/BIDS:

Signature of the Bidder: The Bidder must sign the RFP/BID FORMS in the space provided for the signature. If the Proposer/Bidder is an individual, the words "doing business as _____" must appear beneath such signature. In the case of a partnership, the signature of at least one of the partners must follow the firm name and the words, "Member of the Firm" should be written beneath such signature. If the Proposer/Bidder is a corporation, the title of the officer signing the RFP/BID on behalf of the corporation must be stated and evidence of his authority to sign the RFP/BID must be submitted. The Proposer/Bidder shall state in the RFP/BID FORMS the name and address of each person interested therein.

Basis for Bidding: The price proposed for each item shall be on a lump sum or unit price basis according to specifications on the RFP/BID FORM. The proposed prices shall remain unchanged for the duration of the Contract and no claims for cost escalation during the progress of the work will be considered, unless otherwise provided herein.

Total Proposed Price/Total Contract Sum Proposed: If applicable, the total price bid for the work shall be the aggregate of the lump sum prices proposed and/or unit prices multiplied by the appropriate estimated quantities for the individual items and shall be stated in figures in the appropriate place on the RFP/BID FORM. In the event that there is a discrepancy on the RFP/BID FORM due to unit price extensions or additions, the corrected extensions and additions shall be used to determine the project bid amount.

TABULATION: Those wishing to receive an official tabulation of the results of the opening of this RFP/BID are to submit a self-addressed, stamped business size (No. 10) envelope, prominently marked on the front lower left side, with the RFP identification. Tabulation requested by telephone, fax or electronic media will not be accepted.

OBLIGATION OF WINNING BIDDER: The contents of the RFP/BID of the successful proposer/bidder will become contractual obligations if acquisition action ensues. Failure of the successful Proposer/Bidder to accept these obligations in a contract may result in cancellation of the award and such vendor may be removed from future participation.

AWARD OF BID: It is the Boards' intent to select a vendor within sixty (60) calendar days of the deadline for receipt of Proposals/Bids. However, Proposals/Bids must be firm and valid for award for at least ninety (90) calendar days after the deadline for receipt of the RFP/BID.

ADDITIONAL REQUIREMENTS: The firms shall furnish such additional information as the Boards may reasonably require. This includes information which indicates financial resources as well as ability to provide the services. The Boards reserve the right to make investigations of the qualifications of the firm as it deems appropriate.

PREPARATION COSTS: The Boards shall not be obligated or be liable for any costs incurred by Proposers/Bidders prior to issuance of a contract. All costs to prepare and submit a response to this RFP/BID shall be borne by the Proposer/Bidder.

TIMELINESS: All work will commence upon authorization from the Boards' representative (Budget & Purchasing Manager). All work will proceed in a timely manner without delays. The Contractor shall commence the work UPON RECEIPT OF NOTICE TO PROCEED and/or ORDER PLACED (PURCHASE ORDER PRESENTED), and shall deliver in accordance to the terms and conditions outlined and agreed upon herein.

DELIVERY: All prices shall be FOB Destination, Sumter County, Florida, inside delivery unless otherwise specified.

ADDITIONAL SERVICES/PURCHASES BY OTHER PUBLIC AGENCIES ("PIGGY-BACK"):

The Vendor by submitting a Bid acknowledges that other Public Agencies may seek to "Piggy-Back" under the same terms and conditions, during the effective period of any resulting contract - services and/or purchases being offered in this Bid, for the same prices and/or terms proposed. Vendor has the option to agree or disagree to allow contract Piggy-Backs on a case-by-case basis. Before a Public Agency is allowed to Piggy-Back any contract, the Agency must first obtain the vendor's approval - without the vendor's approval, the seeking Agency cannot Piggy-Back.

PLANS, FORMS & SPECIFICATIONS: Bid Packages are available from the Budget & Purchasing Manager. These packages are available for pickup or by mail. If requested to mail, the Proposer/Bidder must supply a courier account number (UPS, FedEx, etc). Proposers/Bidders are required to use the official RFP/BID FORMS, and all attachments itemized herein, are to be submitted as a single document. Any variation from the minimum specifications must be clearly stated on the RFP/BID FORM and/or Exceptions/Deviations Sheet(s). Only one set of plans, forms, and specifications will be furnished each company or corporation interested in submitting a proposal/bid. RFP/BID FORM documents for this project are free of charge and are available on-line and are downloadable (vendor must pay any DemandStar fees or any shipping).

MANUFACTURER'S NAME AND APPROVED EQUIVALENTS: Any manufacturer's names, trade names, brand names, information and/or catalog numbers listed in a specification are for information and not intended to limit competition unless otherwise indicated. The Proposer/Bidder may offer any brand for which he is an authorized representative, which meets or exceeds the RFP/BID specification for any item(s). If RFP's/BID's are based on equivalent products, indicate on the RFP/BID FORM the manufacturer's product name and literature, and/or complete specifications. Reference to literature submitted with a previous RFP/BID will not satisfy this provision. The Proposer/Bidder shall explain in detail the reason(s) why the proposed equivalent will meet the specifications and not be considered an exception thereto. RFP's/BID's which do not comply with these requirements are subject to rejection. RFP's/BID's lacking any written indication of intent to quote an alternate brand will be received and considered in complete compliance with the specifications as listed on the RFP/BID FORM. The Budget & Purchasing Manager is to be notified, in writing, of any proposed changes in materials used, manufacturing process, or construction. However, changes shall not be binding upon the Boards unless evidenced by a Change Notice issued and signed by the Budget & Purchasing Manager, or designated representative.

QUANTITIES: The quantities as specified in this RFP/BID are estimates only and are not to be construed as guaranteed minimums.

SAMPLES: Samples of items, when called for, shall be furnished free of expense, and if not destroyed may, upon request, be returned at the Proposer's/Bidder's expense. Each sample shall be labeled with the Proposer's/Bidder's name, manufacturer brand name and number, RFP/BID number and item reference. Samples of successful Proposer's/Bidder's items may remain on file for the term of the contract. Request for return of samples shall be accompanied by instructions which include shipping authorization and must be received at time of opening. Samples not returned may be disposed of by the Boards within a reasonable time as deemed appropriate.

DOCUMENT RE-CREATION: Vendor may choose to re-create any document(s) required for this solicitation, but must do so at his own risk. All required information in the original Board format must be included in any re-created document. Submittals may be deemed non-responsive if required information is not included in any re-created document.

ACKNOWLEDGED:

Mark G. Galt 04/09/2010
(Signature and Date)

This document must be completed and returned with your Submittal

Drug Free Work Place Certificate

DRUG FREE WORKPLACE CERTIFICATE

I, the undersigned, in accordance with Florida Statute 287.087, hereby certify that,
Aetna Life Insurance Company
(Print or type name of firm)

- Publishes a written statement notifying that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace named above, and specifying actions that will be taken against violations of such prohibition.
• Informs employees about the dangers of drug abuse in the work place, the firm's policy of maintaining a drug free working environment, and available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug use violations.
• Gives each employee engaged in providing commodities or contractual services that are under proposal or bid, a copy of the statement specified above.
• Notifies the employees that as a condition of working on the commodities or contractual services that are under proposal or bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, please or guilty or nolo contendere to, any violation of Chapter 1893, or of any controlled substance law of the State of Florida or the United States, for a violation occurring in the work place, no later than five (5) days after such conviction, and requires employees to sign copies of such written (*) statement to acknowledge their receipt. Imposes a sanction on, or requires the satisfactory participation in, a drug abuse assistance or rehabilitation program, if such is available in the employee's community, by any employee who is so convicted.
• Makes a good faith effort to continue to maintain a drug free work place through the implementation of the drug free workplace program.
• "As a person authorized to sign this statement, I certify that the above named business, firm or corporation complies fully with the requirements set forth herein".

[Handwritten Signature]
Authorized Signature
4/9/2010
Date Signed

State of: Penna.

County of: Montgomery

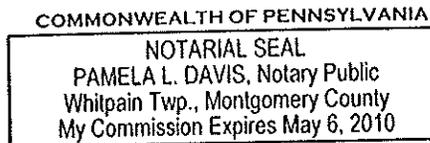
Sworn to and subscribed before me this 9th day of April, 2010

Personally known X or Produced Identification
(Specify Type of Identification)

[Handwritten Signature: Pamela L. Davis]
Signature of Notary

My Commission Expires

(seal)



This document must be completed and returned with your Submittal

Disclosure of Subcontractors

DISCLOSURE OF SUBCONTRACTORS, SUBCONSULTANTS AND SUPPLIERS

SUBCONTRACTOR LICENSE INFORMATION MUST BE SUBMITTED WITH THE RFP, IN ORDER FOR SUMTER COUNTY TO VERIFY THAT THE SUBCONTRACTOR ARE IN FACT LICENSE PERFORM THEIR TRADE SCOPE OF WORK.

Name of Firm Submitting Proposal:

Aetna Life Insurance Company (ALIC)

(Print or Type)

Name of Person Submitting Proposal:

John Tucciarone

(Print or Type)

Please list all Subcontractors, or Material \ Equipment Suppliers to be used in connection with performance of this contract. Attach additional sheets as necessary.

We maintain stringent requirements and standards for all subcontractors. We define a subcontractor as a subset of suppliers/vendors for whom a portion of the services provided may include direct member contact or significant access to member-identifiable data. The following table identifies our Tier 1 subcontractors. Tier 1 subcontractors provide member constituent services directly related to the administration of the customer contract. Please note that not all subcontractors provide services to all customers or members.

Subcontractor	Scope of Services	Offshore or Domestic	Offshore Location(s)	U.S. Location	Product Line(s)	Doing Business with Aetna Since
4600 Group, The	Overpayment recovery for workers compensation.	Domestic		Huntington Beach, CA	Medical, Medicare	2002

Disclosure of Subcontractors

2M Associates Inc.	Call Center for inbound member telephone inquiries. Limited to contingency support that is needed year round and during high-volume times.	Domestic		Cleveland, OH	Group Insurance (LTC, Life, Disability and Absence Mgmt)	2009
Accenture	Summary: Correspondence processing, claim processing, accounts receivable, contract drafting, enrollment data entry; TPA for RHA	Offshore	Manila, Philippines		Medical, Dental, Medicare, FSA, HSA	2002
ACS Inc.	Intake services: Mailroom, imaging, data entry, X-ray handling, medical, dental, encounters, referrals, CATS and correspondence. Overpayment recovery for hospital credit balance review, dependent eligibility verification (DEV), HMO claims, call center services - PDP, FSA, SRC, ETech/SSHL, recertification.	Offshore & Domestic	Cochin, India, Ghana, Africa, Cebu, Philippines	Lexington, KY; El Paso, TX	Medical, Dental, Medicare, Disability, Group, FSA, HSA	2000
Aftermath Claim Science	Overpayment recovery for retro termination.	Domestic		Naperville, IL	Medical, Medicare	2004
AIM Healthcare Service	Overpayment recovery services - hospital credit balance services, data mining, COB eligibility validation/match, collection agency	Domestic		Franklin, TN	Medical, Medicare	N/A
Allsup Inc.	Assists LTD claimants with obtaining disability benefits from Social Security and sets up an overpayment arrangement when SSDI benefits are paid retrospectively.	Domestic		Belleville, IL	Disability	2006

Disclosure of Subcontractors

American Specialty Health, Incorporated (Healthyroads)	Healthy Lifestyle Coaching program; lifestyle coaching and other wellness services to members participating in customer buy-up plans; Ready to Quit Tobacco program offered through Aetna's Healthy Lifestyles program; Healthyroads	Domestic		San Diego, CA	Medical	2006
Arna Marketing Group	Printing and mailing of Medicare materials, letter shop services for the NCO group, printing and mailing of contract riders and amendments to members. credentialing and GEMS letters, Trad Trust, Senate House, or other ad-hoc or one-time mailings.	Domestic		Branchburg, NJ	Medical, Dental, Medicare	2006
Carecall International	Summary: HRA outbound calls; Medicaid Health Risk questionnaire HRQ for designated plans	Domestic		Sauk Rapids, MN	Medicaid	2000
Connolly Consulting	Overpayment recovery for data mining, duplicate payments, provider credit balance.	Domestic		Wilton, CT	Medical, Medicare	2000
DiversiMed	Overpayment recovery for hospital bill audit.	Domestic		Tampa, FL	Medical, Medicare	2006
Eliza Corporation	Telephone outreach programs for Aetna members (flu vaccination program, HSA education and enrollment support, claim receipt confirmation).	Domestic		Beverly, MA	Medical, HSA	2005
Hinduja Global Solutions Limited (HGSL) (formerly called HTMT)	Claim and correspondence processing, quality auditing, overpayment recovery, balancing and reconciliation, individual bill calls, repricing and audit, data entry.	Offshore	Bangalore, India		Medical, Medicare, Pharmacy, Dental, FSA, Medicaid	2000

Disclosure of Subcontractors

IBM Daksh Business Process Services	Claim and correspondence processing, overpayment recovery, quality audits, claim rework, repricing, provider coding and reimbursement.	Offshore	Gurgaon Haryana, India		Medical, Medicare, Pharmacy, Dental, FSA, Medicaid, HMO Behavioral Health	2002
Iron Mountain	Records archiving, retrieving, transportation, and destruction services	Domestic		Boston, MA (Headquarters; multiple service locations)	Medical, Dental, Disability, FSA, HRA., Medicare, Medicaid	N/A
ISO Indexing (Claimsearch)	Claim indexing - shared database for insurance information, used when investigating disability diagnosis could be accident/workers comp related	Domestic		Jersey City, NJ	Disability	1997
JP Morgan Chase Bank	Supports HSA transactions associated with high deductible plans; processes electronic funds transfer payments for large case pensions.	Domestic		New York, NY	HSA	2005
Keane Inc. (Keane WorldZen Inc)	Performs services in relation to Aetna's disability claimants; disability claims intake; backoffice.	Offshore	Gurgaon Haryana, India		Disability	2006
Long Term Care Group (LTCC)	Development of long term care administration program. third-party administration of medical claims, billing, underwriting, collections and enrollments.	Domestic		Eden Prairie, MN	Group Insurance	2000
Medicall	File review for premium waiver program.	Offshore	Manila, Philippines		Group Insurance	N/A

Disclosure of Subcontractors

MedRecovery Management LLC	Overpayment recovery for workers' compensation	Domestic		Buffalo, NY	Medical, Medicare	2009
OmniClaim	Overpayment recovery for Implant and DRG services for the Northeast and North Central region	Domestic		Woburn, MA	Medical, Medicare	2009
Perot Systems Corporation	Application development and hosting of EOI (evidence of insurability tool for group insurance. various IT consulting. BPO services - mailroom, imaging, data entry, and online storage & retrieval of document images (mostly paper-based EOs). Correspondence.	Offshore & Domestic	Bangalore, India	Piano, TX (Group Insurance locations: Lincoln, NE; Tampa, FL)	Group Insurance	2006
Pitney Bowes	Fulfillment printing, EOBs, etc.	Domestic		Windsor, CT	Medical, Dental, Disability, FSA, HRA., Medicare, Medicaid, Pharmacy	2002
Precision Printing Group, Inc.	Printing enrollment services for Life/Disability	Domestic		Berlin, NJ	Primary Life/Disability	2009
Rawlings Company, The	Overpayment recovery for coordination of benefits and subrogation. Identification of subrogation potential for disability claims (disability is related to workers comp or accident, not an illness.)	Domestic		Louisville, KY	Disability, Medical	1996

Disclosure of Subcontractors

Source One Direct	Production of plastic and paper identification cards. Printing of contracts, postcards, and booklets for Aetna National Customer Operations.	Domestic		Atlanta, GA	Medical, Dental, Medicaid,	2001
Teleperformance	Call center services for RX Home Delivery.	Domestic		Oakbrook, IL	Pharmacy	2006
Viant (Concentra Preferred Systems)	Overpayment recovery for pharmacy and medical bill audit	Domestic		Naperville, IL	Medical, Medicare	2000
Workflow One Solutions LLC	Printing and mailing services, annual notice of change, disability wallet card mailings, Rx MOD mailings, Medicare enrollment (post open enrollment), diagnosis mailings (i.e., diabetes, lower back pain, asthma, hypertension), utilizing Aetna member data.	Domestic		Boston, MA	Medical, Dental, Medicare, Pharmacy	2006

This document must be completed and returned with your Submittal

Contractors Affidavit

CONTRACTOR'S AFFIDAVIT

State of Florida
County of Sumter

Before me personally appeared Charles Jeletic who is (title) Sales Support Manger of (the company described herein) Aetna Life Insurance Company being duly sworn, deposes and say that the foregoing statements are a true and accurate statement of the position of said organization as of the date thereof, and, that the statements and answers to the foregoing experience questionnaire are correct and true as of the date of this affidavit; and, that he/she understands that intentional inclusion of false, deceptive, or fraudulent statements of this application constitutes fraud; and, agrees to furnish any pertinent information requested by The Sumter County Board of County Commissioner deemed necessary to verify the statements made in this application or regarding the ability, standing and general reputation of the applicant.

Personally Known X or Produced Identification _____

Sworn to and subscribed before me this 9th day of April, 2008/0

Pamela L. Davis

NOTARY PUBLIC
(Signature of Notary Public)

(Print Name of Notary Public)

(seal)

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
PAMELA L. DAVIS, Notary Public
Whitpain Twp., Montgomery County
My Commission Expires May 6, 2010

Aetna Responses**AETNA PROPOSAL RESPONSES****PART 1****1. PREPERATION OF PROPOSAL**

Signature of the Vendor: The Vendor must sign the Proposal forms in the space provided for the signature. If the Vendor is an individual, the words "Doing Business As _____," must appear beneath such signature. In the case of a partnership, the signature of at least one of the partners must follow the firm name and the words, "Member of the Firm" should be written beneath such signature. If the Vendor is a corporation, the title of the officer signing the Proposal on behalf of the corporation must be stated and evidence of his authority to sign the Proposal must be submitted. The Vendor shall state in the Proposal Form the name and address of each person interested therein.

Confirmed. Aetna Life Insurance Company (ALIC) will supply evidence of authority along with the requested signatures. Please see *Section IV, Tab B* for our provided Delegation of Authority documents.

Basis for Proposal: The price proposed for each item shall be on a lump sum or unit price basis according to the form of the Proposal. The proposal prices shall remain unchanged for the duration of the Contract and no claims for cost escalation during the progress of the work will be considered.

Please see *Section I, Tab A* for detailed information on what has been included in our ASO fee. In addition, our administrative fees are subject to the caveats and assumptions listed in our financial proposal.

2. FISCAL YEAR FUNDING APPROPRIATION

Unless otherwise provided by law, a contract for supplies or services may be entered into for any period of time deemed to be in the best interests of the Sumter County BOCC, provided the term of the contract and conditions of renewal or extension, if any, are included in the solicitation and funds are available for the fiscal period at the time of the contract. Payment and performance obligations for succeeding fiscal periods shall be subject to appropriation by the Sumter County BOCC of funds thereafter.

When funds are not appropriated or otherwise made available to support continuation of performance in a subsequent fiscal period, the contract shall be cancelled and the contractor shall be entitled to reimbursement for the reasonable value of any nonrecurring cost incurred but not advertised in the price of the supplied or services delivered under the contract or otherwise recoverable.

We are unable to agree to the Fiscal Year Funding Appropriation.

Aetna Responses

PART 5**3. SAMPLE CONTRACTS, COVERAGE WORDINGS:**

Recognizing that there may be some coverage and service variation among Proposers, it is requested that sample contracts, forms, and riders be provided with proposals. This will allow for fair analysis of coverage as well as price.

Please see *Section VI, Tab C* of this proposal for our included Samples and Brochures.

4. PROGRAM IMPLEMENTATION:

The successful Proposer will be expected to assist the broker in the re-enrollment process, to conduct employee orientation meetings and to present cost containment explanations and instructions.

We provide the following services to help employees during the enrollment process and thereafter:

- Enrollment Services - Upon customer request, we provide representation at on-site meetings to help members understand the benefit plan.
- Toll-free Member Services - We provide toll-free lines staffed by customer service representatives (CSRs) who have online access to immediately answer the member's questions. Our CSRs provide the following information and promote the following services:
 - Network Information
 - To help members understand how to use the network
 - How to access their physicians
 - How any preferred and non-preferred benefit levels operate
 - Benefit Plan Information
 - To explain benefits
 - To explain plan requirements
 - To explain covered and non-covered services
 - Provider Information
 - To provide background and availability of network providers
 - Updated provider directory information

Aetna Responses

- Utilization Management Information
 - Describe our utilization management (UM) programs
 - Describe referrals to a UM nurse consultant
- Internet Services - Members can log onto our website at www.aetna.com and access the following:
 - DocFind, our online provider directory, is available to assist in the selection of providers.
 - Member Services Online to contact member services with issues or questions.
 - Members can access health information from Aetna IntelliHealth, our online health information subsidiary, at www.intelihealth.com. Established in 1996, it has become one of the leading online health information providers.

There should be sufficient open enrollment support, including on site reps to answer questions.

During the annual enrollment period meeting, our representatives are present to help employees with questions. Typically, we offer the following materials:

- Enrollment application and change forms
- Plan descriptions and benefits comparisons
- Provider directories
- Other program information

The successful Proposer will be expected to provide a plan document, benefits I.D. cards (including prescription benefit information), certificates or booklets, and any other appropriate literature available (especially for orientation meetings) to describe the benefits to employees.

Confirmed.

Aetna Responses

Indicate the procedure and assistance to be provided for enrollment of employees who become eligible after plan inception.

Customers who submit electronic files can provide transaction-only files or full inforce files twice a week, weekly, bi-weekly or monthly. Our system automatically compares the information contained in the file to the information in our eligibility system and any terminations, changes and additions are applied to the system. Changes are updated nightly through a batched process.

When we receive paper submission, we enter the changes from the customer or member into the system. Applicable changes are processed in our system automatically.

5. CLAIMS SERVICE:

Proposers are expected to provide prompt claims service for benefits which require submission of claims.

Each Proposer should state the location and staffing of the claims office which will serve the BOCC, and the approximate time service may be expected for claims payments.

The below location provides regional operations for member services and claims administration:

Southeast Member Services and Claims Administration	
Location	Jacksonville Medical Service Center 841 Prudential Drive Jacksonville, FL 32207
Operating Hours	8:00 a.m. to 6 p.m. ET Monday through Friday*

**After hours, callers receive a message advising them to call back during regular business hours or they can access Aetna Voice Advantage or Aetna Navigator for many questions.*

Aetna Responses

The BOCC expects claims turnaround time to be 10 calendar days or less. Proposers should state and define their turnaround time. The preferred definition should be from the date a claim is mailed by the provider until payment is received by the participants or medical service providers.

We define turnaround time as the number of calendar days necessary to process the claim beginning on the date we receive complete claim and eligibility information in the service center and ending on the date we process it, including weekends and holidays.

We include all claims in our turnaround time definition: clean claims, COB claims, internal referrals, external investigations, out-of-network claims and pended claims (except those pended claims for which the customer has provided incomplete eligibility information).

	PG Standard	YTD
Turn Around Time	90%/10 days	5.7 days

We define turnaround time as the number of calendar days necessary to process the claim beginning on the date we receive complete claim and eligibility information in the service center and ending on the date we process it, including weekends and holidays.

We include all claims in our turnaround time definition: clean claims, COB claims, internal referrals, external investigations, out-of-network claims and pended claims (except those pended claims for which the customer has provided incomplete eligibility information).

A clean claim is one that we can process without referring to any source for additional information.

A clean claim is one that we can process without referring to any source for additional information.

Confirmed.

Aetna Responses

A toll-free telephone number should be made available to the BOCC and/or all plan participants or they should be allowed to call the administrator collect regarding group administration problems, questions, etc.

We provide members with a designated toll-free number. We assign the toll-free number during the implementation process and print it on the member's ID card. Through this designated toll-free number, members can access customer service information by using Aetna Voice Advantage, our telephone self-service system, or by speaking to a customer service representative.

Where claims are involved, the administrator shall perform the following functions with regard to medical claims submitted by participants in the BOCC's group program:

- Verify coverage and eligibility for benefits.
-

Confirmed.

- Make any necessary investigations or consultations with plan participants, medical care providers or others necessary to assure claim validity.
-

Confirmed.

- Establish and maintain complete claims files on each claim.
-

Confirmed, our claims system maintains claims history online indefinitely, this includes detailed claim history for each family member on submitted expenses and processed claims (paid, pended and denied).

We move claims greater than five years old that meet specific criteria into an archive database. These claims are available for recall (in most cases, immediately) and will display all claim details.

We also keep the current year and the previous two years of financial data on the claims system. This includes the family/member's accumulator information such as plan limits, deductibles and amounts accumulated towards those limits.

Aetna Responses

Although we maintain claim history online indefinitely and maintain financial data for the current year and the previous two years, Aetna Navigator, our secure member website, only displays claim history information online for two years (current and previous year).

- Coordinate with preferred providers, utilization review services and others who have an effect on claims activity.
-

Confirmed.

- Properly review, process and pay claims.
-

Confirmed.

- Provide for direct payment to medical care providers upon assignment by participants.
-

Confirmed. Provider EOBs and checks, whether for network or non-network providers, are aged and bulked in a schedule allowing delivery within 24 days of the claim received date. The majority are sent on either a weekly or biweekly schedule, and on a consistent day of the week determined by state location of the provider. A provider EOB accompanies each provider draft. The EOB breaks down the payment by patient and gives pertinent information about the payment and non-covered expenses, etc.

- Provide for coordination of benefits with all other available sources, so long as not prohibited by law.
-

Confirmed. Our COB approach is "pursue, then pay." We investigate the availability of other primary benefits before issue benefits.

Effective COB administration starts with the collection and maintenance of accurate information about other coverage. We have a variety of methods for gathering the information including:

- During enrollment, many of our customers collect information about other coverage and share it with us.

Aetna Responses

- During the precertification process, our nurses ask about other coverage.
- Due to the cooperative nature of our relationship with network providers, hospitals and physicians routinely obtain other coverage information and submit it with the claim.
- In addition to the normal “other coverage” questions on our claim form, we ask if any other family members are employed and specific details.
- We send mailers to members with more than one dependent and members who turn 65.
- Registered plan members can provide us with updated COB information at any time using the Requests and Changes feature of Aetna Navigator, our secure member website, at www.aetnavigators.com.
- We are required by law to exchange data with CMS (Medicare) regarding member eligibility and enrollment information. This data exchange is performed on a quarterly basis. We update our verification files based on this information.

All claims submitted are screened for COB, even those where the member’s current eligibility file does not indicate other coverage.

We consider the following as potential indicators of other coverage:

- Hospital bills submitted as paid
- Large physician bills submitted as paid
- Photocopied bills
- Hospital bills or large physician bills submitted late
- Indication of other party payment on the bill
- Auto accidents (i.e., potential no-fault insurance)
- Workers’ compensation

Identifying COB claims is a combination of system-automated processes and claim processor judgment. When other coverage is possible, the claim is pended online, and we send an EOB to the member requesting specific details. If the information we receive does not seem plausible, we would contact the provider or member to inquire about other coverage.

When other coverage information is obtained, we update the online family eligibility record to indicate primary/secondary/tertiary status. The system automatically presents a COB edit during claim processing when the eligibility file indicates that other coverage is primary. The notice includes details about the other coverage, which family members the other plan covers, the carrier, type of coverage (e.g., medical only, medical-dental, etc.) and date of the last update.

Actna Responses

When a claim is submitted, if we are secondary and the primary carrier's EOB is not attached to the claim, the claim is pended for receipt of the primary carrier's EOB.

Upon receipt of the primary carrier's EOB, claims are processed as follows:

- For maintenance of benefits (MOB) or non-duplication plans, the COB allowance is our normal benefit (i.e., our negotiated rate reduced by copays, coinsurance or other applicable plan provisions).
- For plans utilizing standard 100% allowable, the COB allowance expense is the lesser of the primary plan's negotiated fee (if the primary plan is also a network plan) or the amount submitted to the primary carrier, subject to R&C limitations.

Once we determine the allowable expense, we subtract the primary carrier's payment from it and pay the balance, if any, as long as the balance does not exceed our normal benefit.

-
- Provide explanations of benefits (EOBs) to plan participants.
-

Confirmed.

Member EOBs for the same family are consolidated wherever possible and mailed in the same package (envelope) on a consistent day of the week (by member state of residence). We use an every 21-day mailing schedule, however, EOBs may be sent out at 7 days or 14 days to comply with any state regulations. EOBs will also go out daily, and not age, when there is a member payment or request for additional information from the member. EOBs are produced by an off-site print vendor in Windsor, CT.

Our claims system will suppress EOB production in the following situations:

- Benefits are assigned and member's liability is zero
- Benefits are assigned and member's liability consists of a copayment only

Members can also view EOBs on Aetna Navigator, our secure member website at www.aetn navigator.com.

Members can elect to suppress paper medical EOBs and receive electronic EOBs only. Members that elect paper suppression will receive an e-mail notification to their e-mail address regarding the EOB transaction.

Aetna Responses

- Continuously advise the broker with regard to actions, procedures, etc. which will result in control of claims and cost containment.
-

Confirmed. The account manager will meet with the broker and/or the plan sponsor to discuss the actions of their plans and to make adjustments as needed to control costs.

The administrator shall use its best judgment in applying plan coverage and shall pay or deny claims according to the Summary Plan Document.

Confirmed.

Proposers shall agree that the BOCC shall be held harmless and shall not be charged within the contract term or upon renewal for any payments in excess of valid claims.

For the purposes of indemnification under our Master Services Agreement (MSA), we would agree to the following mutual indemnification provision:

- We would agree to indemnify and hold the customer harmless for that portion of third-party liabilities which was caused solely and directly by our willful or criminal misconduct, fraud, breach of fiduciary responsibility, breach of our MSA, or failure to comply with the standard of care set forth in our MSA, related to or arising out of the services provided under the MSA.
- In turn the customer would agree to indemnify and hold Aetna harmless for that portion of third-party liabilities and related expenses and (i) which was caused solely and directly by the customer's willful or criminal misconduct, breach of our MSA, fraud, breach of fiduciary responsibility, or failure to comply with the standard of care set forth in the MSA, related to or arising out of the agreement of the customer's role as employer or plan sponsor; (ii) resulting from taxes, assessments and penalties incurred by Aetna by reason of benefit payments made or services performed under this agreement (including interest); (iii) in connection with the release of member identifiable information; (iv) resulting from the inclusion of third party vendor information on ID cards; or (v) resulting from or arising out of claims, demands or lawsuits brought against Aetna related to services provided under the agreement, except to the extent provided in Aetna's indemnification obligations.

Aetna Responses

These mutual indemnities would not apply to medical outcomes (i.e., provider malpractice) or to actions undertaken at the direction of the other and would extend to matters brought to the attention of the other for two years beyond the termination of the agreement.

The BOCC reserves the right to audit claims, at the BOCC's expense, as it deems necessary and Proposers are expected to state their agreement in the group contract.

We welcome independent audits of relevant records and documentation by our customers or their qualified representatives, provided no audit interferes with our business operations or the confidential interests of our company or another party. We will provide self-funded customers an audit allowance of 250 sample claims to be audited at the location where claims are processed during a period of up to 5 days. We reserve the right to assess charges to the customer if the magnitude or scope of the audit warrants such charges.

Our criteria for claim audits are as follows:

- We agree that qualified representatives of the customer may, upon reasonable prior request, during regular business hours, at the location where the customers' claims are processed, and subject to any applicable privacy laws or regulations, or intellectual property ownership and proprietary rights, conduct a review of claim transactions for the purpose of assessing the accuracy of benefit determinations (including information related to certification of coverage and determination of hospital or medical treatment) contained in documentation to which we will provide access.
- Such audits shall be subject to mutual agreement as to nature, scope, format, structure and cost.
- The customer agrees that extraordinary expenses incurred by us, and not included in our cost allocation formula (e.g., an audit sample in excess of 250 claims; an audit that cannot be completed within a 5 day period; an audit that creates exceptional administrative demands upon Aetna), will be the customer's responsibility. In addition, if an operational audit questionnaire is submitted by the auditor for completion prior to the audit, any extensive requests (i.e., over 150 questions) requiring an extraordinary effort to complete by Aetna will also be the customer's responsibility.
- Such right to audit shall be exercised no more often than once per contract period, except as needed to supplement or clarify previous findings, and must be conducted within 24 months of the end of the contract period to be audited.

Aetna Responses

- Upon termination of this contract, such right to audit must be exercised within 12 months of the latter to occur of the termination date of the contract or the end of the period following such termination date for which we have agreed to process the claims for benefits payable under the plan that were incurred prior to, but unpaid as of, the termination date.
- The customer's right to conduct an audit shall include the right to employ a qualified third-party auditing firm, mutually agreed to by the customer and us, to conduct all or part of such audit. There must be no conflict of interest or past business or other relationship that would prevent the auditor from performing an independent audit to conclusion. Aetna reserves the right to refuse to allow an auditor to conduct an audit in the event Aetna determines the auditor has a conflict of interest.
- The auditors must perform their review in accordance with published administrative safeguards and procedures against unauthorized use or disclosure of any individually identifiable information contained in the information to be audited.
- Auditors may not be compensated based on a contingency fee or a percentage of overpayments identified, in accordance with the provisions of Section 8.207 through 8.209 of the International Federation of Accountant's (IFAC) Code of Ethics For Professional Accountants (Revised 2004).
- The right to audit does not extend to the review of our propriety information, which includes, but is not limited to, the following:
 - Contracts or terms of contracts with providers or third-party vendors
 - Our information system screens
 - Credentialing information with respect to providers
 - Provider risk-sharing agreements or payments
 - Provider or other third-party office needs
 - Grievance records associated with our third-party vendors or provider contracts
 - Our employee personnel and tax records
 - Our pricing structure for services provided under this contract

Aetna Responses

A Master Services Agreement (MSA) or Plan Sponsor Letter Agreement (PSLA) must be signed by the customer before member confidential information can be released and an audit can be conducted.

A Customer Audit Request Form (CARF) must be signed by the customer, the auditor and Aetna prior to the release of any confidential information for the proposed audit. The three-party signed CARF identifies the scope of the audit and confirms that the auditors and the customer are willing to comply with our audit policy for confidentiality, indemnification and professional audit practices. When applicable, the auditor will also need to sign an Agent Code of Conduct Form.

When an audit is conducted on behalf of the customer's self-funded plan, the customer is responsible for paying the audit fees assessed by an audit firm or any of the extraordinary administrative expenses. Any payment by Aetna resulting from the audit must be based upon documented findings agreed to by both parties, and must be solely due to our actions or inactions and based on any liability as set forth in our specific contract with the customer.

It is our policy and position that we will not pay the customer's audit vendor fees. Because the audit vendor is to provide opinion to the customer on the quality of our services, Aetna paying all or part of the costs associated with the vendor's audit could impact the objectivity of the audit.

If it has been determined that there is a potential systemic error or benefit issue arising from the audit, we will use our internal resources to identify potential underpayments or overpayments for recovery to the provider or member as appropriate. We will provide the customer with a response and action plan on any confirmed errors or trends, or any follow-up action.

Please provide sample claims forms and a sample explanation of benefits (EOB).

Please see Section *VI, Tab C* for out provided Samples and Brochures

Aetna Responses

6. COBRA AND CONVERSION BENEFITS:

In addition to providing mandated COBRA benefits, Proposers shall make conversion benefits available to participants entitled to continue similar coverage, without evidence of insurability, as prescribed by Florida law. Retirees shall have an option to remain in the BOCC's regular group program.

Proposers are to state if they will administer COBRA enrollments and assure compliance with COBRA law. State separately the cost, if any, for these services.

Retirees shall have an option to remain in the BOCC's regular group program pursuant to Florida statutes.

We do not offer conversion products for our self-funded plans.

7. HIPAA ADMINISTRATION

Proposers are expected to administer and assure compliance with the Health Insurance Portability and Accountability Act.

Basic Set-Up of Administration Services

HIPAA requires carriers to perform administrative services including production of HIPAA certifications; specifications for individuals who have terminated coverage; and generation of a member notice to advise members of pre-existing condition provisions, special enrollment rules and their rights to prove creditable coverage and to request HIPAA certifications. Self-funded customers can elect this service at a cost per employee per month. If a self-funded customer declines this service, then the customer is responsible for the production of HIPAA certifications and for responding to member questions regarding them.

Member Services Support

Members can telephone our customer service representatives with HIPAA-related questions. The telephone number appears on the member's ID card. Our member service area is open Monday through Friday from 8 a.m. to 6 p.m. local time.

Production & Distribution of HIPAA Certifications of Prior Group Health Plan Coverage

We generate HIPAA certifications weekly and mail them to terminated members. HIPAA certifications are also available to subscribers through Aetna Navigator, our secure member website.

Aetna ResponsesReporting

Each month, we mail the customer a report that reflects the information included in any HIPAA certification mailed to terminated employees during the previous month. This information also assists the customer in the completion of HIPAA certifications for any employee who terminates employment and may have had coverage with other insurance carriers during other periods of time while employed with that customer. Per HIPAA legislation, it is the customer's responsibility to provide a HIPAA certification upon the employee's termination of employment for any period of time for which an employee was still employed by the customer, but was covered under more than one carrier's plan within the two years before termination.

8. PROVISION OF LEGAL DEFENSE

It is expected that the insurer will provide a legal defense and/or pay claims in the event of suit by plan participants.

Under our standard self-funded agreement, either Aetna or the customer can be claim fiduciary. We would make the initial claim determination and the claim fiduciary would be responsible for handling any appeal and making the final decision for that appeal.

The claim fiduciary would also be responsible for the defense of a lawsuit involving a claim for benefits. If the customer chooses to be claim fiduciary, we would cooperate with the customer in defending the suit, including making relevant documents and witnesses available.

When we assume claim fiduciary responsibility, it is for an additional cost. As claim fiduciary, we provide the ERISA review procedure for appeals of denied claims and make the final benefit determination on the appeal. If there is a lawsuit to recover benefits based on a claim denial, we defend the suit at our expense and make all litigation decisions, including settlement. We also offer options where claim fiduciary responsibility is divided in different ways between Aetna and the customer.

The above fiduciary responsibilities would include decisions in member appeals from initial claim determinations, including appeals from denials of precertification requests. We cannot be a fiduciary for network services, because these services are a) ministerial, rather than fiduciary functions and b) not provided for the exclusive benefit of a particular plan's participants.

Aetna Responses

The customer would be responsible for the benefit portion of any judgment or settlement; we would be responsible for other damages, such as compensatory damages and plaintiff attorney fees and costs. The customer is free to obtain separate counsel to represent their own interests at their own expense.

The cost of assuming claim fiduciary responsibility would be \$1.75.

9. PREMIUM/CLAIMS REPORTING

The following information shall be provided to the BOCC, on a monthly basis, (within 30 days after the end of the month) including cumulative totals for the plan year, separately for participants in each category of plan offered in a format that will provide the following information:

2009-10 Plan Year	Employees/Retirees/COBRA			Dependents			Total	
	Enrlmt	Premium	Claims	Enrlmt	Premium	Claims	Premium	Claims
July								
August								
September								
October								
November								
December								
January								
February								
March								
April								
May								
June								
TOTAL								

The above should be provided separately for employees and their dependents, retirees and their dependents and COBRA and their dependents, and total for all participants and all dependents. (Claims reports should be provided additionally for 18 months after plan termination.) **Please note that if the BOCC continues to "Self Fund" their claims, proposers will be expected to provide claim reports that include "Incurred" and "Paid" dates for each claim.**

Standard Claims Reports

Claim Detail Reports – We provide our customers with monthly claim reports, in a Microsoft® Access format 10 business days following the end of the reporting period, electronically through the Internet. The electronic reports summarize claim activity by line of coverage, along with providing detailed claim information for each employee as well as claim totals for employees and dependents by Medicare status.

Aetna Responses

Claim reports are delivered to customers through AEport. AEport enables customers to access their monthly claim reports through a secureFTP web site folder. The menu driven Microsoft Access Database file allows the customer to select their own report options such as report type, information sorts and report totals.

Claims Monitoring Report (CMR) – Provides monthly claims experience reports (rolling 12 months) summarized at the product level for medical, dental, prescription drug and aggregate/individual stop loss claims over the pooling limit on a paid claim basis. The reports are produced on the 5th business day of the month in excel format and delivered electronically through the Internet.

Claim Break Outs

Monthly claim reports break out claims by employee and dependent and in-network and out-of-network claims. Retirees over and under age 65 may be captured separately through the set up of the account structure at implementation.

Claim experience by age and gender, requires special programming. Additional charges apply.

10. LARGE CLAIMS DATA

Proposers shall be expected to provide the following information on a monthly basis, within 30 days after the end of the month.

For claims exceeding \$25,000:

Date	Class	Age	Sex	Amount Paid	Diagnosis	Prognosis

Class: E=Employee, R=Retiree, C=COBRA

Any costs to modify existing report formats to comply with the BOCC's desire for this premium/claims experience information shall be included in the quoted premiums.

Proposers shall also be expected to provide an annual report for Large Claims exceeding \$75,000.

The account manager is available to provide analytic assistance for the performance of the customer's plan of benefits using Aetna Informatics' standard medical report packages. These packages contain a wealth of useful information and illustrate prior and current views of utilization and financial results to easily identify trends.

Aetna Responses

The account manager can provide the customer a performance report that represents the most important measures of financial and utilization activity along with leading indicators of progress with programs and services. The report measures the leading indicators of trend and trend drivers and compares these to industry trends and book of business norms.

The one of the key metrics that can be identified in the performance report is:

- High Cost Claimants – Provides multiple views of how high cost claimants affect overall trend.

In addition, specialized clinical staff are made available as needed to work with customers in the interpretation and application of their information.

For customers with 100 or more subscribers, plan performance analysis service is also available upon request from Aetna Informatics. A business consultant can be assigned to respond to tailored information and analytic needs. Charges and delivery dates for customized or ad hoc reports and plan performance analyses are quoted in advance.

Sumter County Board of County Commissioners will receive 5 prepaid ad hoc hours.

Prepaid hours may be used for ad hoc reporting and other analytic projects. Once the prepaid hours are exhausted, a time spent charge of \$200 per hour for report generation/programming and \$350 per hour for analytic/consulting services is charged per project. Prepaid hours are not available for use with technical programming staff.

Additional prepaid hours may be purchased in increments of 10, 25 or 50 at the time spent charge of \$350 per hour.

11. INSTALLATION

All costs of the installation of your plan shall be included in your quoted ASO Fees.

Confirmed.

Aetna Responses

12. WELLNESS:

WELLNESS PROGRAMS / SUPPORT FOR BOCC HEALTH FAIR

Proposers should indicate the types of wellness and disease management programs that are automatically included in their proposals, and also to provide concise descriptions of optional programs that the Proposers think will most benefit the BOCC, and their extra cost, if any.

In our proposal we have included our Core Wellness Bundle. The following services are provided in the Core Wellness Bundle:

Roadmap to Wellness packages at a glance	Core
Care Management	
Flu Shot, available from a doctor or participating vendor clinic**	•
Genetic Testing and Counseling***	•
BRCA Genetic Testing Program	•
Aetna Health Connections Disease Management	
Aetna Health Connections Beginning Right™ Maternity Program	
Outreach Programs	
Aetna Health Connections Informed Health® Line	•
MedQuery®	
Aetna Health Connections Healthy Lifestyle Coaching†	
Worksite Health Screenings	
Onsite Biometric Screenings	
Member Wellness Communication	
Roadmap to Wellness Turnkey Communications Plans and Materials	•
Online Self-Help and Wellness Tools	
Aetna Navigator® Member Website	•
Simple Steps To A Healthier Life®	•
Reawakening Center	•
Healthwise® Knowledgebase	•
Aetna IntelliHealth® Website	•
Aetna Women's Health™ Online	•
Personal Health Record	
Discount Programs	•
Incentives and Rewards	
Simple Steps To A Healthier Life Health Assessment completion/update and completion of one online wellness program	
Beginning Right Program Incentives	
Healthy Lifestyle Coaching Rewards	

We have also included information about our Premier Wellness Bundle which we believe would benefit Sumter County Board of County Commissioners' employee population.

Please see *Section II, Tab E* of our proposal for detailed Wellness Information.

Aetna Responses

HEALTH FAIR

It is expected that Proposers will include the costs of an annual health fair in their quoted premiums.

A Health and Wellness option has been provided to Sumter County Board of County Commissioners at an additional cost. Please see *Section I, Tab A* of our proposal for more information.

Indicate to what extent you can/will take responsibility for arranging and conducting, supporting and staffing an annual health fair. State if you think one health fair at one location is enough for this type and size of employer, or if more health fairs and/or additional locations should be preferred. State to what extent you can coordinate Support by the BOCC's providers of medical services (e.g. doctors, hospitals, labs, etc.) and other parties who can contribute to supporting and/or staffing the event(s).

Our account managers work directly with our customers to create and implement a design strategy for health fairs and screenings, and will provide details regarding logistics and pricing prior to the event.

What commitments (financial and otherwise, such as staffing, time-off for participants, providing incentives) will have to be made by the BOCC? As to the BOCC's share of these costs, can they be added to and included in the rates/premiums you are proposing, if so desired?

We recognize that our customers are looking for new ways to reduce health care costs while maintaining the highest level of benefits possible for their employees. They are looking for innovative and effective methods to encourage behaviors that will help employees maintain their health and better manage their illnesses and diseases. Research suggests that investing in employee wellness and health promotion has the potential for cost savings for employers.

The Aetna Healthy Actions Program includes an incentive component to help employees take steps toward a healthier lifestyle.

We can provide tracking for the following incentive activities:

- Completing the health assessment through Simple Steps To A Healthier Life, our personalized, online, health and wellness program.

Aetna Responses

- Participating in an online wellness program, part of Simple Steps To A Healthier Life.
- Completing Routine Preventive Care – Members who seek certain preventive care services can earn incentive funding for their account. The account is automatically credited when a claim is processed for the following services:
 - Well adult visits
 - Well baby and well child visits
 - Well woman visits
 - Immunization and flu shots
 - Routine mammograms
 - Routine eye exams
- Enrolling in the Aetna Health Connections Disease Management program. To earn incentive rewards, participants must be enrolled at the Nurse Engagement with Active Monitoring level of the program.
- Enrolling in our Beginning Right Maternity Management Program. Members are rewarded for completing the pregnancy risk survey, prior to the 16th week of pregnancy. Members identified through the risk survey as being at risk or high risk also receive an incentive reward/gift for completing the post partum outcome and assessment questionnaire(s) if they participate in the case management program.
- Completing the Walk-Me-Through tool in establishing a Personal Health Record (PHR).
- Entering certain biometric information into their PHR Member Health Trackers. To earn rewards, members must enter information into their PHR a specified number of times, as determined by the customer. Incentives can be earned for the following Health Trackers:
 - Asthma peak flow
 - Blood glucose
 - Blood pressure
 - Body weight/BMI

Additionally, members may be rewarded by participating in the Healthy Lifestyle Coaching or Quit Tobacco programs. The programs include standard rewards (included with the program) as described below; however, customers may choose to offer additional incentives, such as fund/Health Incentive Credit deposits, for member completion of the Get Started! and/or Share Results! Reward criteria:

Aetna Responses

- Get Started! Reward Program – We standardly offer an initial reward for getting started with the Healthy Lifestyles Coaching Program. To be eligible to receive this incentive reward, participants must complete the kick-off and general assessment sessions, as well as at least one coaching session. The Get Started! Reward Program includes the following packages:
 - Weight Management or Healthy Living Package – These include a Healthyroads cookbook, four nutrition bars, a pedometer, home-based workout exercise bands, a Healthyroads relaxation skills booklet with CD, a Healthyroads biofeedback stress-relief card and a body tape measure.
 - Tobacco Cessation Package – This includes up to a six-week supply of nicotine replacement therapy (NRT). Specific choices include an NRT patch, lozenge or gum.
- Share Results! Reward Program – At the end of a year, enrolled participants who qualified for the Get Started! Reward Program and completed an outcomes sampling health status questionnaire (HSQ), will receive a \$25 American Express® branded reward card at their home address.

Incentive options available to customers to reward their employees who complete the above-listed health-related tasks include:

Program Administered

- Reduced Member Out-of-Pocket Expenses – We offer our non-Aetna Health Fund, self-funded PPO-based customers a health incentive credit that applies incentives earned by a member to their medical deductible and/or coinsurance, effectively reducing the member's out-of-pocket expenses. The incentive credit is:
 - Applied to a member's medical deductible and/or coinsurance* as claims are processed.
 - Included as a rollover feature as long as the customer continues to offer incentive credits and non-Aetna HealthFund medical plans with deductible and/or coinsurance features.

** Incentive credits will not be applied to copayments or pharmacy expenses at this time.*

- Incentives Available Through CorporateRewards Gift Certificates – Through our relationship with CorporateRewards, we offer our PPO-based customers a streamlined process from account set-up to gift certificate redemption, as well as our discounted rate with CorporateRewards.

Aetna Responses

- Alternative Plan of Benefits – We have customers interested in offering an enhanced plan of benefits for members who trigger an incentive reward for showing sustained healthy behaviors or completing/participating in specific health-related tasks. We take a retrospective approach and move employees to the alternate plan in the year following their meeting incentive eligibility requirements.

Incentive Administration

Our Incentives Management System (IMS) maintains program details such as plan eligibility, programs offered, reward amounts and tracking/completion of program activities. As members complete health-related activities, the information updates in IMS. Based on either a weekly, monthly (standard), or quarterly frequency, as determined by the customer, we automatically update the member's accumulators (for Aetna HealthFund or Health incentive credit contributions) based on the program's reward amount.

Additionally, IMS generates a rewards tracking report, based on the customer's selected frequency, which can be provided to CorporateRewards for gift certificate fulfillment or to the customer for self-administered rewards.

Customer Administered

We provide our customers with detailed reporting on participants who complete health-related activities to facilitate their own incentive administration and reward/distribution of incentive rewards. Customers have the option to receive the rewards tracking reports on a weekly, monthly (standard), or quarterly frequency.

Some of the popular customer administered incentives rewards include:

- Gift checks and certificates – Gift checks and certificates are appealing to participants because they are equivalent to cash. Their appeal is that different dollar amounts are available – usually \$25 or more – and employees have a choice of how to redeem them.
- Prize drawings – With this type of incentive, eligible participants have a chance to win one or more prizes through a random drawing, if they complete specific actions by a specific date. The advantage to using prize drawings is that customers can control program costs, because they determine the prize amount and the number of prizes offered. Examples of prizes may include health-related items (such as a gym bag) or gift certificates (for general purposes or to a health or sports-related retail store).
- Incentive gifts – Items that relate to health and wellness make good incentive gifts, but customers may also want to consider using items that their employees will want to keep on their desks and use regularly.

Aetna Responses

The customer is responsible for funding and distributing these incentive gifts to its employees.

Incentive Management Website

We enhanced Aetna Navigator, our secure member website, to include an Aetna Healthy Actions program page so eligible members can view and track their incentives more effectively. The new page will display all eligible, earned and applied incentives for programs administered by Aetna.

Members who are offered the health incentive credit reward feature will also be able to view details on credit dollars rolled over from previous years, dollars earned in the current year and claims for which incentive credit was used to pay member responsibility.

Incentive Administration Support

For an additional cost, our Customized Communication Group may provide complete incentive administration for our customers, including reward distribution of incentives such as gift checks, gift certificates, prizes, and tokens; e.g., gym bags, pedometers, water bottles, pens, etc.

Also, Proposers should indicate to what extent they will provide assistance to the BOCC in on-going prevention/health screenings activities beyond the health fair, (or included in the health fair) including such activities as:

- Health screenings (blood lipids, blood pressure, and body fat analysis).
- Flu shots in the fall.
- Annual cancer screenings (breast, skin and prostate).
- Completion of a web based Health Risk Assessment, which provides each participant a **confidential and customized** personal health report. Aggregate, de-identified data from the health screens and the HRA should be provided to the BOCC.

All of the above options are included in our Premier Wellness bundle which has been offered to Sumter County Board of County Commissioners at an additional cost.

All costs for wellness programs and incentives shall be included in the quoted ASO fees.

Our Core Wellness Bundle has been included in our ASO fees. However, we have included information and cost for our Premier Wellness Bundle. Please see our ASO Fees in *Section I, Tab A* of our proposal.

SIGNATURE AUTHORITY DELEGATION FORM
AETNA LIFE INSURANCE COMPANY

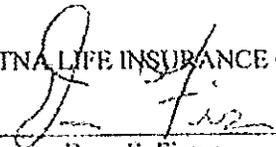
To Corporate Secretary
Date January 8, 2009
Subject Delegation of Signature Authority

By virtue of the authority granted to me by a vote of the Board of Directors of Aetna Life Insurance Company (the "Company") dated November 20, 1987, as amended by the Board on March 29, 1991, I hereby delegate to ASM Underwriting personnel, employees of the Company under my direction, the authority to sign in the Company's name the following types of documents, including amendments thereto, relating to the Company's health care business:

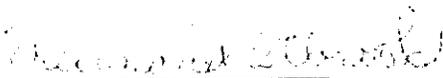
- Letters outlining changes to premium rates, liability limit factors, and administrative service fee factors
- Retrospective Premium Agreement, GR-RP-3
- Terminal Retrospective Premium Agreements
- Termination Letters
- Overdue Premium Letters
- Underwriting Exceptions Retrospective Premium Agreements
- Deficit Recovery Agreement
- Fee or Performance Guarantee Letters
- HMO Umbrella Agreements
- Intent to Bid/Request for Proposal (RFP) responses
- Administrative Service Agreements
- Split Funded Group Agreements
- Managed Care Agreements
- Hold Harmless Agreements, Non-Disclosure Agreements and Confidentiality Agreements

See Schedule A, attached, for a list of current incumbents for delegate positions. This schedule may be amended as to incumbents by a writing filed by me in the Office of the Corporate Secretary of the Company without revoking or superseding the delegation itself.

This delegation is effective immediately, shall remain in effect until revoked or superseded, and shall apply to any amendment to the above referenced Board of Directors vote.

AETNA LIFE INSURANCE COMPANY
By 
Dean E. Fiscus
Assistant Vice President

Filed with the Corporate Secretary of the Company on January 15, 2009.


Assistant Corporate Secretary

01/09/2009 Page 2
Corporate Secretary
January 8 2009

SIGNATURE AUTHORITY DELEGATION FORM
AETNA LIFE INSURANCE COMPANY

Schedule A – Delegate ASM Underwriting and Sales Support
Financial Underwriting Manager Incumbents

Jason Cirino, Sales Support Manager
Amy M. Andrcana, Sales Support Manager
Stephen T. Zerio, Sales Support Manager
Christine Priest, Sales Support Manager
Charles Jeletic, Sales Support Manager
Robert Norcini, Sales Support Manager
Lisa Palmer, Sales Support Manager
Brian C. Guerrero, Sales Support Manager

CC: Marge Pretter

I, Christopher M. Todoroff, Corporate Secretary of Aetna Life Insurance Company (the "Company"), do hereby certify that:

- (A) The following vote was duly adopted by the Board of Directors of the Company at its meeting held on November 20, 1987, that such vote was amended by the Board of Directors at its meeting held on March 29, 1991, and that such vote, as amended, remains in full force and effect as of this date:

VOTED: That each of the following officers:

Chairman
Vice Chairman
President
Executive Vice President
Group Executive
Senior Vice President
Vice President
Controller
General Counsel
Corporate Secretary
Assistant Vice President
Assistant Corporate Secretary

- (1) are hereby severally authorized to sign in the Company's name:
- (a) insurance contracts of every type and description which this Company is authorized to write;
 - (b) agreements relating to the purchase, sale, or exchange of securities including any consents and modifications given or made under such agreements;
 - (c) conveyances and leases of real estate or any interest therein including any modifications thereof;
 - (d) assignments and releases of mortgages and other liens, claims or demands;
 - (e) any other written instrument which they are authorized to approve in the normal course of Company business; and
 - (f) any other written instrument when specifically authorized by the Board of Directors, the Chairman, the Vice Chairman or the President;

and are further severally authorized (i) to delegate all or any part of the foregoing authority to one or more officers, employees or agents of this Company, provided that each such delegation is in writing and a copy thereof is filed in the Office of the Corporate Secretary, or (ii) to designate any attorney at law representing this Company on a matter under their direction, to so sign this Company's name; and

- (2) are hereby severally authorized to possess this Company's duplicate seals and to affix the same to items (a) through (f) above; and are further severally authorized to designate, in a writing filed in the Office of the Corporate Secretary, any officer, employee or agent of this Company to possess and to so affix this Company's duplicate seals.

(B) I further certify that Robert Norcini has been authorized pursuant to the aforementioned vote and the Delegation of Signature Authority dated August 17, 2006 ("Delegation"), to sign on behalf of the Company, certain documents as outlined in such Delegation attached hereto and that the Delegation remains in full force and effect.

Dated at Hartford, Connecticut, on August 21, 2006.


CHRISTOPHER M. TODOROFF
Corporate Secretary

(COMPANY NAME, AUTHORITY TO SIGN)