REQUEST FOR PROPOSALS (RFP) & RESPONDENT'S ACKNOWLEDGEMENT

RFP TITLE:	**RFP NUMBER:**	
GROUP MEDICAL INSURANCE	RFP RM 51-16	
LAST DAY FOR QUESTIONS:	May 11, 2016	2:00 P.M. CST
RFP DUE DATE & TIME:	May 18, 2016	2:00 P.M. CST

NOTE: PROPOSALS RECEIVED AFTER THE PROPOSAL OPENING DATE & TIME WILL NOT BE CONSIDERED.

Okaloosa County, Florida solicits your company to submit a proposal on the above referenced goods or services. All terms, specifications and conditions set forth in this RFP are incorporated into your response. A proposal will not be accepted unless all conditions have been met. All proposals must have an authorized signature in the space provided below. All envelopes containing sealed proposals must reference the "RFP Title", "RFP Number" and the "RFP Due Date & Time". Okaloosa County is not responsible for lost or late delivery of proposals by the U.S. Postal Service or other delivery services used by the respondent. Neither faxed nor electronically submitted proposals will be accepted. Proposals may not be withdrawn for a period of sixty (60) days after the proposal opening unless otherwise specified.

RESPONDENT ACKNOWLEDGEMENT FORM BELOW MUST BE COMPLETED, SIGNED, AND RETURNED AS PART OF YOUR PROPOSAL. PROPOSALS WILL NOT BE ACCEPTED WITHOUT THIS FORM, SIGNED BY AN AUTHORIZED AGENT OF THE RESPONDENT.

COMPANY NAME _____

MAILING ADDRESS _____

_____

CITY, STATE, ZIP _____

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN): _____

TELEPHONE NUMBER: _____ EXT: _____ FAX: _____

EMAIL: _____

I CERTIFY THAT THIS PROPOSAL IS MADE WITHOUT PRIOR UNDERSTANDING, AGREEMENT, OR CONNECTION WITH ANY OTHER RESPONDENT SUBMITTING A PROPOSAL FOR THE SAME MATERIALS, SUPPLIES, EQUIPMENT OR SERVICES, AND IS IN ALL RESPECTS FAIR AND WITHOUT COLLUSION OR FRAUD. I AGREE TO ABIDE BY ALL TERMS AND CONDITIONS OF THIS PROPOSAL AND CERTIFY THAT I AM AUTHORIZED TO SIGN THIS PROPOSAL FOR THE RESPONDENT.

AUTHORIZED SIGNATURE: _____ TYPED OR PRINTED NAME _____

TITLE: _____ DATE _____

NOTICE TO RESPONDENTS
RFP RM 51-16

Notice is hereby given that the Board of County Commissioners of Okaloosa County, FL, will accept sealed proposals until **2:00 p.m. (CST) May 18, 2016**, for Group Medical Insurance.

Interested respondents desiring consideration shall provide an original and nine (9) copies (total of 10 copies) of their Request for Proposals (RFP) response with the respondent's areas of expertise identified. Submissions shall be portrait orientation, unbound, and 8 ½" x 11" where practical.

All originals must have original signatures in blue ink.

Proposal documents are available for download by accessing the Okaloosa County website at http://www.co.okaloosa.fl.us/purchasing/home then accessing the link "View Current Solicitations" or by accessing the Florida Purchasing Group website at http://www.floridabidsystem.com/Bids/ViewOpenSolicitations.asp.

Submittals must be delivered to the Okaloosa County Purchasing Department at the address listed below no later than 2:00 p.m., May 18, 2016 in order to be considered. All proposals received after the stated time and date will be returned unopened and will not be considered. All submittals must be in sealed envelopes reflecting on the outside thereof **"Group Medical Insurance".** Failure to clearly mark the outside of the envelope as set forth herein shall result in the submittal not being considered.

The County reserves the right to award to the firm submitting a responsive proposal with a resulting negotiated agreement that is most advantageous and in the best interest of Okaloosa County, and to waive any irregularity or technicality in proposals received. Okaloosa County shall be the sole judge of the quote and the resulting negotiated agreement that is in its best interest and its decision will be final.

NOTE: Crestview, FL is not a next day guaranteed delivery location by most delivery services. Respondents using mail or delivery service assume all risk of late or non-delivery.

All submittals should be addressed as follows:
Group Medical Insurance
Okaloosa County Purchasing Department
5479A Old Bethel Road
Crestview, FL 32536

Zan Fedorak
Purchasing Manager

Date

OKALOOSA COUNTY
BOARD OF COUNTY COMMISSIONERS

Charles K. Windes, Jr.
Chairman

Okaloosa County Board of County Commissioners
Specifications for RFP RM 51-16
Group Health Insurance

I. Introduction and Scope of Services

The Okaloosa County Board of County Commissioners is requesting competitive proposals from insurance carriers licensed to conduct business in the State of Florida. Enrollment includes the Supervisor of Elections, Clerk of Court, Property Appraiser, County Staff and eligible retirees.

Florida Blue is the current carrier. Fully-insured, non-grandfathered plans offered are: Base Plan, Florida Blue BlueOptions 03769, and Buy-up, BlueOptions Plan 03559 (see Appendix A). The most recent and last three years of paid-claim reports, enrollment, high-cost claims report and complete census are attached (see Appendix A). The rate history and employer contributions are listed below. Additionally, retirees who are Medicare eligible, have the option to enroll in a group BlueMedicare Plan. The plan year is October 1 through September 30. The plan deductible is calendar year. Current enrollment is 730 contracts and 1,425 members. Current rating is two (2) tiered.

There is currently a very active wellness program in place provided at no cost by Florida Blue. The current program provides onsite Florida Blue representative leading meetings, classes and annual health fairs. Respondents are encouraged to include meaningful, creative wellness programs for consideration.

Respondents shall give detailed descriptions of proposed plan designs, ACA compliance practices, HIPAA compliance practices, case management programs, disease management programs, pharmacy management programs, organ transplant services and coverage, wellness program including incentives, cost containment programs, customer service hours of operation, online customer service options and funding options including share of profit features. Carriers are required to have an AM Best rating of A or better.

Proposers will be required to work closely with the County's Risk Management Department to provide renewal pricing projections during the budget process beginning in April of each year. Proposers will be required to deliver the renewal as requested to meet Board approval and enrollment deadlines.

Barnes Insurance and Financial Services is the current agent of record and will be responsible for the processing and administration of services by the selected provider. Proposal responses naming or including any other agent or consultant for the provisions of those services will be excluded and considered non-responsive. Proposal pricing should include an agent annual remuneration of $59,800 for these services.

Please provide one (1) original and nine (9) copies of the proposal.

II. Plan Design

Proposal request:

- Similar or like plan designs. HMO and or other plan designs and options will be considered. Also, include a retiree over age 65 group Medicare option.
- Quote two (2), three (3) and four (4) tier rates.
- Fully Insured and Self Insured pricing is requested.
- Alternate funding arrangements will be considered.

III. Questions

- Describe in detail required referral, approval and authorization procedures including a list of services that require referrals, approvals and authorizations and member responsibilities.
- Outline timelines of processing referrals, approvals and authorizations.
- Describe appeals process for declined benefits and or referrals and authorizations.
- Name and describe responsibilities and or services third party vendors provide related to referrals, approvals and authorizations, etc.
- Describe organ transplant coverage and or requirements.
- Describe ambulance coverage and network availability including land, air and water ambulance.
- Explain in detail durable medical equipment coverage, including any third party vendor involvement.
- Does the proposed plan cover hearing aids? If so, describe coverage and limitations?
- Describe proposed physical therapy benefits. What therapies are covered and what are the limitations, if any?
- Describe coverage and providers for routine lab work.
- Describe coverage and procedures for x-ray, CAT scan, PET scan, MRI and mammogram, etc.
- Provide names and duties of third party administrators that will be involved in the administration of the proposed contract, i.e. claims processing, billing and payment processing, service, network management, authorizations and pharmacy management.
- Provide a detailed description of your Case Management Program.
- Provide a detailed description of your Disease Management Program.
- Describe any patient outreach/follow-up programs at time of inpatient discharge.

IV. Pricing

- Quote two (2), three (3) and four (4) tier rating.
- Provide Medicare carve out rates for over age 65 retirees enrolled Medicare primary, group plan secondary.
- Provide fully insured rates with no cancelation penalties.
- Describe pooling levels and cost, if any.
- Multiple year guaranteed administration fees are encouraged.
- Provide alternate funding alternatives and share of profits programs if possible. This is encouraged.
- Self-insured quotes including reinsurance will be considered.

V. Pharmacy Program

- Describe plan and structure of co-pays for both mail-order and local pharmacy.
- Describe mail-order program including a list of prescriptions not available via mail-order.
- Describe how diabetic supplies are covered/obtained, i.e. insulin, lancets and chem. strips.
- Describe insulin pump and supply coverage.
- Describe how members refill prescriptions for vacations and or travel prior to refill deadline.
- List customer service procedures, i.e. general pharmacy claims inquiries and mail-order inquiries.
- How often are medications reviewed for tier placement?
- Describe the frequency medications are reviewed and added/deleted from the formulary.
- List any medications not covered by the pharmacy plan, including exclusions.

- How are prescription rebates captured? Are discounts applied to plan experience?
- Describe safe dosage limitations and other pharmacy management programs to monitor excessive dosage.
- Describe coverage and procedure to obtain self-injectable medications.
- Outline pharmacy programs that ensure smooth transition at enrollment for members to obtain medications that have been reviewed and approved by the current carrier.
- List any medications and supplies excluded in the pharmacy benefit, but covered under the health plan.

VI. Wellness

- Describe wellness programs available and cost, if any. Meaningful, creative wellness proposals are encouraged.
- Will a dedicated wellness representative be assigned to this account? Provide a detailed description of names of personnel that will be assigned and their respective duties.
- Onsite wellness representative participation in meetings, planning and events will be required.
- Provide names and description of involvement of third party vendors, if any.
- Please include wellness plan certifications and or endorsements.

VII. Network

- Describe carrier negotiated network discounts in Okaloosa County and surrounding service areas, from Escambia County – Bay County.
- Please provide a network disruption report. Current network is Florida Blue, BlueOptions.
- Describe balance billing protections.
- Please describe coverage while working or traveling out of state and abroad.
- List specialty hospital network participation and or programs at hospitals such as UAB, Emory, Mayo Clinic, MD Anderson, Shands, Moffitt, etc.

VIII. Administration

- Will a dedicated service representative be assigned to this account? Provide a detailed description of names of personnel that will be assigned and their respective duties.
- Provide organizational chart for account team.
- List customer service hours and toll free number.
- Provide customer service statistics, i.e. average call wait times, abandoned call rates.
- Provide claims processing statistics, i.e. process times, accuracy of processing.
- Please provide address of location that claims will be processed.
- List web site address. List available services via the web site.
- List discount programs in detail. Describe how members access discounts.
- Provide a list of available reports and a schedule of availability.
- Please describe membership and billing procedures, i.e. dedicated billing staff contact, hours of operation, etc.

- Provide names and duties of third party administrators that will be involved in the administration of the proposed contract, i.e. claims processing, billing and payment processing, service, network management, cost containment programs and pharmacy management.
- Onsite enrollment meeting attendance including separate retiree meetings will be required as directed by County staff. Confirm attendance and disclose if any third party vendor including name of vendor will be utilized.
- Describe onboarding process including implementation deadlines including description of enrollment process.
- Describe performance guarantees for timely enrollment processing, ID delivery, claims processing, service resolution and reporting.
- Confirm waving of actively at work provision.
- Please provide references of similar size enrollment as Okaloosa County BOCC. Provide three (3) currently enrolled groups and three (3) terminated groups located in Florida.

IX. Rate History

*Employer contribution is 100% of base plan employee cost

Plan Year – October 1, 2013 to September 30, 2014

Plan 03559
Single $774.85
Family $1,182.66

Plan 03769 (Base Plan)
Single $725.01
Family $1,106.61

Plan Year – October 1, 2014 to September 30, 2015

Plan 03559
Single $789.09
Family $1,204.40

Plan 03769 (Base Plan)
Single $738.34
Family $1,126.95

Plan Year – October 1, 2015 to September 30, 2016

Plan 03559
Single $812.76
Family $1,240.53

Plan 03769 (Base Plan)
Single $760.49
Family $1,160.76

Evaluation of Submissions

In evaluating submissions, the County shall consider to the following:

Adherence to Specifications	5%
Cost/Plan Design	45%
Provider Network	15%
Network Discounts	10%
Wellness/Utilization Management	10%
Service Reputation/Capability	15%

The order in which these items are listed does not necessarily reflect their order of importance.

X. Reports. The following reports are included as background and history:

- Monitoring by Utilization and Enrollment (last 3 years)
- High Cost Claims by Diagnoses
- High Cost Claims Summary (last 3 years)
- Monitoring by Utilization and Enrollment (most recent year)
- High Cost Claims Summary (most recent year)
- Summary of Benefits – Blue Options #03559
- Summary of Benefits – Blue Options #03769
- 2016 Census Data

A Selection Committee will review all proposals and will participate in the Recommendation to Award. The Selection Committee may request oral presentations from the Respondents.

GENERAL SERVICES INSURANCE REQUIREMENTS

REVISED: 02/09/16

SCOPE OF SERVICES

The Okaloosa County Board of County Commissioners is seeking competitive proposals from insurance carriers to provide Group Medical Insurance coverage as set forth in the attached Specifications for RFP RM 51-16. Respondents must be licensed to conduct business in the State of Florida.

RESPONDENT'S INSURANCE

1. The Respondent shall not commence any work in connection with this Agreement until he has obtained all required insurance and such insurance has been approved by the Okaloosa County Risk Manager or designee.

2. All insurance policies shall be with insurers licensed to do business in the State of Florida.

3. All insurance shall include the interest of all entities named and their respective agents, consultants, servants and employees of each and all other interests as may be reasonably required by Okaloosa County as Additional Insured. The coverage afforded the Additional Insured under this policy shall be primary insurance. If the Additional Insured have other insurance that is applicable to the loss, such other insurance shall be on an excess or contingent basis. The amount of the company's liability under this policy shall not be reduced by the existence of such other insurance.

4. The County shall be listed as Additional Insured by policy endorsement on all insurance contracts applicable to this Agreement except Workers' Compensation and Professional Liability.

5. The County shall be furnished proof of coverage by certificates of insurance (COI) and endorsements for every applicable insurance contract required by this Agreement. The COI's and policy endorsements must be delivered to the County Representative not less than ten (10) days prior to the commencement of any and all contractual Agreements between the County and the Respondent.

6. The County shall retain the right to reject all insurance contracts that do not meet the requirement of this Agreement. Further, the County reserves the right to change these insurance requirements with 60-day notice to the Respondent.

7. The insurance definition of Insured or Additional Insured shall include Subcontractor, Sub-subcontractor, and any associated or subsidiary companies of the Respondent, which are involved, and which is a part of the contract.

8. The County reserves the right at any time to require the Respondent to provide certified copies of any insurance policies to document the insurance coverage specified in this Agreement.

9. The designation of Respondent shall include any associated or subsidiary company which is involved and is a part of the contract and such, if any associated or subsidiary company involved in the project must be named in the Workers' Compensation coverage.

10. All policies shall be written so that the County will be notified of cancellation or restrictive amendments at least thirty (30) days prior to the effective date of such cancellation or amendment. Such notice shall be given directly to the County Representative.

BUSINESS AUTOMOBILE AND COMMERCIAL GENERAL LIABILITY INSURANCE

1. The Respondent shall maintain Business Automobile Liability insurance coverage throughout the life of this Agreement. The insurance shall include Owned, Non-owned & Hired Motor Vehicle coverage.

2. The Respondent shall carry other Commercial General Liability insurance against all other Bodily Injury, Property Damage and Personal and Advertising Injury exposures. The coverage shall include both On-and Off-Premises Operations, Contractual Liability, and Broad Form Property Damage.

3. All liability insurance (other than Professional Liability) shall be written on an occurrence basis and shall not be written on a claims-made basis. If the insurance is issued with an aggregate limit of liability, the aggregate limit of liability shall apply only to the locations included in this Agreement. If, as the result of any claims or other reasons, the available limits of insurance reduce to less than those stated in the Limits of Liability, the Respondent shall notify the County representative in writing. The Respondent shall purchase additional liability insurance to maintain the requirements established in this Agreement. Umbrella or Excess Liability insurance can be purchased to meet the Limits of Liability specified in this Agreement.

4. Commercial General Liability coverage shall be endorsed to include the following:

1.) Premises – Operation Liability
2.) Occurrence Bodily Injury and Property Damage Liability
3.) Independent Respondent's Liability
4.) Completed Operations and Products Liability

5. Respondent shall agree to keep in continuous force Commercial General Liability coverage including Completed Operations and Products Liability for the length of the project.

LIMITS OF LIABILITY

The insurance required shall be written for not less than the following, or greater if required by law and shall include Employer's liability with limits as prescribed in this contract:

		LIMIT
1.	General Liability Insurance	(A combined single limit)
2.	Personal and Advertising Injury	$250,000
3.	Professional Liability	$1,000,000 each occurrence (A combined single limit)

NOTICE OF CLAIMS OR LITIGATION

The Respondent agrees to report any incident or claim that results from performance of this Agreement. The County representative shall receive written notice in the form of a detailed written report describing the incident or claim within ten (10) days of the Respondent's knowledge. In the event such incident or claim involves injury and/or property damage to a third party, verbal notification shall be given the same day the Respondent becomes aware of the incident or claim followed by a written detailed report within ten (10) days of verbal notification.

INDEMNIFICATION & HOLD HARMLESS

To the fullest extent permitted by law, Respondent shall indemnify and hold harmless the County, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or wrongful conduct of the Respondent and other persons employed or utilized by the Respondent in the performance of this contract.

Note: For respondent's convenience, this certification form is enclosed and is made a part of the bid package.

CERTIFICATE OF INSURANCE

1. Certificates of insurance, in duplicate, indicating the job site and evidencing all required coverage must be submitted to and approved by Okaloosa County prior to the commencement of any of the work. The certificate holder(s) shall be as follows: Okaloosa County, 5479A Old Bethel Road, Crestview, Florida, 32536.

2. All policies shall expressly require 30 days written notice to Okaloosa County at the address set out above, or the cancellations of material alterations of such policies, and the Certificates of Insurance, shall so provide.

3. All certificates shall be subject to Okaloosa County's approval of adequacy of protection and the satisfactory character of the Insurer. County reserves the right to approve or reject all deductible/SIR above $10,000. The Certificates of Insurance shall disclose any and all deductibles or self-insured retentions (SIRs).

4. All deductibles or SIRs, whether approved by Okaloosa County or not, shall be the Respondent's full responsibility. In particular, the Respondent shall afford full coverage as specified herein to entities listed as Additional Insured.

5. In no way will the entities listed as Additional Insured be responsible for, pay for, be damaged by, or limited to coverage required by this schedule due to the existence of a deductible or SIR. Specific written approval from Okaloosa County will only be provided upon demonstration that the Respondent has the financial capability and funds necessary to cover the responsibilities incurred as a result of the deductible or SIR.

GENERAL TERMS

Any type of insurance or increase of limits of liability not described above which, the Respondent required for its own protection or on account of statute shall be its own responsibility and at its own expense.

The carrying of the insurance described shall in no way be interpreted as relieving the Respondent of any responsibility under this contract.

Should the Respondent engage a subcontractor or sub-subcontractor, the same conditions will apply under this Agreement to each subcontractor and sub-subcontractor.

The Respondent hereby waives all rights of subrogation against Okaloosa County and its consultants and other indemnities of the Respondent under all the foregoing policies of insurance.

UMBRELLA INSURANCE

The Respondent shall have the right to meet the liability insurance requirements with the purchase of an umbrella insurance policy. In all instances, the combination of primary and umbrella liability coverage must equal or exceed the minimum liability insurance limits stated in this Agreement.

GENERAL PROPOSAL CONDITIONS

1. **PRE-PROPOSAL ACTIVITY -**

Addendum - Except as provided in this section, respondents are prohibited from contacting or lobbying the County, County Administrator, Commissioners, County staff, and Review Committee members, or any other person authorized on behalf of the County related or involved with the solicitation. All inquiries on the scope of work, specifications, additional requirements, attachments, terms and general conditions or instructions, or any issue must be directed in writing, by US mail or email to:

Okaloosa County Purchasing Department
5479A Old Bethel Road
Crestview, FL 32536
Email: mweisser@co.okaloosa.fl.us
(850)689-5960

All questions or inquiries must be received no later than the last day for questions (reference RFP & Respondent's Acknowledgement form). Any addenda or other modification to the bid documents will be issued by the County five (5) days prior to the date and time of bid closing, as a written addenda distributed to all prospective respondents by posting to the Florida Online Bid System (Florida Purchasing Group) and the Okaloosa County Web Site. To access the Florida Online Bid System go to: www.floridabidsystem.com. To access the Okaloosa County Web Site go to: http://www.co.okaloosa.fl.us/purchasing/current-solicitations.

Such written addenda or modification shall be part of the proposal documents and shall be binding upon each respondent. Each respondent is required to acknowledge receipt of any and all addenda in writing and submit with their proposal. No respondent may rely upon any verbal modification or interpretation.

2. **PREPARATION OF PROPOSAL** – The proposal form is included with the proposal documents. Additional copies may be obtained from the County. The respondent shall submit originals and bid forms in accordance with the public notice.

All blanks in the proposal documents shall be completed by printing in ink or by typewriter in both words and numbers with the amounts extended, totaled and the proposal signed. A proposal price shall be indicated for each section, proposal item, alternative, adjustment unit price item, and unit price item listed therein, or the words "No Proposal", "No Change", or "Not Applicable" entered. No changes shall be made to the phraseology of the form or in the items mentioned therein. In case of any discrepancy between the written amount and the numeric figures, the written amount shall govern. Any proposal which contains any omissions, erasures, alterations, additions, irregularities of any kind, or items not called for which shall in any manner fail to conform to the conditions of public notice inviting proposals may be rejected.

A proposal submitted by a corporation shall be executed in the corporate name by the president or a vice president or other corporate officer who has legal authority to sign.

A proposal submitted by a partnership shall be executed in the partnership name and signed by a partner (whose title must appear under the signature). The official address of the partnership shall be shown below the signature.

A proposal submitted by a limited liability company shall be executed in the name of the firm by a member and accompanied by evidence of authority to sign. The state of formation of the firm and the official address of the firm must be shown below the signature.

A proposal submitted by an individual shall show the respondent's name and official address.

A proposal submitted by a joint venture shall be executed by each joint venture in the manner indicated on the proposal form. The official address of the joint venture must be shown below the signature.

All signatures shall be in blue ink. All names shall be typed or printed below the signature.

The proposal shall contain an acknowledgement of receipt of all Addenda, the numbers of which shall be filled in on the form. The address and telephone # for communications regarding the proposal shall be shown.

If the respondent is an out-of-state corporation, the proposal shall contain evidence of respondent's authority and qualification to do business as an out-of-state corporation in the State of Florida in accordance with Article 3. A state contractor license # for the State of Florida shall also be included on the proposal form. Respondent shall be licensed in accordance with the requirements of Chapter 489, Florida Statutes.

3. **INTEGRITY OF PROPOSAL DOCUMENTS -** Respondents shall use the original Proposal documents provided by the Purchasing Department and enter information only in the spaces where a response is requested. Respondents may use an attachment as an addendum to the Proposal documents if sufficient space is not available. Any modifications or alterations to the original proposal documents by the respondent, whether intentional or otherwise, will constitute grounds for rejection of a proposal. Any such modifications or alterations that a respondent wishes to propose must be clearly stated in the respondent's response in the form of an addendum to the original proposal documents.

4. **SUBMITTAL OF PROPOSAL** – A proposal shall be submitted no later than the date and time prescribed and at the place indicated in the advertisement or invitation to proposal and shall be enclosed in an opaque sealed envelope plainly marked with the project title (and, if applicable, the designated portion of the project for which the proposal is submitted), the name and address of the respondent, and shall be accompanied by the proposal security and other required documents. It is the respondent's responsibility to assure that its proposal is delivered at the proper time and place. Offers by telegram, facsimile, or telephone will **NOT** be accepted.

   Note: Crestview is <u>not</u> a next day delivery site for overnight carriers.

5. **MODIFICATION & WITHDRAWAL OF PROPOSAL** - A proposal may be modified or withdrawn by an appropriate document duly executed in the manner that a proposal must be executed and delivered to the place where proposals are to be submitted prior to the date and time for the opening of proposals.

If within 24 hours after proposals are opened any respondent files a duly signed written notice with the County and promptly thereafter demonstrates to the reasonable satisfaction of the County that there was a material substantial mistake in the preparation of its proposal, that respondent may withdraw its proposal, and the proposal security may be returned. Thereafter, if the work is re-proposal, that respondent will be disqualified from 1) further purposing on the work, and 2) doing any work on the contract, either as a subcontractor or in any other capacity.

6. **PROPOSALS TO REMAIN SUBJECT TO ACCEPTANCE** – All proposals will remain subject to acceptance or rejection for sixty (60) calendar days after the day of the proposal opening, but the County may, in its sole discretion, release any proposal and return the proposal security prior to the end of this period.

7. **IDENTICAL TIE PROPOSALS** - Preference shall be given to businesses with drug-free workplace programs. Whenever two or more proposals which are equal with respect to price, quality and service are received by the County for the procurement of commodities or contractual services, a proposal received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process (see attached certification form).

   Established procedures for processing tie proposals will be followed if none of the tied vendors have a drug-free workplace program.

   Note: For respondent's convenience, this certification form is enclosed and is made a part of the proposal package.

8. **CONDITIONAL & INCOMPLETE PROPOSALS** - Okaloosa County specifically reserves the right to reject any conditional proposal and proposals which make it impossible to determine the true amount of the proposal.

9. **PROPOSAL PRICE** – The proposal price shall include all equipment, labor, materials, permit(s), freight, taxes, required insurance, Public Liability, Property Damage and Workers' Compensation, etc. to cover the finished work called for.

10. **ADDITION/DELETION OF ITEM** – The County reserves the right to add or delete any item from this proposal or resulting contract when deemed to be in the County's best interest.

11. **SPECIFICATION EXCEPTIONS** – Specifications are based on the most current literature available. Respondent shall clearly list any change in the manufacturer's specifications which conflict with the proposal specifications. Respondent must also explain any deviation from the proposal specification in writing, as a foot note on the applicable proposal page and enclose a copy of the manufacturer's specifications data detailing the changed item(s) with their proposal. Failure of the respondent to comply with these provisions will result in respondents being held responsible for all costs required to bring the equipment in compliance with proposal specifications.

12. **APPLICABLE LAWS & REGULATIONS** – All applicable Federal and State laws, County and municipal ordinances, orders, rules and regulations of all authorities having jurisdiction over the project shall apply to the proposal throughout, and they will be deemed to be included in the contract the same as though they were written in full therein.

13. **DISQUALIFICATION OF RESPONDENTS** - Any of the following reasons may be considered as sufficient for the disqualification of a respondent and the rejection of its proposal:

a. Submission of more than one proposal for the same work from an individual, firm or corporation under the same or different name.

b. Evidence that the respondent has a financial interest in the firm of another respondent for the same work.

c. Evidence of collusion among respondents. Participants in such collusion will receive no recognition as respondents for any future work of the County until such participant has been reinstated as a qualified respondent.

d. Uncompleted work which in the judgment of the County might hinder or prevent the prompt completion of additional work if awarded.

e. Failure to pay or satisfactorily settle all bills due for labor and material on former contracts in force at the time of advertisement of proposals.

f. Default under previous contract.

g. Listing of the respondent by any Local, State or Federal Government on its barred/suspended vendor list.

14. **AWARD OF CONTRACT -**

Okaloosa County Review - A Selection Committee will review all proposals and will participate in the Recommendation to Award.

The contract shall be awarded to the responsible and responsive respondent whose proposal is determined to be the most advantageous to the County, taking into consideration the price and other criteria set forth in the request for proposals. The County reserves the right to reject any and all proposals or to waive any irregularity or technicality in proposals received. The County shall be the sole judge of the proposal and the resulting negotiated agreement that is in its best interest and its decision shall be final.

Okaloosa County reserves the right to waive any informalities or reject any and all proposals, in whole or part, to utilize any applicable state contracts in lieu of or in addition to this proposal and to accept the proposal that in its judgment will best serve the interest of the County.

Okaloosa County specifically reserves the right to reject any conditional proposals and proposals which make it impossible to determine the true amount of the proposal. Each item must be proposal separately and no attempt is to be made to tie any item or items to any other item or items. A Selection Committee will review all proposals and will participate in the Recommendation to Award. The Selection Committee may request oral presentations from the Respondents.

15. **PAYMENTS** – The respondent shall be paid upon submission of invoices and approval of acceptance by Okaloosa County Board of County Commissioners, Finance Office, 302 N. Wilson St., #203,

Crestview FL 32536, for the prices stipulated herein for articles delivered and accepted. Invoices must show Contract #.

16. **DISCRIMINATION** - An entity or affiliate who has been placed on the discriminatory vendor list may not submit a proposal on a contract to provide goods or services to a public entity, may not submit a proposal on a contract with a public entity for the construction or repair of a public building or public work, may not submit proposals on leases of real property to a public entity, may not award or perform work as a contractor, supplier, subcontractor, or consultant under contract with any public entity, and may not transact business with any public entity.

17. **PUBLIC ENTITY CRIME INFORMATION** - Pursuant to Florida Statute 287.133, a respondent 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 s. 287.017 for CATEGORY TWO for a period of 36 months following the date of being placed on the convicted vendor list.

18. **CONFLICT OF INTEREST -** The award hereunder is subject to the provisions of Chapter 112, Florida Statutes. All respondents must disclose with their proposals the name of any officer, director, or agent who is also a public officer or an employee of the Okaloosa Board of County Commissioners, or any of its agencies. Furthermore, all respondents must disclose the name of any County officer or employee who owns, directly or indirectly, an interest of five percent (5%) or more in the firm or any of its branches.

    Note: For respondent's convenience, this certification form is enclosed and is made a part of the proposal package.

19. **REORGANIZATION OR BANKRUPTCY PROCEEDINGS** – Proposals will not be considered from respondents who are currently involved in official financial reorganization or bankruptcy proceedings.

20. **INVESTIGATION OF RESPONDENT** – The County may make such investigations, as it deems necessary to determine the stability of the respondent to perform the work and that there is no conflict of interest as it relates to the project. The respondent shall furnish to the Owner any additional information and financial data for this purpose as the County may request.

21. **AUTHORITY TO PIGGYBACK** - All respondents submitting a response to this Request for Proposal agree that such response also constitutes a proposal to all governmental agencies under the same conditions, for the same contract price, and for the same effective period as this proposal, should the respondent feel it is in their best interest to do so.

    Each governmental agency desiring to accept these proposals and make an award thereof shall do so independently of any other governmental agency. Each agency shall be responsible for its own purchases and each shall be liable only for materials and/or services ordered and received by it, and no agency assumes any liability by virtue of this proposal.

    This agreement in no way restricts or interferes with the right of any governmental agency to proposal any or all items.

22. **NO CONTACT CLAUSE** - The Okaloosa County Board of County Commissioners has established a solicitation silence policy **(No Contact Clause)** that prohibits oral and written communication

regarding all formal solicitations for goods and services (formal proposals, Request for Proposals, Requests for Qualifications) issued by the Board through the County Purchasing Department. The period commences when the procurement document is received by the County and terminates when the Board of County Commissioners approves an award.

Note: For respondent's convenience, this certification form is enclosed and is made a part of the proposal package.

23. **REVIEW OF PROCUREMENT DOCUMENTS -** Per Florida Statute 119.071(1)(b)2. sealed bids, proposals, or replies received by the County pursuant to a competitive solicitation are exempt from public disclosure until such time as the County provides notice of an intended decision or until 30 days after opening the bids, proposals, or final replies, whichever is earlier.

24. **COMPLIANCE WITH FLORIDA STATUTE 119.0701 -** The Respondent shall comply with all the provisions of section 119.0701, Florida Statutes relating to the public records which requires, among other things, that the Respondent: (a) Keep and maintain public records; (b) Provide the public with access to public records on the same terms and conditions that the public agency would provide the records; (c) ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law; and (d) Meet all requirements for retaining public records and transfer, at no cost, to the public agency all public records in possession of the respondent upon termination of the contract.

25. **PROTECTION OF RESIDENT WORKERS** – The Okaloosa County Board of County Commissioners actively supports the Immigration and Nationality Act (INA) which includes provisions addressing employment eligibility, employment verifications, and nondiscrimination. Under the INA, employers may hire only persons who may legally work in the United States (i.e., citizens and nationals of the U.S.) and aliens authorized to work in the U.S. The employer must verify the identity and employment eligibility of anyone to be hired, which includes completing the Employment Eligibility Verifications. The respondent shall establish appropriate procedures and controls so no services or products under the Contract Documents will be performed or manufactured by any worker who is not legally eligible to perform such services or employment. Okaloosa County reserves the right to request documentation showing compliance with the requirements.

Respondents doing construction business with Okaloosa County are required to use the Federal Government Department of Homeland Security's website and use the E-Verify Employment Eligibility Verifications System to confirm eligibility of all employees to work in the United States.

26. **SUSPENSION OR TERMINATION FOR CONVENIENCE -** The County may, at any time, without cause, order Respondent in writing to suspend, delay or interrupt the work in whole or in part for such period of time as the County may determine, or to terminate all or a portion of the Contract for the County's convenience. Upon such termination, the Contract Price earned to the date of termination shall be paid to Respondent, but Respondent waives any claim for damages, including loss of profits arising out of or related to the early termination. Those Contract provisions which by their nature survive final acceptance shall remain in full force and effect. If the County orders a suspension, the Contract price and Contract time may be adjusted for increases in the cost and time caused by suspension, delay or interruption. No adjustment shall be made to the extent that performance is, was or would have been so suspended, delayed or interrupted by reason for which Respondent is responsible; or that an equitable adjustment is made or denied under another provision of this Contract.

27. **FAILURE OF PERFORMANCE/DELIVERY -** In case of default by the respondent, the County after due notice (oral or written) may procure the necessary supplies or services from other sources and hold the respondent responsible for difference in cost incurred. Continuous instances of default shall result in cancellation of the contract and removal of the respondent from the proposal list for duration of one (1) year, at the option of the County.

28. **AUDIT -** If requested, respondent shall permit the County or an authorized, independent audit agency to inspect all data and records of respondent relating to its performance and its subcontracts under this contract from the date of the contract through three (3) years after the expiration of contract.

29. **EQUAL EMPLOYMENT OPPORTUNITY; NON DISCRIMINATION** – Respondent will not discriminate against any employee or an applicant for employment because of race, color, religion, gender, sexual orientation, national origin, age, familial status or handicap.

30. **NON-COLLUSION –** Respondent certifies that it has entered into no agreement to commit a fraudulent, deceitful, unlawful or wrongful act, or any act which may result in an unfair advantage over other respondents. See Florida Statute 838.22.

31. **UNAUTHORIZED ALIENS/PATRIOT'S ACT –** The knowing employment by respondent or its subcontractors of any alien not authorized to work by the immigration laws is prohibited and shall be a default of the contract. In the event that the respondent is notified or becomes aware of such default, the respondent shall take steps as are necessary to terminate said employment with 24 hours of notification or actual knowledge that an alien is being employed. Respondent's failure to take such steps as are necessary to terminate the employment of any said alien within 24 hours of notification or actual knowledge that an alien is being employed shall be grounds for immediate termination of the contract. Respondent shall take all commercially reasonable precautions to ensure that it and its subcontractors do not employ persons who are not authorized to work by the immigration laws.

32. The following documents are to be submitted with the proposal packet:

A. Drug-Free Workplace Certification Form
B. Conflict of Interest
C. Federal E-Verify
D. No Contact Clause Form
E. Indemnification and Hold Harmless
F. Company Data
G. Addendum Acknowledgement
H. Proposal Sheet
I. Certification Regarding Lobbying

DRUG-FREE WORKPLACE CERTIFICATION

THE BELOW SIGNED RESPONDENT CERTIFIES that it has implemented a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.

2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.

3. Give each employee engaged in providing the commodities or contractual services that are under quote a copy of the statement specified in subsection 1.

4. In the statement specified in subsection 1, notify the employees that, as a condition of working on the commodities or contractual services that are under quote, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893, Florida Statutes, or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.

5. Impose a sanction on, or require the satisfactory participation in, drug abuse assistance or rehabilitation program if such is available in employee's community, by any employee who is convicted.

6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign this statement, I certify that this firm complies fully with the above requirements.

DATE: _____ SIGNATURE: _____

COMPANY: _____ NAME: _____

(Typed or Printed)

ADDRESS: _____

_____ TITLE: _____

_____

_____ E-MAIL: _____

PHONE NO.: _____

CONFLICT OF INTEREST DISCLOSURE FORM

For purposes of determining any possible conflict of interest, all respondents, must disclose if any Okaloosa Board of County Commissioner, employee(s), elected officials(s), or if any of its agencies is also an owner, corporate officer, agency, employee, etc., of their business.

Indicate either "yes" (a county employee, elected official, or agency is also associated with your business), or "no". If yes, give person(s) name(s) and position(s) with your business.

YES: _____ NO: _____

NAME(S) **POSITION(S)**

_____

_____

_____

_____

FIRM NAME: _____

BY (PRINTED): _____

BY (SIGNATURE): _____

TITLE: _____

ADDRESS: _____

PHONE NO.: _____

E-MAIL: _____

DATE: _____

FEDERAL E-VERIFY COMPLIANCE CERTIFICATION

In accordance with Okaloosa County Policy and Executive Order Number 11-116 from the office of the Governor of the State of Florida, Respondent hereby certifies that the U.S. Department of Homeland Security's E-Verify system will be used to verify the employment eligibility of all new employees hired by the respondent during the contract term, and shall expressly require any subcontractors performing work or providing services pursuant to the contact to likewise utilize the U.S. Department of Homeland Securities E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term; and shall provide documentation such verification to the COUNTY upon request.

As the person authorized to sign this statement, I certify that this company complies/will comply fully with the above requirements.

DATE: _____ SIGNATURE: _____

COMPANY: _____ NAME: _____

ADDRESS: _____ TITLE: _____

_____

_____

E-MAIL: _____

PHONE NO.: _____

NO CONTACT CLAUSE

The Board of County Commissioners have established a solicitation silence policy **(No Contact Clause)** that prohibits oral and written communication regarding all formal solicitations for goods and services (formal bids, Request for Proposals, Requests for Qualifications) issued by the Board through the County Purchasing Department.

The period commences upon receipt of the procurement proposal, by the County, and terminates upon Board approval to award a contract or reject all bids/responses.

When the solicitation silence period is in effect, no oral or written communication is allowed regarding the solicitation between prospective respondents and members of the Board of County Commissioners the County Administrator, county employees or members of the Board Approved Review Committee. All questions or requests for information regarding the solicitation **MUST** be directed to the designated Purchasing Representative listed in the solicitation.

Any information thought to affect the committee or staff recommendation submitted after bids are due, should be directed to the Purchasing Manager or an appointed representative. It shall be the Purchasing Manager's decision whether to consider this information in the decision process.

Any violation of this policy shall be grounds to disqualify the respondent from consideration during the selection process.

All respondents must agree to comply with this policy by signing the following statement and including it with their submittal.

I _____ **representing** _____

Signature **Company Name**

On this _____ day of _____ 2016 hereby agree to abide by the County's **"No Contact Clause"** and understand violation of this policy shall result in disqualification of my proposal/submittal.

INDEMNIFICATION AND HOLD HARMLESS

To the fullest extent permitted by law, Respondent shall indemnify and hold harmless the County, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or intentional wrongful conduct of the Respondent and other persons employed or utilized by the Respondent in the performance of this Agreement.

Respondent's Company Name	Authorized Signature – Manual
Physical Address	Authorized Signature – Typed
Mailing Address	Title
Phone Number	FAX Number
Cellular Number	After-Hours Number(s)
Date	

COMPANY DATA

Respondent's Company Name: _____

Physical Address & Phone #: _____

_____

_____

_____

_____

Contact Person (Typed-Printed): _____

Phone #: _____

Cell #: _____

Email: _____

Federal ID or SS #: _____

Respondent's License #: _____

Fax #: _____

Emergency #'s After Hours,
Weekends & Holidays: _____

ADDENDUM ACKNOWLEDGEMENT

Acknowledgment is hereby made of the following addenda (identified by number) received since issuance of solicitation:

ADDENDUM NO.	**DATE**

NOTE: Prior to submitting the response to this solicitation, it is the responsibility of the respondent to confirm if any addenda have been issued. If such addenda have been issued, acknowledge receipt by noting number(s) and date(s) above.

PROPOSAL SHEET

REQUEST FOR PROPOSALS
RFP RM 51-16 GROUP MEDICAL INSURANCE

QUALIFICATIONS					
	COMPANY NAME				
Cost/Plan Design (0-45)					
Provider Network (0-15)					
Service Reputation/Capability (0-15)					
Network Discounts (0-10)					
Wellness/Utilization Management (0-10)					
Adherence to Specifications (0-5)					
Total (100 point scale)					

LOBBYING - 31 U.S.C. 1352, 49 CFR Part 19, 49 CFR Part 20

APPENDIX A, 49 CFR PART 20--CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements
(To be submitted with each bid or offer exceeding $100,000)

The undersigned [Contractor] certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form--LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying," 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, *et seq* .)]

3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.
This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

[Note: Pursuant to 31 U.S.C. § 1352(c)(1)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such expenditure or failure.]
The Contractor, _____, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, *et seq., apply* to this certification and disclosure, if any.

_____ Signature of Contractor's Authorized Official

_____ Name and Title of Contractor's Authorized Official

_____ Date

FLORIDA

Monitoring by Utilization and Enrollment

Company: OKALOOSA CO BD OF CO COMM
Group(s): 41954
Division(s): All
Product(s): All
Plan(s): All
Location Code: All
Current Paid Date: Jan2013 - Dec2013

			PREMIUM	CAPITATION			FEE FOR SERVICE (FFS) CLAIMS								
Paid Date	Contracts	Members	Total Premium	PCP	Specialty	Total Capitation	Inpatient	Outpatient	Total Facility	Physician	Other	Total Medical	Pharmacy	Grand Total	MLR
Jan2013	757	1,419	$748,024.93	$0.00	$873.62	$873.62	$38,781.23	$70,986.89	$109,726.12	$105,799.91	$27,773.51	$243,301.54	$83,839.11	$328,014.17	43.85%
Feb2013	759	1,428	$735,767.80	$0.00	$860.71	$860.71	$193,365.89	$91,211.57	$284,567.26	$107,623.71	$27,459.64	$419,550.61	$80,676.96	$501,088.28	68.11%
Mar2013	761	1,427	$743,132.47	$0.00	$868.64	$868.64	$143,056.62	$136,419.14	$279,476.76	$130,388.72	$36,396.42	$446,259.60	$76,642.06	$522,769.60	70.36%
Apr2013	755	1,417	$762,187.22	$0.00	$881.93	$881.93	$198,841.04	$84,100.14	$282,941.18	$149,280.18	$27,208.43	$459,409.79	$66,019.55	$526,291.27	69.06%
May2013	759	1,426	$738,628.88	$0.00	$872.30	$872.30	$63,446.99	$83,547.22	$146,993.21	$112,463.09	$23,109.50	$282,565.80	$82,386.34	$365,824.44	49.67%
Jun2013	754	1,414	$745,196.60	$0.00	$862.54	$862.54	$80,366.24	$79,580.87	$159,963.11	$88,134.84	$18,112.62	$266,200.57	$70,722.36	$336,785.48	45.06%
Jul2013	746	1,402	$727,657.34	$0.00	$856.22	$856.22	$40,804.26	$136,508.87	$186,113.13	$102,383.31	$27,601.94	$316,078.38	$81,196.82	$398,132.42	54.71%
Aug2013	753	1,424	$734,189.72	$0.00	$861.93	$861.93	$53,107.40	$136,171.04	$189,278.44	$108,130.06	$37,790.57	$335,199.06	$74,994.00	$411,055.05	56.00%
Sep2013	748	1,426	$739,117.64	$0.00	$871.69	$871.69	$146,479.55	$151,026.36	$299,505.91	$138,354.59	$40,657.84	$478,518.34	$67,105.67	$546,496.00	73.94%
Oct2013	746	1,445	$865,139.61	$0.00	$883.28	$883.28	$91,545.44	$220,967.13	$312,532.57	$124,896.90	$40,239.66	$477,469.43	$93,733.04	$572,086.35	66.01%
Nov2013	744	1,442	$861,907.66	$0.00	$871.69	$871.69	$160,643.73	$162,282.17	$321,805.90	$146,741.99	$34,755.17	$502,303.06	$74,609.54	$577,784.29	67.29%
Dec2013	746	1,441	$868,883.82	$0.00	$883.28	$883.28	$213,605.11	$232,754.91	$446,360.02	$132,288.80	$57,717.90	$636,366.72	$87,904.53	$725,154.53	110.11%
Total:	9,027	17,109	$9,657,493.64	$0.00	$10,426.73	$10,426.73	$1,433,712.30	$1,686,542.31	$3,019,254.61	$1,443,144.09	$398,823.60	$4,861,222.20	$938,832.93	$5,810,481.86	67.12%
Avg:	752	1,426	$721,459.30	$0.00	$868.89	$868.89	$119,476.03	$132,128.53	$251,604.55	$120,262.01	$33,235.29	$405,101.85	$78,236.08	$484,205.82	67.12%

Note:
-Grand Total includes Medical FFS, Pharmacy FFS and Capitation
-Enrollment is recast to reflect retroactive adjustments
-FFS = Fee For Service
-ASO = Administrative Services Only
-MPP = Minimum Payment Plan
-MLR = Medical Loss Ratio

FLORIDA

Monitoring by Utilization and Enrollment

Company: OKALOOSA CO BD OF CO COMM
Group(s): 41954
Division(s): All
Product(s): All
Plan(s): All
Location Code: All
Current Paid Date: Jan2013 - Dec2013

Paid Date	Subscriber	Subscriber /Spouse	Subscriber /Children	Family	Spouse	Spouse /Children	Children Only	Total Contracts	Total Members
Jan2013	475	4	0	278	2	0	0	757	1,419
Feb2013	472	4	0	282	1	0	0	759	1,428
Mar2013	475	4	0	281	1	0	0	761	1,427
Apr2013	473	5	0	276	1	0	0	755	1,417
May2013	478	5	0	275	1	0	0	759	1,425
Jun2013	476	5	0	272	1	0	0	754	1,414
Jul2013	471	4	0	270	1	0	0	746	1,402
Aug2013	472	4	0	276	1	0	0	753	1,424
Sep2013	467	4	0	276	1	0	0	748	1,425
Oct2013	461	4	0	280	1	0	0	746	1,445
Nov2013	458	4	0	281	1	0	0	744	1,442
Dec2013	460	4	0	280	1	0	0	745	1,441
Total:	**5,638**	**51**	**0**	**3,325**	**13**	**0**	**0**	**9,027**	**17,109**
Avg:	**470**	**4**	**0**	**277**	**1**	**0**	**0**	**752**	**1,426**

Note:
-Grand total includes Med FFS, Pharmacy FFS and Capitation
-Enrollment is recast to reflect retroactive adjustments
-MLR = Medical Loss Ratio

Monitoring by Utilization and Enrollment

Company: OKALOOSA CO BD OF CO COMM
Group(s): 41954
Division(s): All
Product(s): All
Plan(s): All
Location Code: All
Current Paid Date: Jan2014 - Dec2014

Paid Date	Members	Member Months	Paid Amount	Admin Fee	Net Paid	Total Claims	Inpatient	Outpatient	Professional	Pharmacy	Other	Capitation	Total Claims	PMPM	MLR
Jan2014	749	1,449	$669,602.72	$0.00	$887.55	$887.55	$116,181.49	$103,142.53	$219,324.02	$117,952.90	$33,743.65	$371,020.67	$90,126.20	$462,034.32	69.00%
Feb2014	754	1,450	$664,621.86	$0.00	$886.33	$886.33	$163,147.27	$64,797.01	$227,944.28	$105,108.77	$31,561.93	$364,614.98	$86,740.84	$452,242.15	68.05%
Mar2014	754	1,451	$686,633.52	$0.00	$887.55	$887.55	$25,067.85	$61,107.37	$86,175.22	$124,429.03	$27,410.20	$238,014.45	$80,719.79	$319,621.79	46.55%
Apr2014	762	1,477	$668,804.50	$0.00	$894.87	$894.87	$101,199.42	$156,409.82	$257,609.24	$125,269.45	$25,889.99	$408,768.68	$92,258.03	$501,941.68	75.05%
May2014	762	1,481	$681,993.27	$0.00	$910.12	$910.12	$57,342.51	$147,045.19	$204,387.70	$121,594.74	$25,164.98	$351,147.42	$83,026.19	$436,083.73	63.80%
Jun2014	756	1,473	$685,257.77	$0.00	$904.63	$904.63	$96,129.62	$183,187.27	$279,316.89	$153,471.73	$32,799.46	$465,588.08	$71,832.33	$538,325.04	78.56%
Jul2014	755	1,475	$665,344.57	$0.00	$892.43	$892.43	$88,976.38	$123,594.73	$212,571.11	$126,609.41	$27,750.77	$367,131.29	$103,679.06	$471,702.78	70.90%
Aug2014	763	1,489	$683,524.63	$0.00	$915.20	$915.20	$120,951.31	$134,637.16	$255,588.47	$111,320.10	$30,791.01	$397,699.58	$77,638.80	$476,253.58	69.68%
Sep2014	758	1,483	$673,867.32	$0.00	$910.18	$910.18	$100,372.68	$109,147.92	$209,520.60	$123,506.13	$24,200.87	$357,227.60	$86,113.36	$444,251.14	65.93%
Oct2014	761	1,497	$686,727.27	$0.00	$926.98	$926.98	$74,666.58	$165,809.90	$240,476.48	$148,505.83	$26,497.83	$415,480.14	$131,109.32	$547,516.44	79.73%
Nov2014	756	1,487	$696,027.35	$0.00	$923.80	$923.80	$61,910.01	$128,120.54	$190,030.55	$126,891.76	$26,941.43	$342,863.74	$98,280.08	$442,067.62	63.51%
Dec2014	770	1,510	$673,367.95	$0.00	$941.16	$941.16	$164,223.12	$181,269.75	$345,492.87	$126,334.24	$32,163.67	$503,990.78	$120,315.72	$625,247.66	92.85%
Total:	9,100	17,722	$8,135,772.73	$0.00	$10,880.80	$10,880.80	$1,170,168.24	$1,558,269.19	$2,728,437.43	$1,510,214.09	$344,915.79	$4,583,567.31	$1,121,839.72	$5,716,287.83	70.26%
Avg:	758	1,477	$677,981.06	$0.00	$906.73	$906.73	$97,514.02	$129,855.77	$227,369.79	$125,851.17	$28,742.98	$381,963.94	$93,486.64	$476,357.32	70.26%

Note:
-Grand Total includes Medical FFS, Pharmacy FFS and Capitation
-Enrollment is recast to reflect retroactive adjustments
-FFS = Fee For Service
-ASO = Administrative Services Only
-MPP = Minimum Payment Plan
-MLR = Medical Loss Ratio

Monitoring by Utilization and Enrollment

Monitoring by Utilization and Enrollment

Company: OKALOOSA CO BD OF CO COMM
Group(s): 41954
Division(s): All
Product(s): All
Plan(s): All
Location Code: All
Current Paid Date: Jan2014 - Dec2014

Jan2014	462	4	0	282	1	0	0	749	1,449
Feb2014	467	4	0	282	1	0	0	754	1,450
Mar2014	466	5	0	282	1	0	0	754	1,451
Apr2014	468	5	0	288	1	0	0	762	1,477
May2014	468	3	0	290	1	0	0	762	1,481
Jun2014	463	2	0	290	1	0	0	756	1,473
Jul2014	459	2	0	293	1	0	0	755	1,475
Aug2014	465	2	0	295	1	0	0	763	1,489
Sep2014	462	2	0	293	1	0	0	758	1,483
Oct2014	462	3	0	296	0	0	0	761	1,497
Nov2014	459	3	0	294	0	0	0	756	1,487
Dec2014	472	3	0	295	0	0	0	770	1,510
Total:	**5,573**	**38**	**0**	**3,480**	**9**	**0**	**0**	**9,100**	**17,722**
Avg:	**464**	**3**	**0**	**290**	**1**	**0**	**0**	**758**	**1,477**

Note:
-Grand total includes Med FFS, Pharmacy FFS and Capitation
-Enrollment is recast to reflect retroactive adjustments
-MLR = Medical Loss Ratio

Monitoring by Utilization and Enrollment

Company: OKALOOSA CO BD OF CO COMM
Group: 41954
Current Paid Period: From 01/2015 to 12/2015

	Enrollment		Premium	Capitation			Fee for Service Claims							
Paid Year Month	Contracts	Members	Premium	PCP	Specialty	Total Capitation	Inpatient	Outpatient	Physician	Other	Total Medical	Pharmacy	Grand Total	MLR
201501	771	1,515	$707,313.59	$0.00	$931.86	$931.86	($11,114.69)	$163,063.58	$110,867.05	$18,413.58	$281,229.52	$88,596.98	$350,758.36	49.59%
201502	779	1,518	$702,233.44	$0.00	$963.48	$963.48	$62,185.47	$175,566.18	$102,787.21	$25,479.54	$366,028.38	$84,723.02	$451,714.88	64.33%
201503	778	1,511	$719,671.36	$0.00	$940.54	$940.54	$89,244.47	$277,672.82	$109,829.56	$23,248.89	$479,995.74	$94,834.32	$575,770.60	80.00%
201504	778	1,519	$701,081.91	$0.00	$2,050.10	$2,050.10	$105,595.44	$109,903.43	$126,276.50	$26,569.92	$368,345.29	$118,761.08	$489,156.47	69.77%
201505	780	1,526	$705,465.47	$0.00	$2,084.50	$2,084.50	$82,504.62	$104,772.00	$92,590.43	$27,396.84	$307,263.89	$84,080.36	$393,428.75	55.77%
201506	787	1,540	$705,999.25	$0.00	$2,064.72	$2,064.72	$132,078.26	$164,443.26	$126,317.32	$34,000.59	$456,839.43	$96,993.08	$555,897.23	78.74%
201507	790	1,538	$717,384.65	$0.00	$2,107.26	$2,107.26	$151,364.23	$164,320.68	$141,968.33	$26,720.40	$484,373.64	$105,792.75	$592,273.65	82.56%
201508	796	1,559	$717,104.39	$0.00	$2,111.19	$2,111.19	$162,319.60	$170,232.73	$150,712.68	$40,045.16	$523,310.17	$101,581.40	$627,002.76	87.44%
201509	797	1,565	$726,089.94	$0.00	$2,145.14	$2,145.14	$236,468.27	$196,269.53	$149,731.52	$46,992.29	$629,461.61	$129,182.30	$760,769.05	104.78%
201510	738	1,420	$692,778.30	$0.00	$2,173.12	$2,173.12	$274,710.61	$126,732.04	$141,164.12	$47,153.05	$589,759.82	$157,856.86	$749,789.80	108.23%
201511	739	1,425	$688,615.82	$0.00	$1,760.45	$1,760.45	$15,350.57	$131,321.03	$125,753.34	$27,451.68	$299,876.62	$136,487.87	$438,124.94	63.62%
201512	733	1,425	$695,570.96	$0.00	$1,924.85	$1,924.85	$76,857.37	$310,937.95	$145,648.68	$34,496.21	$569,940.21	$153,548.37	$725,413.43	104.28%
Total	**9,266**	**18,061**	**$8,479,309.08**	**$0.00**	**$21,257.21**	**$21,257.21**	**$1,359,564.22**	**$2,095,235.21**	**$1,523,656.74**	**$377,968.15**	**$5,356,424.32**	**$1,332,418.39**	**$6,710,099.92**	**79.13%**
Grouping Avg	**772**	**1,505**	**$706,609.09**	**$0.00**	**$1,771.43**	**$1,771.43**	**$113,297.02**	**$174,602.93**	**$126,971.40**	**$31,497.35**	**$446,368.69**	**$111,034.87**	**$559,174.99**	**79.13%**
Monthly Avg	**772**	**1,505**	**$706,609.09**	**$0.00**	**$1,771.43**	**$1,771.43**	**$113,297.02**	**$174,602.93**	**$126,971.40**	**$31,497.35**	**$446,368.69**	**$111,034.87**	**$559,174.99**	**79.13%**

Notes:
- Grand Total includes Medical FFS, Pharmacy FFS and Capitation.
- Enrollment is recast to reflect retroactive adjustments.
- Grouping Avg – Average of the distinct groupings chosen by the user.
- Monthly Avg – Average of a measure over Service/Paid time period.
- FFS = Fee For Service.
- MLR = Medical Loss Ratio.

Monitoring by Utilization and Enrollment

Paid Year Month	Employee Only	Employee & Spouse	Employee & Children	Family	Spouse Only	Spouse & Children	Children Only	Total Contracts	Total Members
201501	472	0	0	299	0	0	0	771	1,515
201502	480	0	0	299	0	0	0	779	1,518
201503	480	0	0	298	0	0	0	778	1,511
201504	478	0	0	300	0	0	0	778	1,519
201505	478	0	0	302	0	0	0	780	1,526
201506	487	0	0	300	0	0	0	787	1,540
201507	493	0	0	297	0	0	0	790	1,538
201508	494	0	0	302	0	0	0	796	1,559
201509	494	0	0	303	0	0	0	797	1,565
201510	461	0	0	277	0	0	0	738	1,420
201511	461	0	0	278	0	0	0	739	1,425
201512	453	0	0	280	0	0	0	733	1,426
Total	**5,731**	**0**	**0**	**3,535**	**0**	**0**	**0**	**9,266**	**18,061**
Grouping Avg	**478**	**0**	**0**	**295**	**0**	**0**	**0**	**772**	**1,505**
Monthly Avg	**478**	**0**	**0**	**295**	**0**	**0**	**0**	**772**	**1,505**

Notes:

- Enrollment is recast to reflect retroactive adjustments.
- Grouping Avg – Average of the distinct groupings chosen by the user.
- Monthly Avg – Average of a measure over Service/Paid time period.

High Cost Claims by Diagnoses
$50K+ (no-PHI)

FLORIDA

Company: OKALOOSA CO BD OF CO COMM
Group(s): 41954
Division(s): All
Product(s): All
Plan(s): All
Current Service Date: Oct2012 - Sep2013
Current Paid Date: Oct2012 - Dec2013
Prior Service Date: Oct2011 - Sep2012
Prior Paid Date: Jul2011 - Sep2012

Time Period	Current Rank	Prior Rank	Div	Relationship	Diagnosis Description	Total Paid	# of Rx
Oct2012 - Sep2013	1	P1	C23	Subscriber	MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED, ENCOUNTER FOR OTHER AND UNSPECIFIED PROCEDURE AND AFTERCARE, NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	$156,316.42	51
	2		002	Dependent	SINGLE LIVEBORN, DISORDERS RELATING TO SHORT GESTATION AND UNSPECIFIED LOW BIRTHWEIGHT, RESPIRATORY DISTRESS SYNDROME IN NEWBORN	$107,183.55	
	3		002	Subscriber	ACUTE MYOCARDIAL INFARCTION, OTHER FORMS OF CHRONIC ISCHEMIC HEART DISEASE, MONONEURITIS OF UPPER LIMB AND MONONEURITIS MULTIPLEX	$95,229.79	51
	4		021	Subscriber	OTHER FORMS OF CHRONIC ISCHEMIC HEART DISEASE, ACUTE MYOCARDIAL INFARCTION, SYMPTOMS INVOLVING RESPIRATORY SYSTEM AND OTHER CHEST SYMPTOMS	$95,155.41	9
	5	P8	002	Spouse	OTHER HERNIA OF ABDOMINAL CAVITY WITHOUT MENTION OF OBSTRUCTION OR GANGRENE, OTHER SYMPTOMS INVOLVING ABDOMEN AND PELVIS, SYMPTOMS INVOLVING RESPIRATORY SYSTEM AND OTHER CHEST SYMPTOMS	$86,029.13	96
	6	P10	023	Spouse	OTHER DISORDERS OF URETHRA AND URINARY TRACT, POLYARTERITIS NODOSA AND ALLIED CONDITIONS, ORGANIC SLEEP DISORDERS	$74,430.23	23
	7		021	Spouse	OTHER DISORDERS OF INTESTINE, GENITAL PROLAPSE, SPONDYLOSIS AND ALLIED DISORDERS	$71,885.16	60
	8		002	Dependent	SINGLE LIVEBORN, DISORDERS RELATING TO SHORT GESTATION AND UNSPECIFIED LOW BIRTHWEIGHT, RESPIRATORY DISTRESS SYNDROME IN NEWBORN	$71,596.99	2
	9		021	Dependent	EPISODIC MOOD DISORDERS, PERVASIVE DEVELOPMENTAL DISORDERS, DISORDERS OF TOOTH DEVELOPMENT AND ERUPTION	$71,204.62	83
	10		021	Subscriber	DISORDERS OF MUSCLE, LIGAMENT, AND FASCIA, MYELOID LEUKEMIA	$69,457.29	13
	11	P4	R26	Spouse	OTHER ENDOCRINE DISORDERS, MALIGNANT CARCINOID TUMOR OF THE SMALL INTESTINE, UNSPECIFIED PORTION, CARDIAC DYSRHYTHMIAS	$69,404.16	36
	12		021	Subscriber	OSTEOARTHROSIS AND ALLIED DISORDERS, MONONEURITIS OF UPPER LIMB AND MONONEURITIS MULTIPLEX, OTHER ORTHOPEDIC AFTERCARE	$59,774.09	83
	13		021	Subscriber	MULTIPLE SCLEROSIS, ENCOUNTER FOR OTHER AND UNSPECIFIED PROCEDURE AND AFTERCARE, DISORDERS OF OPTIC NERVE AND VISUAL PATHWAYS	$59,197.64	15
	14		021	Subscriber	SPONDYLOSIS AND ALLIED DISORDERS, INTERVERTEBRAL DISC DISORDERS, OTHER CONDITIONS OF BRAIN	$56,980.73	37
	15		021	Subscriber	OSTEOARTHROSIS AND ALLIED DISORDERS, OTHER FORMS OF CHRONIC ISCHEMIC HEART DISEASE, CARDIAC DYSRHYTHMIAS	$55,683.76	19
	16		022	Dependent	NONINFLAMMATORY DISORDERS OF OVARY, FALLOPIAN TUBE, AND BROAD LIGAMENT, INTESTINAL OBSTRUCTION WITHOUT MENTION OF HERNIA	$54,553.86	
	17		021	Spouse	OTHER DISORDERS OF CERVICAL REGION, MENOPAUSAL AND POSTMENOPAUSAL DISORDERS, RHEUMATOID ARTHRITIS AND OTHER INFLAMMATORY POLYARTHROPATHIES	$54,464.42	93
	18		R45	Subscriber	ANXIETY, DISSOCIATIVE AND SOMATOFORM DISORDERS, CARE INVOLVING USE OF REHABILITATION PROCEDURES, EPISODIC MOOD DISORDERS	$53,546.29	77

FLORIDA

High Cost Claims by Diagnoses
$50K+ (no-PHI)

Company: OKALOOSA CO BD OF CO COMM
Group(s): 41954
Division(s): All
Product(s): All
Plan(s): All
Current Service Date: Oct2012 - Sep2013
Current Paid Date: Oct2012 - Dec2013
Prior Service Date: Oct2011 - Sep2012
Prior Paid Date: Jul2011 - Sep2012

Time Period	Current Rank	Prior Rank	Div	Relationship	Diagnosis Description	Total Paid	# of Rx
Total						**$1,362,093.54**	**728**
Oct2011 - Sep2012	1		C23	Subscriber	MALIGNANT NEOPLASM OF BODY OF UTERUS, COMPLICATIONS OF MEDICAL CARE, NOT ELSEWHERE CLASSIFIED, DISEASES OF WHITE BLOOD CELLS	$170,113.53	31
	2		002	Subscriber	MALIGNANT NEOPLASM OF BRAIN, OTHER CEREBRAL DEGENERATIONS, CARDIAC DYSRHYTHMIAS	$156,936.08	52
	3		015	Subscriber	OTHER FORMS OF CHRONIC ISCHEMIC HEART DISEASE, SPONDYLOSIS AND ALLIED DISORDERS, CARE INVOLVING USE OF REHABILITATION PROCEDURES	$148,994.89	77
	4		C22	Spouse	MALIGNANT CARCINOID TUMOR OF THE SMALL INTESTINE, UNSPECIFIED PORTION, OTHER ENDOCRINE DISORDERS, MALIGNANT NEOPLASM OF PROSTATE	$111,117.29	7
	5		002	Subscriber	OTHER FORMS OF CHRONIC ISCHEMIC HEART DISEASE, ACUTE MYOCARDIAL INFARCTION, CONDUCTION DISORDERS	$86,446.23	64
	6		021	Spouse	REGIONAL ENTERITIS, FRACTURE OF RADIUS AND ULNA, INTESTINAL OBSTRUCTION WITHOUT MENTION OF HERNIA	$81,180.85	10
	7		R32	Subscriber	OTHER FORMS OF CHRONIC ISCHEMIC HEART DISEASE, TRANSIENT CEREBRAL ISCHEMIA, OTHER DISORDERS OF ARTERIES AND ARTERIOLES	$75,375.44	47
	8		021	Spouse	OTHER ILL-DEFINED AND UNKNOWN CAUSES OF MORBIDITY AND MORTALITY, ANXIETY, DISSOCIATIVE AND SOMATOFORM DISORDERS, OTHER DISORDERS OF SOFT TISSUES	$64,547.48	80
	9		021	Subscriber	SPONDYLOSIS AND ALLIED DISORDERS, OTHER AND UNSPECIFIED DISORDERS OF BACK, OTHER DISORDERS OF BONE AND CARTILAGE	$58,224.84	14
	10		023	Spouse	POLYARTERITIS NODOSA AND ALLIED CONDITIONS, NEED FOR PROPHYLACTIC VACCINATION AND INOCULATION AGAINST CERTAIN VIRAL DISEASES, DISORDERS OF THE ORBIT	$56,630.66	27
	11		021	Subscriber	OTHER ACQUIRED MUSCULOSKELETAL DEFORMITY, OTHER AND UNSPECIFIED DISORDERS OF BACK, BENIGN NEOPLASM OF SKIN	$50,476.61	28
	12		021	Spouse	SPONDYLOSIS AND ALLIED DISORDERS, INFLAMMATORY DISEASE OF CERVIX, VAGINA, AND VULVA, INTERVERTEBRAL DISC DISORDERS	$50,262.94	15
Total						**$1,110,306.84**	**452**

High Cost Claims by Diagnoses $50K+ (no-PHI)

Company: OKALOOSA CO BD OF CO COMM
Group(s): 41954
Division(s): All
Product(s): All
Plan(s): All
Current Paid Date: Jan2014 - Dec2014
Prior Paid Date: Jan2013 - Dec2013

Time Period	Current Rank	Prior Rank	Div	Relationship	Diagnosis Description	Total Paid	# of Rx
Jan2014 - Dec2014	1		023	Spouse	MALIGNANT NEOPLASM OF CERVIX UTERI, FISTULA INVOLVING FEMALE GENITAL TRACT, DISORDERS OF FLUID, ELECTROLYTE, AND ACID-BASE BALANCE	$224,117.84	43
	2	P12	021	Spouse	CALCULUS OF KIDNEY AND URETER, MALIGNANT NEOPLASM OF ESOPHAGUS, SYMPTOMS INVOLVING DIGESTIVE SYSTEM	$147,984.32	89
	3		002	Subscriber	OCCLUSION AND STENOSIS OF PRECEREBRAL ARTERIES, OCCLUSION OF CEREBRAL ARTERIES, OTHER CONDITIONS OF BRAIN	$113,254.24	84
	4		R02	Subscriber	MALIGNANT NEOPLASM OF KIDNEY AND OTHER AND UNSPECIFIED URINARY ORGANS, OTHER DISORDERS OF KIDNEY AND URETER, NEOPLASMS OF UNSPECIFIED NATURE	$108,818.71	22

	5		024	Spouse	MALIGNANT NEOPLASM OF RECTUM, RECTOSIGMOID JUNCTION, AND ANUS, BENIGN NEOPLASM OF OTHER PARTS OF DIGESTIVE SYSTEM, OTHER AND UNSPECIFIED DISORDERS OF JOINT	$107,757.89	60
	6		021	Subscriber	OTHER FORMS OF CHRONIC ISCHEMIC HEART DISEASE, INGUINAL HERNIA, ALLERGIC RHINITIS	$97,047.83	42
	7	P11	021	Subscriber	MYELOID LEUKEMIA	$94,778.65	13
	8		021	Spouse	CARDIOMYOPATHY, SYMPTOMS INVOLVING RESPIRATORY SYSTEM AND OTHER CHEST SYMPTOMS, MALIGNANT NEOPLASM OF FEMALE BREAST	$77,626.50	90
	9	P19	023	Spouse	POLYARTERITIS NODOSA AND ALLIED CONDITIONS, ACUTE SINUSITIS, CHRONIC PHARYNGITIS AND NASOPHARYNGITIS	$70,001.72	32
	10		021	Spouse	MALIGNANT NEOPLASM OF TRACHEA, BRONCHUS, AND LUNG, SYMPTOMS INVOLVING CARDIOVASCULAR SYSTEM, OTHER CONDITIONS OF BRAIN	$69,617.08	55
	11	P13	021	Subscriber	MULTIPLE SCLEROSIS, DISORDERS OF OPTIC NERVE AND VISUAL PATHWAYS, SPECIAL INVESTIGATIONS AND EXAMINATIONS	$69,067.06	19

	12	P8	R26	Spouse	OTHER ENDOCRINE DISORDERS, MALIGNANT CARCINOID TUMOR OF THE SMALL INTESTINE, UNSPECIFIED PORTION, OTHER SYMPTOMS INVOLVING ABDOMEN AND PELVIS	$65,413.30	92
	13		021	Subscriber	SYMPTOMS INVOLVING URINARY SYSTEM, SYMPTOMS INVOLVING RESPIRATORY SYSTEM AND OTHER CHEST SYMPTOMS, EPISODIC MOOD DISORDERS	$64,684.82	117
	14		002	Dependent	OTHER DISORDERS OF MIDDLE EAR AND MASTOID, OTHER DISORDERS OF TYMPANIC MEMBRANE, CHRONIC DISEASE OF TONSILS AND ADENOIDS	$61,035.23	4
Total						**$1,371,205.19**	**762**
Jan2013 - Dec2013	1		C23	Subscriber	OTHER SYMPTOMS INVOLVING ABDOMEN AND PELVIS, ENCOUNTER FOR OTHER AND UNSPECIFIED PROCEDURE AND AFTERCARE, MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED	$198,672.92	45
	2		021	Subscriber	COMPLICATIONS PECULIAR TO CERTAIN SPECIFIED PROCEDURES, ACUTE AND SUBACUTE ENDOCARDITIS, INTRACEREBRAL HEMORRHAGE	$175,538.58	50
	3		002	Dependent	SINGLE LIVEBORN, DISORDERS RELATING TO SHORT GESTATION AND UNSPECIFIED LOW BIRTHWEIGHT, RESPIRATORY DISTRESS SYNDROME IN NEWBORN	$107,653.54	

	4		002	Subscriber	ACUTE MYOCARDIAL INFARCTION, OTHER FORMS OF CHRONIC ISCHEMIC HEART DISEASE, MONONEURITIS OF UPPER LIMB AND MONONEURITIS MULTIPLEX	$96,090.25	57
	5		021	Subscriber	OTHER FORMS OF CHRONIC ISCHEMIC HEART DISEASE, ACUTE MYOCARDIAL INFARCTION, SYMPTOMS INVOLVING RESPIRATORY SYSTEM AND OTHER CHEST SYMPTOMS	$95,594.78	16
	6		021	Subscriber	SPONDYLOSIS AND ALLIED DISORDERS, SYMPTOMS INVOLVING RESPIRATORY SYSTEM AND OTHER CHEST SYMPTOMS, OTHER AND UNSPECIFIED DISORDERS OF BACK	$95,228.49	60
	7		002	Spouse	OTHER HERNIA OF ABDOMINAL CAVITY WITHOUT MENTION OF OBSTRUCTION OR GANGRENE, OTHER SYMPTOMS INVOLVING ABDOMEN AND PELVIS, OTHER ILL-DEFINED AND UNKNOWN CAUSES OF MORBIDITY AND MORTALITY	$93,067.78	114
	8		R26	Spouse	OTHER ENDOCRINE DISORDERS, MALIGNANT CARCINOID TUMOR OF THE SMALL INTESTINE, UNSPECIFIED PORTION, GOUT	$82,520.77	46
	9		021	Spouse	OTHER DISORDERS OF INTESTINE, GENITAL PROLAPSE, PAIN AND OTHER SYMPTOMS ASSOCIATED WITH FEMALE GENITAL ORGANS	$73,799.20	64

	10		002	Dependent	SINGLE LIVEBORN, DISORDERS RELATING TO SHORT GESTATION AND UNSPECIFIED LOW BIRTHWEIGHT, RESPIRATORY DISTRESS SYNDROME IN NEWBORN	$72,267.12	3
	11		021	Subscriber	DISORDERS OF MUSCLE, LIGAMENT, AND FASCIA, MYELOID LEUKEMIA	$72,192.43	14
	12		021	Spouse	CALCULUS OF KIDNEY AND URETER, OTHER DISORDERS OF URETHRA AND URINARY TRACT, SYMPTOMS INVOLVING RESPIRATORY SYSTEM AND OTHER CHEST SYMPTOMS	$65,795.72	59
	13		021	Subscriber	MULTIPLE SCLEROSIS, DISORDERS OF OPTIC NERVE AND VISUAL PATHWAYS, ENCOUNTER FOR OTHER AND UNSPECIFIED PROCEDURE AND AFTERCARE	$65,352.70	21
	14		005	Spouse	OTHER FORMS OF CHRONIC ISCHEMIC HEART DISEASE, ACUTE MYOCARDIAL INFARCTION, GENERAL SYMPTOMS	$64,981.68	64
	15		021	Dependent	EPISODIC MOOD DISORDERS, PERVASIVE DEVELOPMENTAL DISORDERS, DISORDERS OF TOOTH DEVELOPMENT AND ERUPTION	$62,380.11	97
	16		021	Spouse	OTHER DISORDERS OF CERVICAL REGION, PERSONAL HISTORY OF OTHER DISEASES, ESSENTIAL HYPERTENSION	$57,062.77	101

	17		002	Subscriber	CALCULUS OF KIDNEY AND URETER, OTHER DISORDERS OF URETHRA AND URINARY TRACT, INTERNAL DERANGEMENT OF KNEE	$56,901.10	61
	18		021	Subscriber	OSTEOARTHROSIS AND ALLIED DISORDERS, OTHER ORTHOPEDIC AFTERCARE, OTHER AND UNSPECIFIED DISORDERS OF JOINT	$56,578.22	52
	19		023	Spouse	POLYARTERITIS NODOSA AND ALLIED CONDITIONS, ORGANIC SLEEP DISORDERS, HYPERTENSIVE CHRONIC KIDNEY DISEASE	$55,964.76	25
	20		021	Subscriber	OSTEOARTHROSIS AND ALLIED DISORDERS, OTHER FORMS OF CHRONIC ISCHEMIC HEART DISEASE, CARDIAC DYSRHYTHMIAS	$55,879.54	20
	21		R45	Subscriber	CARE INVOLVING USE OF REHABILITATION PROCEDURES, ANXIETY, DISSOCIATIVE AND SOMATOFORM DISORDERS, EPISODIC MOOD DISORDERS	$55,034.55	80
	22		022	Dependent	NONINFLAMMATORY DISORDERS OF OVARY, FALLOPIAN TUBE, AND BROAD LIGAMENT, INTESTINAL OBSTRUCTION WITHOUT MENTION OF HERNIA	$54,553.86	
Total						**$1,813,110.87**	**1,049**

High Cost Claims Summary

Company: OKALOOSA CO BD OF CO COMM
Group: 41954
High Cost Claims Threshold: 50000
Current Paid Period: From 01/2015 to 12/2015
Prior Paid Period: From 06/2013 to 08/2014

CURRENT					Inpatient		Outpatient		Professional		Pharmacy			
Rank	Div	Relationship	Diagnosis Description	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Total Paid Amt	Total Billed Amt
1	021	SUBSCRIBER	ACQUIRED SPONDYLOLISTHESIS; THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS, UNSPECIFIED; LUMBOSACRAL SPONDYLOSIS WITHOUT MYELOPATHY	5	1	$150,246.88	9	$1,163.12	53	$21,575.74	22	$376.87	$173,362.61	$469,896.84
2	023	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; MULTIPLE MYELOMA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION; SECONDARY MALIGNANT NEOPLASM OF BONE AND BONE MARROW	0	0	$0.00	7	$4,732.78	92	$23,978.17	34	$81,278.76	$109,989.71	$209,150.00
3	011	SUBSCRIBER	CLOSED FRACTURE OF LUMBAR VERTEBRA WITHOUT MENTION OF SPINAL CORD INJURY; MALIGNANT NEOPLASM OF FRONTAL LOBE OF BRAIN; MISSING OR UNKNOWN DIAGNOSIS CODE	3	2	$63,176.92	4	$12,967.55	58	$21,660.33	22	$10,796.31	$108,601.11	$304,977.61
4	015	SUBSCRIBER	MALIGNANT NEOPLASM OF RECTUM; MALIGNANT NEOPLASM OF COLON, UNSPECIFIED SITE; MISSING OR UNKNOWN DIAGNOSIS CODE	3	1	$27,492.36	19	$10,390.69	294	$60,683.88	80	$4,067.54	$102,634.47	$319,595.52
5	R26	SPOUSE	CARCINOID SYNDROME; CEREBRAL EMBOLISM WITH CEREBRAL INFARCTION; BENIGN CARCINOID TUMOR OF THE SMALL INTESTINE, UNSPECIFIED PORTION	3	1	$22,189.33	10	$29,482.06	97	$46,348.97	76	$3,271.88	$101,292.24	$257,746.93
6	002	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; DIARRHEA; CHRONIC HEPATITIS C WITHOUT MENTION OF HEPATIC COMA	0	0	$0.00	1	$974.74	28	$4,712.59	7	$94,574.80	$100,262.13	$112,252.88
7	021	SUBSCRIBER	SPINAL STENOSIS OF LUMBAR REGION, WITHOUT NEUROGENIC CLAUDICATION; MISSING OR UNKNOWN DIAGNOSIS CODE; CONGENITAL SPONDYLOLISTHESIS	0	0	$52,680.50	4	$13,954.73	55	$22,098.85	80	$8,832.68	$97,566.76	$357,252.35
8	021	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON; UNSPECIFIED SINUSITIS (CHRONIC)	0	0	$0.00	1	$523.75	9	$979.16	11	$95,478.45	$96,981.36	$103,607.69
9	022	SPOUSE	OTHER PRIMARY CARDIOMYOPATHIES; SYNCOPE AND COLLAPSE; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	$0.00	2	$93,649.79	12	$1,914.45	16	$309.20	$95,873.44	$139,553.78
10	021	SUBSCRIBER	MULTIPLE SCLEROSIS; MISSING OR UNKNOWN DIAGNOSIS CODE; ROUTINE GYNECOLOGICAL EXAMINATION	0	0	$0.00	0	$0.00	69	$67,113.10	17	$16,914.50	$84,027.60	$114,261.78
11	R44	SPOUSE	WEGENER'S GRANULOMATOSIS; DEGENERATION OF CERVICAL INTERVERTEBRAL DISC; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	$0.00	20	$79,208.69	25	$2,395.14	11	$1,052.09	$82,655.92	$168,398.88

12	021	SPOUSE	LOCALIZED OSTEOARTHROSIS NOT SPECIFIED WHETHER PRIMARY OR SECONDARY, LOWER LEG; CELLULITIS AND ABSCESS OF LEG, EXCEPT FOOT; PRIMARY LOCALIZED OSTEOARTHROSIS, LOWER LEG	7	3	$51,924.43	30	$13,378.58	77	$12,047.90	82	$1,061.19	$78,412.10	$245,494.50
13	R45	SPOUSE	LUMBOSACRAL SPONDYLOSIS WITHOUT MYELOPATHY; CONGENITAL SPONDYLOLISTHESIS; DISPLACEMENT OF LUMBAR INTERVERTEBRAL DISC WITHOUT MYELOPATHY	3	1	$65,134.00	1	$3.33	69	$12,525.60	8	$60.93	$77,723.86	$229,515.50
14	002	SUBSCRIBER	ROTATOR CUFF (CAPSULE) SPRAIN AND STRAIN; OTHER PHYSICAL THERAPY; UNSPECIFIED DISORDERS OF BURSAE AND TENDONS IN SHOULDER REGION	0	0	$0.00	14	$51,454.35	73	$9,725.38	44	$656.83	$61,836.56	$183,035.41
15	002	SUBSCRIBER	DISPLACEMENT OF CERVICAL INTERVERTEBRAL DISC WITHOUT MYELOPATHY; UMBILICAL HERNIA WITH OBSTRUCTION; UNSPECIFIED DISEASE OF SPINAL CORD	1	1	$34,557.28	2	$14,060.01	39	$9,908.99	33	$320.77	$58,847.05	$187,327.08
16	002	SPOUSE	DEGENERATION OF LUMBAR OR LUMBOSACRAL INTERVERTEBRAL DISC; THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS, UNSPECIFIED; OTHER PHYSICAL THERAPY	1	1	$34,804.01	25	$11,317.88	99	$11,021.28	10	$61.42	$57,204.59	$261,312.21
17	002	SUBSCRIBER	OSTEOARTHROSIS, UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED, LOWER LEG; MISSING OR UNKNOWN DIAGNOSIS CODE; PRIMARY LOCALIZED OSTEOARTHROSIS, LOWER LEG	3	1	$38,169.10	6	$2,827.20	99	$9,786.37	87	$6,364.54	$57,147.21	$146,927.74
18	021	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; EPISTAXIS	0	0	$0.00	2	$13,389.00	33	$2,861.46	115	$39,944.56	$56,195.02	$109,013.31
19	024	SUBSCRIBER	DIVERTICULITIS OF COLON (WITHOUT MENTION OF HEMORRHAGE); ATRIAL FIBRILLATION; FEVER, UNSPECIFIED	9	2	$44,944.18	2	$874.00	42	$6,972.68	21	$91.58	$52,882.44	$268,319.73
20	021	SUBSCRIBER	MECHANICAL COMPLICATION OF NERVOUS SYSTEM DEVICE, IMPLANT, AND GRAFT; MISSING OR UNKNOWN DIAGNOSIS CODE; OTHER (ABNORMAL) FINDINGS ON RADIOLOGICAL EXAMINATION OF BREAST	0	0	$0.00	3	$47,051.04	11	$1,925.80	36	$3,209.38	$52,186.22	$124,471.98
21	002	SPOUSE	UNSPECIFIED OSTEOMYELITIS, PELVIC REGION AND THIGH; PRESSURE ULCER, BUTTOCK; UNSPECIFIED OSTEOMYELITIS, SITE UNSPECIFIED	8	1	$30,701.74	17	$6,175.35	113	$14,365.02	52	$517.27	$51,759.38	$370,447.10
22	015	SUBSCRIBER	PREMENSTRUAL TENSION SYNDROMES; EXCESSIVE OR FREQUENT MENSTRUATION; DYSMENORRHEA	0	0	$0.00	3	$45,889.58	34	$4,468.64	113	$423.03	$50,781.25	$128,796.55
23	021	SUBSCRIBER	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; UNSPECIFIED ESSENTIAL HYPERTENSION; OTHER SPECIFIED REHABILITATION PROCEDURE	1	1	$13,733.00	3	$32,060.83	39	$4,513.66	26	$280.29	$50,587.78	$233,516.51
Total				47	16	$629,753.73	185	$485,529.05	1,520	$373,583.16	1,003	$369,944.87	$1,858,810.81	$5,044,871.88

PRIOR					Inpatient		Outpatient		Professional		Pharmacy			
Rank	Div	Relationship	Diagnosis Description	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Total Paid Amt	Total Billed Amt

1	021	SUBSCRIBER	INFECTION AND INFLAMMATORY REACTION DUE TO CARDIAC DEVICE, IMPLANT, AND GRAFT; ACUTE AND SUBACUTE BACTERIAL ENDOCARDITIS, INTRACEREBRAL HEMORRHAGE	46	4	$115,037.60	11	$10,348.77	319	$59,394.29	71	$3,328.43	$188,109.09	$675,535.36
2	021	SPOUSE	CALCULUS OF KIDNEY; URINARY TRACT INFECTION, SITE NOT SPECIFIED; ACUTE VENOUS EMBOLISM AND THROMBOSIS OF UPPER EXTREMITY, UNSPECIFIED	12	3	$46,828.03	12	$79,529.98	165	$22,556.86	77	$149.04	$149,063.91	$502,753.14
3	023	SPOUSE	MALIGNANT NEOPLASM OF ENDOCERVIX; MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED SITE; NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF ABDOMINAL AREA, INCLUDING RETROPERITONEUM	16	4	$49,892.63	10	$3,670.15	345	$82,206.21	36	$971.21	$136,740.20	$454,121.61
4	021	SUBSCRIBER	LUMBOSACRAL SPONDYLOSIS WITHOUT MYELOPATHY; CHEST PAIN, OTHER; MISSING OR UNKNOWN DIAGNOSIS CODE	6	3	$77,166.13	2	$64.00	77	$18,787.95	94	$8,959.39	$104,977.47	$343,063.32
5	002	SUBSCRIBER	OCCLUSION AND STENOSIS OF CAROTID ARTERY WITHOUT MENTION OF CEREBRAL INFARCTION; CEREBRAL EMBOLISM WITH CEREBRAL INFARCTION; METABOLIC ENCEPHALOPATHY	22	4	$68,753.59	12	$8,103.62	186	$21,536.08	78	$5,527.85	$103,921.14	$450,625.10
6	021	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; PLANTAR FASCIAL FIBROMATOSIS; CHRONIC MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION	0	0	$0.00	0	$0.00	27	$507.44	18	$99,709.52	$100,216.96	$103,310.47
7	024	SPOUSE	MALIGNANT NEOPLASM OF RECTUM; MISSING OR UNKNOWN DIAGNOSIS CODE; UNSPECIFIED CEREBRAL ARTERY OCCLUSION WITH CEREBRAL INFARCTION	6	1	$36,696.56	7	$4,204.38	179	$52,097.64	67	$6,515.84	$99,514.42	$265,529.33
8	C21	SUBSCRIBER	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; ACUTE MYOCARDIAL INFARCTION, SUBENDOCARDIAL INFARCTION, INITIAL EPISODE OF CARE; CHEST PAIN, UNSPECIFIED	10	2	$83,382.96	2	$700.00	60	$11,998.94	29	$361.78	$96,443.68	$440,439.52
9	005	SPOUSE	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; ACUTE MYOCARDIAL INFARCTION OF INFEROLATERAL WALL, INITIAL EPISODE OF CARE; CHEST PAIN, UNSPECIFIED	7	3	$21,634.76	3	$61,074.18	137	$11,800.39	59	$675.45	$95,184.78	$390,703.76
10	C23	SUBSCRIBER	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED; NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	3	1	$11,406.46	21	$74,075.54	52	$8,251.33	24	$1,330.43	$95,063.76	$183,766.41
11	021	SUBSCRIBER	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; CORONARY ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF VESSEL, NATIVE OR GRAFT; INTERMEDIATE CORONARY SYNDROME	11	1	$75,582.29	1	$170.00	103	$17,526.57	35	$8.64	$93,287.50	$380,685.08
12	021	SUBSCRIBER	MULTIPLE SCLEROSIS; MISSING OR UNKNOWN DIAGNOSIS CODE; UNSPECIFIED OPTIC ATROPHY	0	0	$0.00	0	$0.00	115	$69,728.64	32	$22,967.72	$92,696.36	$133,851.87
13	R26	SPOUSE	CARCINOID SYNDROME; MALIGNANT CARCINOID TUMOR OF THE SMALL INTESTINE, UNSPECIFIED PORTION; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	$0.00	10	$19,802.38	80	$52,771.84	90	$8,941.90	$81,516.12	$154,737.73
14	021	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; CERVICALGIA; *****	0	0	$0.00	2	$8.61	63	$4,281.07	132	$76,060.66	$80,350.34	$93,400.68

15	022	DEPENDENT	PARALYTIC ILEUS; TORSION OF OVARY, OVARIAN PEDICLE, OR FALLOPIAN TUBE; OTHER AND UNSPECIFIED OVARIAN CYST	4	3	$60,132.93	1	$14,999.65	0	$0.00	0	$0.00	$75,132.58	$118,928.86
16	002	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; VARICOSE VEINS OF LOWER EXTREMITIES WITH INFLAMMATION; INCISIONAL HERNIA WITHOUT MENTION OF OBSTRUCTION OR GANGRENE	0	0	$0.00	4	$2,762.20	55	$9,206.24	155	$62,967.17	$74,935.61	$103,580.88
17	R44	SPOUSE	WEGENER'S GRANULOMATOSIS; ACUTE ETHMOIDAL SINUSITIS; CHRONIC RHINITIS	1	1	$10,024.01	26	$55,489.45	53	$4,492.05	42	$4,199.45	$74,204.96	$158,883.98
18	021	SUBSCRIBER	INCOMPLETE BLADDER EMPTYING; MISSING OR UNKNOWN DIAGNOSIS CODE; MIXED INCONTINENCE URGE AND STRESS (MALE)(FEMALE)	0	0	$0.00	7	$59,069.10	39	$3,006.84	140	$5,032.22	$67,108.16	$164,087.92
19	002	SUBSCRIBER	CALCULUS OF URETER; MISSING OR UNKNOWN DIAGNOSIS CODE; HEMATURIA, UNSPECIFIED	0	0	$0.00	15	$46,172.97	77	$7,375.31	72	$4,237.48	$57,785.76	$206,846.12
20	R02	SUBSCRIBER	MALIGNANT NEOPLASM OF KIDNEY, EXCEPT PELVIS; MISSING OR UNKNOWN DIAGNOSIS CODE; UNSPECIFIED DISORDER OF KIDNEY AND URETER	8	1	$29,637.57	7	$8,228.22	57	$11,367.14	12	$7,727.91	$56,960.84	$179,731.05
21	021	SUBSCRIBER	LOCALIZED OSTEOARTHROSIS NOT SPECIFIED WHETHER PRIMARY OR SECONDARY, LOWER LEG; ANEURYSM OF CORONARY VESSELS; SUPRAVENTRICULAR PREMATURE BEATS	3	1	$35,323.00	8	$12,882.34	65	$8,482.65	37	$1,083.33	$55,771.32	$143,281.45
22		SPOUSE	OTHER SPECIFIED CARDIAC DYSRHYTHMIAS; SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON; LUMBOSACRAL SPONDYLOSIS WITHOUT MYELOPATHY	1	1	$11,111.55	2	$24,568.51	100	$13,376.82	38	$988.70	$50,045.58	$167,575.70
Total				**156**	**33**	**$732,610.07**	**163**	**$485,924.05**	**2,354**	**$488,752.30**	**1,338**	**$321,744.12**	**$2,029,030.54**	**$5,815,439.34**

Monitoring by Utilization and Enrollment

Company: OKALOOSA CO BD OF CO COMM
Group: 41954
Current Paid Period: From 03/2015 to 02/2016

	Enrollment		Premium	Capitation			Fee for Service Claims							
Paid Year Month	Contracts	Members	Premium	PCP	Specialty	Total Capitation	Inpatient	Outpatient	Physician	Other	Total Medical	Pharmacy	Grand Total	MLR
201503	778	1,511	$719,671.36	$0.00	$940.54	$940.54	$69,244.47	$277,672.82	$109,829.56	$23,248.89	$479,995.74	$94,834.32	$575,770.60	80.00%
201504	778	1,519	$701,081.91	$0.00	$2,050.10	$2,050.10	$105,595.44	$109,903.43	$126,276.50	$26,569.92	$368,345.29	$118,761.08	$489,156.47	69.77%
201505	780	1,526	$705,465.47	$0.00	$2,084.50	$2,084.50	$82,504.62	$104,772.00	$92,590.43	$27,396.84	$307,263.89	$84,080.36	$393,428.75	55.77%
201506	767	1,540	$705,999.25	$0.00	$2,064.72	$2,064.72	$132,078.26	$184,443.26	$126,317.32	$34,000.59	$456,839.43	$96,993.08	$555,897.23	78.74%
201507	790	1,538	$717,384.65	$0.00	$2,107.26	$2,107.26	$151,364.23	$184,320.68	$141,968.33	$26,720.40	$484,373.64	$105,792.75	$592,273.65	82.56%
201508	796	1,559	$717,104.39	$0.00	$2,111.19	$2,111.19	$162,319.60	$170,232.73	$150,712.68	$40,045.16	$523,310.17	$101,581.40	$627,002.76	87.44%
201509	797	1,565	$726,089.94	$0.00	$2,145.14	$2,145.14	$236,468.27	$196,269.53	$149,731.52	$46,992.29	$629,461.61	$129,162.30	$760,769.05	104.78%
201510	738	1,421	$692,778.30	$0.00	$2,173.12	$2,173.12	$274,710.61	$126,732.04	$141,164.12	$47,153.05	$589,759.82	$157,856.86	$749,789.80	108.23%
201511	739	1,426	$687,803.06	$0.00	$1,760.45	$1,760.45	$15,350.57	$131,321.03	$125,753.34	$27,451.68	$299,876.62	$136,487.87	$438,124.94	63.70%
201512	733	1,421	$695,570.96	$0.00	$1,924.85	$1,924.85	$78,857.37	$310,937.95	$145,648.68	$34,496.21	$569,940.21	$153,548.37	$725,413.43	104.29%
201601	732	1,416	$676,252.37	$0.00	$1,946.77	$1,946.77	$66,970.98	$174,537.81	$106,347.23	$37,381.15	$385,237.17	$94,764.91	$481,948.85	71.27%
201602	732	1,415	$672,760.86	$0.00	$1,590.40	$1,590.40	$89,495.03	$132,221.81	$112,661.78	$28,244.59	$362,623.21	$91,638.70	$455,852.31	67.76%
Total	**9,180**	**17,857**	**$8,417,962.52**	**$0.00**	**$22,899.04**	**$22,899.04**	**$1,464,959.45**	**$2,063,365.09**	**$1,529,001.49**	**$399,700.77**	**$5,457,026.80**	**$1,365,502.00**	**$6,845,427.84**	**81.32%**
Grouping Avg	**765**	**1,488**	**$701,496.88**	**$0.00**	**$1,908.25**	**$1,908.25**	**$122,079.95**	**$171,947.09**	**$127,416.79**	**$33,308.40**	**$454,752.23**	**$113,791.83**	**$570,452.32**	**81.32%**
Monthly Avg	**765**	**1,488**	**$701,496.88**	**$0.00**	**$1,908.25**	**$1,908.25**	**$122,079.95**	**$171,947.09**	**$127,416.79**	**$33,308.40**	**$454,752.23**	**$113,791.83**	**$570,452.32**	**81.32%**

Notes:
- Grand Total includes Medical FFS, Pharmacy FFS and Capitation.
- Enrollment is recast to reflect retroactive adjustments.
- Grouping Avg – Average of the distinct groupings chosen by the user.
- Monthly Avg – Average of a measure over Service/Paid time period.
- FFS = Fee For Service.
- MLR = Medical Loss Ratio.

Monitoring by Utilization and Enrollment

Paid Year Month	Employee Only	Employee & Spouse	Employee & Children	Family	Spouse Only	Spouse & Children	Children Only	Total Contracts	Total Members
201503	480	0	0	298	0	0	0	778	1,511
201504	478	0	0	300	0	0	0	778	1,519
201505	478	0	0	302	0	0	0	780	1,526
201506	487	0	0	300	0	0	0	787	1,540
201507	493	0	0	297	0	0	0	790	1,538
201508	494	0	0	302	0	0	0	796	1,559
201509	494	0	0	303	0	0	0	797	1,565
201510	461	0	0	277	0	0	0	738	1,421
201511	461	0	0	278	0	0	0	739	1,426
201512	454	0	0	279	0	0	0	733	1,421
201601	455	0	0	277	0	0	0	732	1,416
201602	455	0	0	277	0	0	0	732	1,415
Total	**5,690**	**0**	**0**	**3,490**	**0**	**0**	**0**	**9,180**	**17,857**
Grouping Avg	**474**	**0**	**0**	**291**	**0**	**0**	**0**	**765**	**1,488**
Monthly Avg	**474**	**0**	**0**	**291**	**0**	**0**	**0**	**765**	**1,488**

Notes:

- Enrollment is recast to reflect retroactive adjustments.
- Grouping Avg – Average of the distinct groupings chosen by the user.
- Monthly Avg – Average of a measure over Service/Paid time period.

High Cost Claims Summary

Company: OKALOOSA CO BD OF CO COMM
Group: 41954
High Cost Claims Threshold: 50000
Current Paid Period: From 03/2015 to 02/2016
Prior Paid Period: From 06/2013 to 08/2014

CURRENT					Inpatient		Outpatient		Professional		Pharmacy			
Rank	Div	Relationship	Diagnosis Description	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Total Paid Amt	Total Billed Amt
1	023	SUBSCRIBER	MULTIPLE MYELOMA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION; MISSING OR UNKNOWN DIAGNOSIS CODE; SECONDARY MALIGNANT NEOPLASM OF BONE AND BONE MARROW	16	1	$81,376.00	12	$9,744.81	129	$27,255.81	52	$86,504.69	$204,881.31	$518,300.72
2	021	SUBSCRIBER	ACQUIRED SPONDYLOLISTHESIS; THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS, UNSPECIFIED; LUMBOSACRAL SPONDYLOSIS WITHOUT MYELOPATHY	5	1	$150,246.88	11	$985.12	59	$22,130.75	29	$759.22	$174,121.97	$469,927.47
3	021	SUBSCRIBER	SPINAL STENOSIS OF LUMBAR REGION, WITHOUT NEUROGENIC CLAUDICATION; CHEST PAIN, OTHER; MISSING OR UNKNOWN DIAGNOSIS CODE	1	1	$85,730.50	4	$14,626.70	55	$22,632.29	78	$9,324.84	$112,314.33	$385,147.88
4	015	SUBSCRIBER	MALIGNANT NEOPLASM OF RECTUM; MALIGNANT NEOPLASM OF COLON, UNSPECIFIED SITE; OTHER SPECIFIED INTESTINAL OBSTRUCTION	5	2	$31,215.31	22	$10,921.31	336	$63,595.28	82	$3,559.89	$109,291.79	$396,565.92
5	011	SUBSCRIBER	CLOSED FRACTURE OF LUMBAR VERTEBRA WITHOUT MENTION OF SPINAL CORD INJURY; MALIGNANT NEOPLASM OF FRONTAL LOBE OF BRAIN; MISSING OR UNKNOWN DIAGNOSIS CODE	3	2	$63,176.92	4	$12,967.55	57	$21,461.36	18	$10,703.05	$108,308.88	$312,242.86
6	002	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; DIARRHEA; CHRONIC HEPATITIS C WITHOUT MENTION OF HEPATIC COMA	0	0	$0.00	1	$974.74	37	$6,086.13	8	$94,578.52	$101,639.39	$114,770.07
7	021	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON; UNSPECIFIED SINUSITIS (CHRONIC)	0	0	$0.00	1	$523.75	14	$1,171.73	14	$96,459.42	$98,154.90	$105,594.41
8	022	SPOUSE	OTHER PRIMARY CARDIOMYOPATHIES; MISSING OR UNKNOWN DIAGNOSIS CODE; FITTING AND ADJUSTMENT OF CARDIAC PACEMAKER	0	0	$0.00	1	$91,708.40	7	$1,595.89	14	$309.20	$93,613.49	$133,704.29
9	R44	SPOUSE	WEGENER'S GRANULOMATOSIS; OTHER AND UNSPECIFIED HYPERLIPIDEMIA; DEGENERATION OF CERVICAL INTERVERTEBRAL DISC	0	0	$0.00	19	$80,025.14	29	$2,028.13	10	$995.34	$83,048.61	$175,830.13
10	R45	SPOUSE	LUMBOSACRAL SPONDYLOSIS WITHOUT MYELOPATHY; CONGENITAL SPONDYLOLISTHESIS; DISPLACEMENT OF LUMBAR INTERVERTEBRAL DISC WITHOUT MYELOPATHY	3	1	$65,134.00	1	$3.33	47	$11,924.70	8	$60.53	$77,122.56	$225,572.13
11	021	SUBSCRIBER	MULTIPLE SCLEROSIS; MISSING OR UNKNOWN DIAGNOSIS CODE; HYPERTROPHY OF BREAST	0	0	$0.00	0	$0.00	57	$58,018.26	17	$16,033.17	$74,051.43	$106,642.89

12	R26	SPOUSE	CARCINOID SYNDROME; CEREBRAL EMBOLISM WITH CEREBRAL INFARCTION; OTHER ASCITES	3	1	$22,189.33	7	$6,261.51	83	$37,279.83	63	$3,058.56	$68,789.23	$201,902.58
13	021	SPOUSE	LOCALIZED OSTEOARTHROSIS NOT SPECIFIED WHETHER PRIMARY OR SECONDARY, LOWER LEG; PRIMARY LOCALIZED OSTEOARTHROSIS, LOWER LEG; PAIN IN JOINT, LOWER LEG	3	2	$46,304.37	43	$8,379.51	86	$10,610.59	74	$1,004.20	$66,298.67	$207,505.40
14	002	SUBSCRIBER	ROTATOR CUFF (CAPSULE) SPRAIN AND STRAIN; OTHER PHYSICAL THERAPY; UNSPECIFIED DISORDERS OF BURSAE AND TENDONS IN SHOULDER REGION	0	0	$0.00	14	$51,454.35	80	$10,105.27	47	$462.48	$62,022.10	$183,924.25
15	002	SUBSCRIBER	DISPLACEMENT OF CERVICAL INTERVERTEBRAL DISC WITHOUT MYELOPATHY; UMBILICAL HERNIA WITH OBSTRUCTION; UNSPECIFIED DISEASE OF SPINAL CORD	1	1	$34,557.28	1	$13,415.01	43	$10,237.12	34	$300.96	$58,510.37	$184,882.03
16	002	SUBSCRIBER	OSTEOARTHROSIS, UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED, LOWER LEG; MISSING OR UNKNOWN DIAGNOSIS CODE; PRIMARY LOCALIZED OSTEOARTHROSIS, LOWER LEG	3	1	$38,169.10	7	$3,276.59	97	$9,639.14	96	$7,273.99	$58,358.82	$149,516.15
17	024	SUBSCRIBER	DIVERTICULITIS OF COLON (WITHOUT MENTION OF HEMORRHAGE); ATRIAL FIBRILLATION; SYNCOPE AND COLLAPSE	9	2	$44,944.18	3	$961.00	49	$7,585.73	23	$91.58	$53,582.49	$272,668.08
18	021	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; EPISTAXIS	0	0	$0.00	2	$13,389.00	33	$2,861.46	103	$36,884.12	$53,134.58	$106,972.65
19	015	SUBSCRIBER	PREMENSTRUAL TENSION SYNDROMES; EXCESSIVE OR FREQUENT MENSTRUATION; DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED	0	0	$0.00	4	$48,228.56	34	$4,410.42	108	$363.52	$53,002.52	$135,116.32
20	002	SPOUSE	UNSPECIFIED OSTEOMYELITIS, PELVIC REGION AND THIGH; PRESSURE ULCER, BUTTOCK, UNSPECIFIED OSTEOMYELITIS, SITE UNSPECIFIED	8	1	$30,701.74	17	$6,175.35	117	$15,511.07	52	$612.00	$53,000.16	$371,708.92
21	021	SUBSCRIBER	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; UNSPECIFIED ESSENTIAL HYPERTENSION; OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	1	1	$13,733.00	3	$32,060.83	38	$4,780.55	28	$321.67	$50,896.05	$234,641.89
22	002	SPOUSE	DEGENERATION OF LUMBAR OR LUMBOSACRAL INTERVERTEBRAL DISC; THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS, UNSPECIFIED; LUMBAGO	1	1	$34,804.01	22	$5,075.50	98	$10,597.06	5	$61.42	$50,537.99	$240,368.11
23	002	SUBSCRIBER	LEIOMYOMA OF UTERUS, UNSPECIFIED; MISSING OR UNKNOWN DIAGNOSIS CODE; ACUTE BRONCHITIS	0	0	$0.00	1	$46,708.18	14	$3,098.93	50	$309.01	$50,116.12	$136,795.59
Total				**62**	**18**	**$722,282.62**	**200**	**$457,866.26**	**1,579**	**$364,617.50**	**1,013**	**$370,031.38**	**$1,914,797.76**	**$5,370,300.74**

PRIOR					Inpatient		Outpatient		Professional		Pharmacy			
Rank	Div	Relationship	Diagnosis Description	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Total Paid Amt	Total Billed Amt
1	021	SUBSCRIBER	INFECTION AND INFLAMMATORY REACTION DUE TO CARDIAC DEVICE, IMPLANT, AND GRAFT; ACUTE AND SUBACUTE BACTERIAL ENDOCARDITIS, INTRACEREBRAL HEMORRHAGE	46	4	$115,037.60	11	$10,348.77	319	$59,394.29	71	$3,328.43	$188,109.09	$675,535.36

2	021	SPOUSE	CALCULUS OF KIDNEY; URINARY TRACT INFECTION, SITE NOT SPECIFIED; ACUTE VENOUS EMBOLISM AND THROMBOSIS OF UPPER EXTREMITY, UNSPECIFIED	12	3	$46,828.03	12	$79,529.98	165	$22,556.86	77	$149.04	$149,063.91	$502,753.14
3	023	SPOUSE	MALIGNANT NEOPLASM OF ENDOCERVIX; MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED SITE; NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF ABDOMINAL AREA, INCLUDING RETROPERITONEUM	16	4	$49,892.63	10	$3,670.15	345	$82,206.21	36	$971.21	$136,740.20	$454,121.61
4	021	SUBSCRIBER	LUMBOSACRAL SPONDYLOSIS WITHOUT MYELOPATHY; CHEST PAIN, OTHER; MISSING OR UNKNOWN DIAGNOSIS CODE	6	3	$77,166.13	2	$84.00	77	$18,787.95	94	$8,959.39	$104,977.47	$343,063.32
5	002	SUBSCRIBER	OCCLUSION AND STENOSIS OF CAROTID ARTERY WITHOUT MENTION OF CEREBRAL INFARCTION; CEREBRAL EMBOLISM WITH CEREBRAL INFARCTION; METABOLIC ENCEPHALOPATHY	22	4	$68,753.59	12	$8,103.62	186	$21,536.08	78	$5,527.85	$103,921.14	$450,625.10
6	021	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; PLANTAR FASCIAL FIBROMATOSIS; CHRONIC MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION	0	0	$0.00	0	$0.00	27	$507.44	18	$99,709.52	$100,216.96	$103,310.47
7	024	SPOUSE	MALIGNANT NEOPLASM OF RECTUM; MISSING OR UNKNOWN DIAGNOSIS CODE; UNSPECIFIED CEREBRAL ARTERY OCCLUSION WITH CEREBRAL INFARCTION	6	1	$36,696.56	7	$4,204.38	179	$52,097.64	67	$6,515.84	$99,514.42	$265,529.33
8	C21	SUBSCRIBER	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; ACUTE MYOCARDIAL INFARCTION, SUBENDOCARDIAL INFARCTION, INITIAL EPISODE OF CARE; CHEST PAIN, UNSPECIFIED	10	2	$83,382.96	2	$700.00	60	$11,998.94	29	$361.78	$96,443.68	$440,439.52
9	005	SPOUSE	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; ACUTE MYOCARDIAL INFARCTION OF INFEROLATERAL WALL, INITIAL EPISODE OF CARE; CHEST PAIN, UNSPECIFIED	7	3	$21,634.76	3	$61,074.18	137	$11,800.39	59	$675.45	$95,184.78	$390,703.76
10	C23	SUBSCRIBER	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED; NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	3	1	$11,406.46	21	$74,075.54	52	$8,251.33	24	$1,330.43	$95,063.76	$183,766.41
11	021	SUBSCRIBER	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; CORONARY ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF VESSEL, NATIVE OR GRAFT; INTERMEDIATE CORONARY SYNDROME	11	1	$75,582.29	1	$170.00	103	$17,526.57	35	$8.64	$93,287.50	$380,685.08
12	021	SUBSCRIBER	MULTIPLE SCLEROSIS; MISSING OR UNKNOWN DIAGNOSIS CODE; UNSPECIFIED OPTIC ATROPHY	0	0	$0.00	0	$0.00	115	$69,728.64	32	$22,967.72	$92,696.36	$133,851.87
13	R26	SPOUSE	CARCINOID SYNDROME; MALIGNANT CARCINOID TUMOR OF THE SMALL INTESTINE, UNSPECIFIED PORTION; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	$0.00	10	$19,802.38	80	$52,771.84	90	$8,941.90	$81,516.12	$154,737.73
14	021	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; CERVICALGIA; *****	0	0	$0.00	2	$8.61	63	$4,281.07	132	$76,060.66	$80,350.34	$93,400.68
15	022	DEPENDENT	PARALYTIC ILEUS; TORSION OF OVARY, OVARIAN PEDICLE, OR FALLOPIAN TUBE; OTHER AND UNSPECIFIED OVARIAN CYST	4	3	$60,132.93	1	$14,999.65	0	$0.00	0	$0.00	$75,132.58	$118,928.86

16	002	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; VARICOSE VEINS OF LOWER EXTREMITIES WITH INFLAMMATION; INCISIONAL HERNIA WITHOUT MENTION OF OBSTRUCTION OR GANGRENE	0	0	$0.00	4	$2,762.20	55	$9,206.24	155	$62,967.17	$74,935.61	$103,580.88
17	R44	SPOUSE	WEGENER'S GRANULOMATOSIS; ACUTE ETHMOIDAL SINUSITIS; CHRONIC RHINITIS	1	1	$10,024.01	26	$55,489.45	53	$4,492.05	42	$4,199.45	$74,204.96	$158,883.98
18	021	SUBSCRIBER	INCOMPLETE BLADDER EMPTYING, MISSING OR UNKNOWN DIAGNOSIS CODE; MIXED INCONTINENCE URGE AND STRESS (MALE)(FEMALE)	0	0	$0.00	7	$59,069.10	39	$3,006.84	140	$5,032.22	$67,108.16	$164,087.92
19	002	SUBSCRIBER	CALCULUS OF URETER; MISSING OR UNKNOWN DIAGNOSIS CODE; HEMATURIA, UNSPECIFIED	0	0	$0.00	15	$46,172.97	77	$7,375.31	72	$4,237.48	$57,785.76	$206,846.12
20	R02	SUBSCRIBER	MALIGNANT NEOPLASM OF KIDNEY, EXCEPT PELVIS; MISSING OR UNKNOWN DIAGNOSIS CODE; UNSPECIFIED DISORDER OF KIDNEY AND URETER	8	1	$29,637.57	7	$8,228.22	57	$11,367.14	12	$7,727.91	$56,960.84	$179,731.05
21	021	SUBSCRIBER	LOCALIZED OSTEOARTHROSIS NOT SPECIFIED WHETHER PRIMARY OR SECONDARY, LOWER LEG; ANEURYSM OF CORONARY VESSELS; SUPRAVENTRICULAR PREMATURE BEATS	3	1	$35,323.00	8	$12,882.34	65	$6,482.65	37	$1,083.33	$55,771.32	$143,281.45
22		SPOUSE	OTHER SPECIFIED CARDIAC DYSRHYTHMIAS; SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON; LUMBOSACRAL SPONDYLOSIS WITHOUT MYELOPATHY	1	1	$11,111.55	2	$24,568.51	100	$13,376.82	38	$988.70	$50,045.58	$167,575.70
Total				**156**	**33**	**$732,610.07**	**163**	**$485,924.05**	**2,354**	**$488,752.30**	**1,338**	**$321,744.12**	**$2,029,030.54**	**$5,815,439.34**

Florida Blue

BlueOptions 03559

with Rx $15/$50/$80

Coverage Period: 10/01/2015 - 09/30/2016

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual and/or Family | **Plan Type:** PPO

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.floridablue.com or by calling 1-800-352-2583. In the event there is a conflict between this summary and your Florida Blue coverage documents the terms and conditions of the coverage documents will control.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	In-Network: **$500** Per Person/**$1,500** Family. Out-Of-Network: **$750** Per Person/**$2,250** Family. Does not apply to In-Network preventive care.	You must pay all the costs up to the **deductible** amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the **deductible** starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the **deductible**.
Are there other deductibles for specific services?	No.	You don't have to meet **deductibles** for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out–of–pocket limit on my expenses?	Yes. In-Network: **$2,500** Per Person/**$5,000** Family. Out-Of-Network: **$5,000** Per Person/**$10,000** Family.	The **out-of-pocket limit** is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out–of–pocket limit?	Premium, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the **out-of-pocket limit**.
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for *specific* covered services, such as office visits.
Does this plan use a network of providers?	Yes. For a list of **participating providers**, see www.floridablue.com or call 1-800-352-2583.	If you use an in-network doctor or other health care **provider**, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network **provider** for some services. Plans use the term in-network, **preferred**, or participating for **providers** in their **network**. See the chart starting on page 2 for how this plan pays different kinds of **providers**.
Do I need a referral to see a specialist?	No.	You can see the **specialist** you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 4. See your policy or plan document for additional information about **excluded services**.

Questions: Call 1-800-352-2583 or visit us at www.floridablue.com. If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.floridablue.com or call 1-800-352-2583 to request a copy.

- **Copays** are fixed dollar amounts (for example, $15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is $1,000, your **coinsurance** payment of 20% would be $200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges $1,500 for an overnight stay and the **allowed amount** is $1,000, you may have to pay the $500 difference. (This is called **balance billing**.)
- This plan may encourage you to use in-network **providers** by charging you lower **deductibles**, **copays** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		In-Network Provider	Out-Of-Network Provider	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$20 Copay	Deductible + 40% Coinsurance	Physician administered drugs may have higher cost shares.
	Specialist visit	$40 Copay	Deductible + 40% Coinsurance	Physician administered drugs may have higher cost shares.
	Other practitioner office visit	$40 Copay	Deductible + 40% Coinsurance	Physician administered drugs may have higher cost shares.
	Preventive care/ screening/immunization	No Charge	40% Coinsurance	Physician administered drugs may have higher cost shares.
If you have a test	Diagnostic test (x-ray, blood work)	Independent Clinical Lab: No Charge/ Independent Diagnostic Testing Center: $50 Copay	Deductible + 40% Coinsurance	Tests performed in hospitals may have higher cost share.
	Imaging (CT/PET scans, MRIs)	Physician Office: $150 Copay/ Independent Diagnostic Testing Center: $150 Copay	Deductible + 40% Coinsurance	Prior authorization may be required. Tests performed in hospitals may have higher cost share.
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.floridablue.com.	Generic drugs	$15 Copay per prescription at retail, $40 Copay per prescription by mail	50% Coinsurance	Up to 30 day supply for retail, 90 day supply for mail order. Responsible Rx programs such as Prior Authorization may apply. See Medication Guide for more information.
	Preferred brand drugs	$50 Copay per prescription at retail, $125 Copay per prescription by mail	50% Coinsurance	Up to 30 day supply for retail, 90 day supply for mail order.

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		In-Network Provider	Out-Of-Network Provider	
	Non-preferred brand drugs	$80 Copay per prescription at retail, $200 Copay per prescription by mail	50% Coinsurance	Up to 30 day supply for retail, 90 day supply for mail order.
	Specialty drugs	Specialty drugs are subject to the cost share based on applicable drug tier.	Specialty drugs are subject to the cost share based on the applicable drug tier.	Mail order not available Out-of-Network. Up to 30 day supply at retail pharmacy.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Ambulatory Surgical Center: $100 Copay/ Hospital Option 1: $200 Copay	Deductible + 40% Coinsurance	Option 2 hospitals may have higher cost shares.
	Physician/surgeon fees	Deductible + 20% Coinsurance	Hospital: In-Network Deductible + 20% Coinsurance/ Ambulatory Surgical Center: Deductible + 40% Coinsurance	————none————
If you need immediate medical attention	Emergency room services	$100 Copay	$100 Copay	————none————
	Emergency medical transportation	Deductible + 20% Coinsurance	In-Network Deductible + 20% Coinsurance	————none————
	Urgent care	$45 Copay	Deductible + 40% Coinsurance	————none————
If you have a hospital stay	Facility fee (e.g., hospital room)	Inpatient Hospital Option 1: $600 Copay	Deductible + 40% Coinsurance	Inpatient Rehab Services limited to 30 days. Option 2 hospitals may have higher cost shares.
	Physician/surgeon fee	Deductible + 20% Coinsurance	In-Network Deductible + 20% Coinsurance	————none————
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	No Charge	40% Coinsurance	Option 2 hospitals may have higher cost shares.
	Mental/Behavioral health inpatient services	No Charge	Physician Services: No Charge/ Hospital: 40% Coinsurance	Option 2 hospitals may have higher cost shares.
	Substance use disorder outpatient services	No Charge	40% Coinsurance	Option 2 hospitals may have higher cost shares.
	Substance use disorder inpatient services	No Charge	Physician Services: No Charge/ Hospital: 40% Coinsurance	Option 2 hospitals may have higher cost shares.
If you are pregnant	Prenatal and postnatal care	$40 Copay	Deductible + 40% Coinsurance	————none————

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		In-Network Provider	Out-Of-Network Provider	
	Delivery and all inpatient services	Physician Services: Deductible + 20% Coinsurance/ Hospital Option 1: $600 Copay	Physician Services: In-Network Deductible + 20% Coinsurance/ Hospital: Deductible + 40% Coinsurance	Option 2 hospitals may have higher cost shares.
If you need help recovering or have other special health needs	Home health care	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance	Coverage limited to 20 visits.
	Rehab services	Physician Office: $40 Copay/ Outpatient Rehab Center: $40 Copay	Deductible + 40% Coinsurance	Coverage limited to 26 manipulations within 35 visits. Services performed in hospitals may have a higher cost-share.
	Habilitation services	Not Covered	Not Covered	Not Covered
	Skilled nursing care	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance	Coverage limited to 60 days.
	Durable medical equipment	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance	————none————
	Hospice service	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance	————none————
If your child needs dental or eye care	Eye exam	Not Covered	Not Covered	Not Covered
	Glasses	Not Covered	Not Covered	Not Covered
	Dental check-up	Not Covered	Not Covered	Not Covered

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Dental care (Adult)
- Habilitation services
- Hearing aids
- Infertility treatment
- Long-term care
- Pediatric dental check-up
- Pediatric eye exam
- Pediatric glasses
- Private-duty nursing
- Routine eye care (Adult)
- Routine foot care unless for treatment of diabetes
- Weight loss programs

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Chiropractic care - Limited to 35 visits.
- Most coverage provided outside the United States. See www.floridablue.com.
- Non-emergency care when traveling outside the U.S.

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the **premium** you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-800-352-2583. You may also contact your state insurance department at 1-877-693-5236, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

For more information on your rights to a grievance or appeal, contact the insurer at 1-800-352-2583. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or **www.dol.gov/ebsa/healthreform** , or your state insurance department at 1-877-693-5236.

For non-federal governmental group health plans and church plans that are group health plans contact your employee services department. You may also contact the state insurance department at 1-877-693-5236.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-352-2583.
Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-352-2583.
Chinese (中文): 如果需要中文的帮助，**请拨打这个号码** 1-800-352-2583.
Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-352-2583.

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby
(normal delivery)

- **Amount owed to providers:** $7,540
- **Plan pays** $6,640
- **Patient pays** $900

Sample care costs:

Hospital charges (mother)	$2,700
Routine obstetric care	$2,100
Hospital charges (baby)	$900
Anesthesia	$900
Lab tests	$500
Prescriptions	$200
Radiology	$200
Vaccines, other preventive	$40
Total	**$7,540**

Patient pays:

Deductibles	$0
Copays	$700
Coinsurance	$0
Limits or exclusions	$200
Total	**$900**

Managing type 2 diabetes
(routine maintenance of a well-controlled condition)

- **Amount owed to providers:** $5,400
- **Plan pays** $3,950
- **Patient pays** $1,450

Sample care costs:

Prescriptions	$2,900
Medical Equipment and Supplies	$1,300
Office Visits and Procedures	$700
Education	$300
Lab tests	$100
Vaccines, other preventive	$100
Total	**$5,400**

Patient pays:

Deductibles	$70
Copays	$1,300
Coinsurance	$0
Limits or exclusions	$80
Total	**$1,450**

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.
- If the SBC includes both individual and family coverage tiers, the coverage examples were completed using the per-person deductible and out-of-pocket limit on page 1.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copays**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

✗ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copays**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1-800-352-2583 or visit us at www.floridablue.com.
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Florida Blue is a trade name of Blue Cross and Blue Shield of Florida, Inc., an Independent Licensee of the Blue Cross and Blue Shield Association.

Florida Blue

BlueOptions 03769

with Rx $15/$50/$80

Coverage Period: 10/01/2015 - 09/30/2016

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual and/or Family | **Plan Type:** PPO

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.floridablue.com or by calling 1-800-352-2583. In the event there is a conflict between this summary and your Florida Blue coverage documents the terms and conditions of the coverage documents will control.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	In-Network: **$500** Per Person/**$1,500** Family. Out-Of-Network: **$1,500** Per Person/**$4,500** Family. Does not apply to In-Network preventive care.	You must pay all the costs up to the **deductible** amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the **deductible** starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the **deductible**.
Are there other deductibles for specific services?	No.	You don't have to meet **deductibles** for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out–of–pocket limit on my expenses?	Yes. In-Network: **$3,000** Per Person/**$6,000** Family. Out-Of-Network: **$6,000** Per Person/**$12,000** Family.	The **out-of-pocket limit** is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out–of–pocket limit?	Premium, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the **out-of-pocket limit**.
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for *specific* covered services, such as office visits.
Does this plan use a network of providers?	Yes. For a list of **participating providers**, see www.floridablue.com or call 1-800-352-2583.	If you use an in-network doctor or other health care **provider**, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network **provider** for some services. Plans use the term in-network, **preferred**, or participating for **providers** in their **network**. See the chart starting on page 2 for how this plan pays different kinds of **providers**.
Do I need a referral to see a specialist?	No.	You can see the **specialist** you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 4. See your policy or plan document for additional information about **excluded services**.

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SBCID: 743314

- **Copays** are fixed dollar amounts (for example, $15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is $1,000, your **coinsurance** payment of 20% would be $200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges $1,500 for an overnight stay and the **allowed amount** is $1,000, you may have to pay the $500 difference. (This is called **balance billing**.)
- This plan may encourage you to use in-network **providers** by charging you lower **deductibles**, **copays** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		In-Network Provider	Out-Of-Network Provider	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$25 Copay	Deductible + 50% Coinsurance	Physician administered drugs may have higher cost shares.
	Specialist visit	$60 Copay	Deductible + 50% Coinsurance	Physician administered drugs may have higher cost shares.
	Other practitioner office visit	$60 Copay	Deductible + 50% Coinsurance	Physician administered drugs may have higher cost shares.
	Preventive care/ screening/immunization	No Charge	50% Coinsurance	Physician administered drugs may have higher cost shares.
If you have a test	Diagnostic test (x-ray, blood work)	Independent Clinical Lab: No Charge/ Independent Diagnostic Testing Center: $50 Copay	Deductible + 50% Coinsurance	Tests performed in hospitals may have higher cost share.
	Imaging (CT/PET scans, MRIs)	Deductible + 20% Coinsurance	Deductible + 50% Coinsurance	Prior authorization may be required. Tests performed in hospitals may have higher cost share.
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.floridablue.com.	Generic drugs	$15 Copay per prescription at retail, $40 Copay per prescription by mail	50% Coinsurance	Up to 30 day supply for retail, 90 day supply for mail order. Responsible Rx programs such as Prior Authorization may apply. See Medication Guide for more information.
	Preferred brand drugs	$50 Copay per prescription at retail, $125 Copay per prescription by mail	50% Coinsurance	Up to 30 day supply for retail, 90 day supply for mail order.

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		In-Network Provider	Out-Of-Network Provider	
	Non-preferred brand drugs	$80 Copay per prescription at retail, $200 Copay per prescription by mail	50% Coinsurance	Up to 30 day supply for retail, 90 day supply for mail order.
	Specialty drugs	Specialty drugs are subject to the cost share based on applicable drug tier.	Specialty drugs are subject to the cost share based on the applicable drug tier.	Mail order not available Out-of-Network. Up to 30 day supply at retail pharmacy.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Ambulatory Surgical Center: $100 Copay/ Hospital Option 1: Deductible + 20% Coinsurance	Deductible + 50% Coinsurance	Option 2 hospitals may have higher cost shares.
	Physician/surgeon fees	Hospital: $100 Copay/ Ambulatory Surgical Center: $60 Copay	Hospital: $100 Copay/ Ambulatory Surgical Center: Deductible + 50% Coinsurance	————none————
If you need immediate medical attention	Emergency room services	$300 Copay	$300 Copay	————none————
	Emergency medical transportation	Deductible + 20% Coinsurance	In-Network Deductible + 20% Coinsurance	————none————
	Urgent care	$65 Copay	Deductible + 50% Coinsurance	————none————
If you have a hospital stay	Facility fee (e.g., hospital room)	Deductible + 20% Coinsurance	Deductible + 50% Coinsurance	Inpatient Rehab Services limited to 30 days. Option 2 hospitals may have higher cost shares.
	Physician/surgeon fee	$100 Copay	$100 Copay	————none————
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	No Charge	50% Coinsurance	Option 2 hospitals may have higher cost shares.
	Mental/Behavioral health inpatient services	No Charge	Physician Services: No Charge/ Hospital: 50% Coinsurance	Option 2 hospitals may have higher cost shares.
	Substance use disorder outpatient services	No Charge	50% Coinsurance	Option 2 hospitals may have higher cost shares.
	Substance use disorder inpatient services	No Charge	Physician Services: No Charge/ Hospital: 50% Coinsurance	Option 2 hospitals may have higher cost shares.
If you are pregnant	Prenatal and postnatal care	$60 Copay	Deductible + 50% Coinsurance	————none————

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		In-Network Provider	Out-Of-Network Provider	
	Delivery and all inpatient services	Physician Services: $100 Copay/ Hospital Option 1: Deductible + 20% Coinsurance	Physician Services: $100 Copay/ Hospital: Deductible + 50% Coinsurance	Option 2 hospitals may have higher cost shares.
If you need help recovering or have other special health needs	Home health care	Deductible + 20% Coinsurance	Deductible + 50% Coinsurance	Coverage limited to 20 visits.
	Rehab services	Physician Office: $60 Copay/ Outpatient Rehab Center: $60 Copay	Deductible + 50% Coinsurance	Coverage limited to 26 manipulations within 35 visits. Services performed in hospitals may have a higher cost-share.
	Habilitation services	Not Covered	Not Covered	Not Covered
	Skilled nursing care	Deductible + 20% Coinsurance	Deductible + 50% Coinsurance	Coverage limited to 60 days.
	Durable medical equipment	Deductible + 20% Coinsurance	Deductible + 50% Coinsurance	————none————
	Hospice service	Deductible + 20% Coinsurance	Deductible + 50% Coinsurance	————none————
If your child needs dental or eye care	Eye exam	Not Covered	Not Covered	Not Covered
	Glasses	Not Covered	Not Covered	Not Covered
	Dental check-up	Not Covered	Not Covered	Not Covered

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Dental care (Adult)
- Habilitation services
- Hearing aids
- Infertility treatment
- Long-term care
- Pediatric dental check-up
- Pediatric eye exam
- Pediatric glasses
- Private-duty nursing
- Routine eye care (Adult)
- Routine foot care unless for treatment of diabetes
- Weight loss programs

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Chiropractic care - Limited to 35 visits.
- Most coverage provided outside the United States. See www.floridablue.com.
- Non-emergency care when traveling outside the U.S.

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the **premium** you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-800-352-2583. You may also contact your state insurance department at 1-877-693-5236, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

For more information on your rights to a grievance or appeal, contact the insurer at 1-800-352-2583. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or **www.dol.gov/ebsa/healthreform** , or your state insurance department at 1-877-693-5236.

For non-federal governmental group health plans and church plans that are group health plans contact your employee services department. You may also contact the state insurance department at 1-877-693-5236.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-352-2583.
Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-352-2583.
Chinese (中文): 如果需要中文的帮助，**请拨打这个号码** 1-800-352-2583.
Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-352-2583.

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby
(normal delivery)

- **Amount owed to providers:** $7,540
- **Plan pays** $6,140
- **Patient pays** $1,400

Sample care costs:

Hospital charges (mother)	$2,700
Routine obstetric care	$2,100
Hospital charges (baby)	$900
Anesthesia	$900
Lab tests	$500
Prescriptions	$200
Radiology	$200
Vaccines, other preventive	$40
Total	**$7,540**

Patient pays:

Deductibles	$500
Copays	$100
Coinsurance	$600
Limits or exclusions	$200
Total	**$1,400**

Managing type 2 diabetes
(routine maintenance of a well-controlled condition)

- **Amount owed to providers:** $5,400
- **Plan pays** $3,850
- **Patient pays** $1,550

Sample care costs:

Prescriptions	$2,900
Medical Equipment and Supplies	$1,300
Office Visits and Procedures	$700
Education	$300
Lab tests	$100
Vaccines, other preventive	$100
Total	**$5,400**

Patient pays:

Deductibles	$70
Copays	$1,400
Coinsurance	$0
Limits or exclusions	$80
Total	**$1,550**

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
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Barnes Insurance & Financial Services
1582 Airport Boulevard
Pensacola, Florida 32504
Phone: 850-473-1500
Fax: 850-473-1501

HEALTH PLAN QUOTE

Comapany Name : Okaloosa County BCC

Address:_5479B Old Bethel Rd _____ Crestview, FL 32536

Phone: 850-689-5977 Fax: 850-689-5973

Current Carrier: _FL Blue_____

Current Plan: _Blue Options 03769 &03559_____

Census Information: Please complete the following section to expedite your rate quote.

Please Note: If more space is needed, please copy this sheet.

Do not cancel current coverage until coverage is bound.

Quoted Rates are subject to final rating.

Relationship - Employee/Retiree	Date of Birth	Sex	ZIP Code	Date of Hire	Coverage	Other coverage
RETIREE	7/20/1940	F	32536	N/A	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare X BlueMedicare
RETIREE	11/30/1938	F	32433	UNK	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare X BlueMedicare
RETIREE	11/22/1940	F	32539	7/10/2000	☐ Employee X Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare X BlueMedicare
RETIREE	1/2/1945	F	32531	5/10/1965	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare X BlueMedicare
RETIREE	12/16/1950	M	32531	10/27/1975	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare X BlueMedicare
RETIREE	12/8/1941	M	32536	N/A	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare X BlueMedicare
RETIREE	7/27/1974	M	32578	10/1/1961	☐ Employee X Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare X BlueMedicare
RETIREE	9/1/1944	F	32579	5/9/1984	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare X BlueMedicare
RETIREE	9/27/1945	F	32563	9/22/2003	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare X BlueMedicare
RETIREE	8/27/1946	M	33935	N/A	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare X BlueMedicare
RETIREE	11/16/1922	M	32548	1/24/1977	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare X BlueMedicare

RETIREE	1/1/1955	F	32539	8/29/1972	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
RETIREE	8/15/1957	F	32539	10/10/1975	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
RETIREE	5/28/1953	F	32536	11/10/1997	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
RETIREE	8/17/1951	M	32539	6/17/1974	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
RETIREE	12/27/1953	M	32578	11/21/1977	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
RETIREE	10/15/1955	M	32531	2/20/1974	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
RETIREE	11/21/1953	M	32580	12/22/1982	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
RETIREE	8/2/1953	M	36421	7/29/1974	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
RETIREE	1/27/1959	M	32539	7/16/1981	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
RETIREE	5/21/1953	F	32539	3/15/1985	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
RETIREE	11/6/1952	M	32567	1/23/1978	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
RETIREE	4/12/1957	F	32547	3/14/1977	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
RETIREE	9/11/1951	F	33935	3/6/2000	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
RETIREE	4/10/1938	F	32547	4/10/1989	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
RETIREE	10/5/1956	F	32578	9/5/1977	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
RETIREE	9/10/1952	F	32579	8/10/1976	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
RETIREE	7/21/1953	M	32579	9/26/1977	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
RETIREE	8/8/1954	M	32531	2/3/1982	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
RETIREE	6/17/1953	F	32531	5/9/1977	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
RETIREE	10/3/1952	M	32531	7/17/1989	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
RETIREE	9/22/1960	M	32541	8/7/2000	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
RETIREE	10/1/1951	M	32563	9/1/2000	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
RETIREE	2/26/1964	F	32536	4/2/1990	☐ Employee X Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
RETIREE	1/17/1951	M	32531	10/14/1969	☐ Employee X Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare

RETIREE	2/24/1948	M	99712	8/4/1975	☐ Employee X Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
RETIREE	7/19/1953	M	32531	12/13/1971	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
RETIREE	8/22/1958	M	32536	10/1/1978	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
RETIREE	12/24/1954	M	32564	11/13/2000	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
RETIREE	11/27/1955	M	32536	2/16/2004	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
RETIREE	11/9/1955	F	32548	3/11/2002	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/3/1987	FEMALE	32539	1/24/2012	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/25/1951	FEMALE	32433	3/17/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/18/1992	MALE	32547	3/11/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/17/1973	FEMALE	32536	3/17/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/10/1958	MALE	32536	4/14/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/26/1968	FEMALE	32548	9/16/1996	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/10/1958	MALE	32548	8/20/2013	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/17/1988	MALE	32564	4/28/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/23/1959	FEMALE	32536	5/12/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/24/1981	MALE	32536	1/31/2012	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/31/1963	FEMALE	32548	1/26/1987	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/27/1968	MALE	32548	6/16/2009	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/02/1988	MALE	32539	6/03/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/23/1979	FEMALE	32547	12/2/2008	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/24/1993	MALE	32531	6/09/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/20/1975	MALE	32541	6/07/2004	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/11/1959	FEMALE	32539	7/03/1986	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/08/1968	MALE	32539	10/1/2001	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare

EMPLOYEE	12/6/1969	FEMALE	32536	9/17/2002	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/10/1966	FEMALE	32539	12/23/1996	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/11/1969	MALE	32536	8/23/2004	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/27/1990	MALE	32536	3/03/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/25/1984	MALE	32547	8/04/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/09/1956	MALE	32578	12/2/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/07/1968	FEMALE	32579	4/29/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/27/1986	FEMALE	32459	3/25/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/19/1958	MALE	32566	10/14/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/12/1986	MALE	32567	11/25/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/16/1986	MALE	32541	3/18/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/30/1950	FEMALE	32536	5/24/1993	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/25/1952	MALE	32536	10/5/2010	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/02/1965	MALE	32531	10/23/2006	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/26/1983	MALE	32536	10/13/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/15/1980	MALE	36483	11/4/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/7/1974	MALE	32531	12/30/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/05/1985	MALE	32536	3/03/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/25/1958	MALE	32547	7/19/1982	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/19/1959	MALE	32567	3/04/1993	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/14/1956	MALE	32540	12/10/2013	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/13/1968	MALE	32549	1/18/2005	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/11/1960	MALE	32547	11/15/1999	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/17/1962	MALE	32531	1/28/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare

EMPLOYEE	11/30/1969	MALE	32566	10/7/2008	X Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) ⊓ Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	1/25/1962	MALE	32578	7/01/1981	X Employee ⊓ Employee/Spouse ⊔ Employee Child(ren) ⊓ Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	11/12/1968	MALE	32435	9/07/2010	X Employee ⊓ Employee/Spouse ⊔ Employee Child(ren) ⊓ Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	2/18/1962	MALE	32567	1/26/2016	X Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) ⊓ Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	2/28/1963	MALE	32539	10/16/1989	X Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) ⊓ Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	11/15/1958	MALE	32566	7/07/1980	X Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) ⊓ Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	2/23/1985	MALE	32531	10/16/2012	X Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) ⊓ Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	10/9/1955	FEMALE	32548	12/14/2010	X Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) ⊓ Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	3/08/1981	MALE	32536	3/13/2012	X Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) ⊓ Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	2/28/1959	MALE	32536	1/29/1979	X Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) ⊓ Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	6/09/1985	FEMALE	32541	12/2/2014	X Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) ⊓ Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	12/22/1960	FEMALE	32564	10/8/2013	X Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) ⊓ Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	10/1/1972	FEMALE	32583	7/13/2001	X Employee ⊔ Employee/Spouse ⊓ Employee Child(ren) ⊓ Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	1/06/1974	FEMALE	32539	1/26/2010	X Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) ⊓ Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	11/9/1972	FEMALE	32569	6/16/2015	X Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) ⊓ Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	4/16/1961	MALE	32536 770	6/23/2015	X Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) ⊓ Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	12/20/1976	MALE	32548	3/11/2014	X Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) ⊓ Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	11/5/1957	MALE	32539	2/22/2006	X Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) ⊓ Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	6/20/1970	MALE	32539	2/03/2009	X Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) ⊓ Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	8/05/1978	MALE	36442	4/29/2008	X Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) ⊓ Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	12/11/1956	FEMALE	32531	7/01/2002	X Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) ⊓ Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	2/26/1974	MALE	32541	11/12/2013	X Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) ⊓ Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	5/27/1976	MALE	32536	3/19/2001	X Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) ⊓ Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	11/27/1960	MALE	32539	11/17/1994	X Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) ⊓ Family	⊓Other ⊓ Tricare ⊓ BlueMedicare

EMPLOYEE	2/11/1958	FEMALE	32547	12/9/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/06/1954	MALE	32531	2/19/2008	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/2/1951	MALE	32536	1/31/1994	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/13/1981	MALE	32579	1/26/2016	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/03/1966	FEMALE	32536	1/12/2016	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/2/1972	MALE	32548	7/07/2009	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/22/1964	MALE	32564	10/10/1983	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/09/1962	MALE	32571	10/18/2011	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/14/1985	MALE	32539	10/9/2012	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/29/1971	FEMALE	32539	9/22/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/17/1988	FEMALE	32531	3/13/2012	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/27/1987	MALE	32531	1/02/2007	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/18/1987	MALE	32548	1/14/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/11/1989	MALE	32536	2/16/2016	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/29/1971	FEMALE	32459	2/23/2010	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/14/1975	FEMALE	32433	9/01/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/07/1971	MALE	32531	10/22/2013	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/30/1960	MALE	32564	12/12/1994	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/27/1991	FEMALE	32536	4/29/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/6/1984	MALE	32539	9/18/2012	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/13/1970	MALE	32564	4/16/1990	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/08/1985	MALE	32567	11/3/2009	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/17/1954	MALE	32531	4/08/1996	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/14/1988	FEMALE	32539	10/16/2007	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare

EMPLOYEE	10/28/1959	MALE	32548	5/10/2004	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/10/1985	FEMALE	32578	6/21/2011	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/12/1959	FEMALE	32569	12/26/2012	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/26/1956	FEMALE	32548	12/15/2003	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/18/1982	FEMALE	32536	6/10/2008	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/27/1995	FEMALE	32433	4/28/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/7/1969	FEMALE	32531	1/11/1988	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/05/1991	FEMALE	32566	7/13/2010	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/13/1964	MALE	32566	6/18/2013	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/20/1966	FEMALE	32531	12/9/2008	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/15/1973	MALE	32569	8/18/2009	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/26/1964	MALE	32578	3/29/2011	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/25/1957	MALE	32578	8/21/2000	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/24/1959	MALE	32566	1/06/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/24/1973	MALE	32539	2/07/2012	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/31/1967	MALE	32578	2/13/2006	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/25/1964	FEMALE	32433	5/21/2013	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/06/1957	MALE	32539	11/8/1999	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/01/1959	MALE	32536	11/13/2006	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/01/1958	MALE	32536	1/04/1988	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/21/1964	MALE	36442	7/26/2006	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/28/1960	MALE	32564	11/3/2009	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/04/1986	MALE	32580	5/22/2012	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/07/1967	FEMALE	32539	9/22/2003	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare

EMPLOYEE	6/21/1962	MALE	32539	2/02/1999	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/05/1962	MALE	32578	8/02/2005	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/19/1967	MALE	32567	8/27/2013	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/14/1974	MALE	32539	5/12/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/19/1963	MALE	32539	4/16/2013	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/27/1959	MALE	32564	8/22/1978	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/28/1986	MALE	32536	4/04/2005	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/19/1946	FEMALE	32541	3/22/2004	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/09/1961	FEMALE	32564	11/15/2004	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/6/1953	MALE	32531	1/15/2008	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/03/1982	MALE	32539	12/23/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/1/1977	FEMALE	32547	10/30/2001	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/16/1988	FEMALE	32547	4/30/2013	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/19/1980	MALE	33324	9/16/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/21/1989	FEMALE	32583	3/12/2013	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/2/1965	MALE	32539	4/15/2002	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/14/1980	MALE	32579	12/29/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/06/1989	MALE	32563	1/28/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/26/1967	MALE	32531	9/25/2007	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/28/1956	MALE	32566	12/23/2013	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/21/1974	FEMALE	32539	5/12/2003	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/30/1962	MALE	32564	1/23/2006	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/01/1988	MALE	32539	4/29/2008	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/27/1973	MALE	32567	12/1/2009	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare

EMPLOYEE	3/31/1986	FEMALE	32578	3/22/2011	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/27/1976	FEMALE	32539	4/16/2013	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/29/1969	MALE	32536	3/06/2012	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/04/1966	FEMALE	32548	8/04/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/29/1959	MALE	32539	6/07/1999	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/8/1971	MALE	32548	12/9/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/29/1989	MALE	32547	3/17/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/12/1978	MALE	32536	12/9/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/13/1968	MALE	32539	6/21/2004	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/26/1960	FEMALE	32580	9/28/2010	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/23/1958	FEMALE	36483	12/15/2009	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/22/1980	MALE	32571	5/07/2001	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/05/1950	FEMALE	32539	10/13/2009	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/19/1961	FEMALE	32547	6/06/2012	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/13/1955	FEMALE	32569	7/14/2009	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/01/1965	MALE	32539	4/21/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/1/1989	FEMALE	32578	7/24/2012	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/21/1970	MALE	32579	11/4/2008	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/5/1984	MALE	32531	3/09/2004	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/31/1978	MALE	32536	6/03/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/09/1985	FEMALE	32433	5/20/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/18/1963	MALE	32539	4/29/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/22/1992	MALE	32548	4/28/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/08/1951	FEMALE	32547	3/22/1989	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare

EMPLOYEE	7/12/1987	MALE	32539	10/29/2013	X Employee ◻ Employee/Spouse ◻ Employee Child(ren) ◻ Family	◻Other ◻ Tricare ◻ BlueMedicare
EMPLOYEE	10/4/1959	MALE	32569	1/28/2008	X Employee ◻ Employee/Spouse ◻ Employee Child(ren) ◻ Family	◻Other ◻ Tricare ◻ BlueMedicare
EMPLOYEE	2/17/1958	MALE	32547	6/07/1999	X Employee ◻ Employee/Spouse ◻ Employee Child(ren) ◻ Family	◻Other ◻ Tricare ◻ BlueMedicare
EMPLOYEE	4/17/1962	FEMALE	32531	2/14/2005	X Employee ◻ Employee/Spouse ◻ Employee Child(ren) ◻ Family	◻Other ◻ Tricare ◻ BlueMedicare
EMPLOYEE	5/14/1951	FEMALE	32536	7/09/1990	X Employee ◻ Employee/Spouse ◻ Employee Child(ren) ◻ Family	◻Other ◻ Tricare ◻ BlueMedicare
EMPLOYEE	12/11/1953	MALE	32531	9/10/2013	X Employee ◻ Employee/Spouse ◻ Employee Child(ren) ◻ Family	◻Other ◻ Tricare ◻ BlueMedicare
EMPLOYEE	1/08/1988	MALE	32570	3/03/2015	X Employee ◻ Employee/Spouse ◻ Employee Child(ren) ◻ Family	◻Other ◻ Tricare ◻ BlueMedicare
EMPLOYEE	6/29/1976	MALE	32433	12/26/2012	X Employee ◻ Employee/Spouse ◻ Employee Child(ren) ◻ Family	◻Other ◻ Tricare ◻ BlueMedicare
EMPLOYEE	3/26/1986	MALE	32567	12/30/2014	X Employee ◻ Employee/Spouse ◻ Employee Child(ren) ◻ Family	◻Other ◻ Tricare ◻ BlueMedicare
EMPLOYEE	3/04/1969	MALE	32536	8/23/2006	X Employee ◻ Employee/Spouse ◻ Employee Child(ren) ◻ Family	◻Other ◻ Tricare ◻ BlueMedicare
EMPLOYEE	12/20/1982	FEMALE	32564	12/4/2012	X Employee ◻ Employee/Spouse ◻ Employee Child(ren) ◻ Family	◻Other ◻ Tricare ◻ BlueMedicare
EMPLOYEE	10/1/1983	MALE	32566	8/19/2014	X Employee ◻ Employee/Spouse ◻ Employee Child(ren) ◻ Family	◻Other ◻ Tricare ◻ BlueMedicare
EMPLOYEE	5/18/1971	MALE	32564	12/16/2013	X Employee ◻ Employee/Spouse ◻ Employee Child(ren) ◻ Family	◻Other ◻ Tricare ◻ BlueMedicare
EMPLOYEE	8/19/1969	FEMALE	32580	10/20/2009	X Employee ◻ Employee/Spouse ◻ Employee Child(ren) ◻ Family	◻Other ◻ Tricare ◻ BlueMedicare
EMPLOYEE	8/01/1952	FEMALE	32579	11/18/2014	X Employee ◻ Employee/Spouse ◻ Employee Child(ren) ◻ Family	◻Other ◻ Tricare ◻ BlueMedicare
EMPLOYEE	4/10/1957	MALE	32567	2/24/2015	X Employee ◻ Employee/Spouse ◻ Employee Child(ren) ◻ Family	◻Other ◻ Tricare ◻ BlueMedicare
EMPLOYEE	11/25/1976	FEMALE	32541	4/24/2012	X Employee ◻ Employee/Spouse ◻ Employee Child(ren) ◻ Family	◻Other ◻ Tricare ◻ BlueMedicare
EMPLOYEE	8/16/1969	MALE	32536	11/13/1989	X Employee ◻ Employee/Spouse ◻ Employee Child(ren) ◻ Family	◻Other ◻ Tricare ◻ BlueMedicare
EMPLOYEE	12/13/1978	FEMALE	32547	1/19/2016	X Employee ◻ Employee/Spouse ◻ Employee Child(ren) ◻ Family	◻Other ◻ Tricare ◻ BlueMedicare
EMPLOYEE	3/01/1966	FEMALE	32536	5/18/2010	X Employee ◻ Employee/Spouse ◻ Employee Child(ren) ◻ Family	◻Other ◻ Tricare ◻ BlueMedicare
EMPLOYEE	12/22/1955	FEMALE	32536	6/28/1993	X Employee ◻ Employee/Spouse ◻ Employee Child(ren) ◻ Family	◻Other ◻ Tricare ◻ BlueMedicare
EMPLOYEE	12/2/1971	MALE	32578	10/1/2013	X Employee ◻ Employee/Spouse ◻ Employee Child(ren) ◻ Family	◻Other ◻ Tricare ◻ BlueMedicare
EMPLOYEE	7/19/1992	FEMALE	32548	10/21/2014	X Employee ◻ Employee/Spouse ◻ Employee Child(ren) ◻ Family	◻Other ◻ Tricare ◻ BlueMedicare
EMPLOYEE	3/19/1987	FEMALE	32539	2/11/2014	X Employee ◻ Employee/Spouse ◻ Employee Child(ren) ◻ Family	◻Other ◻ Tricare ◻ BlueMedicare

EMPLOYEE	4/09/1951	MALE	32541	7/01/1996	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/21/1977	MALE	32536	12/14/1999	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/17/1989	MALE	32539	10/28/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/17/1956	MALE	32566	9/18/1997	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/7/1975	FEMALE	32548	9/19/2005	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/12/1992	MALE	32536	6/11/2013	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/22/1968	FEMALE	32564	8/04/2003	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/27/1967	MALE	32536	12/5/2006	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/12/1951	MALE	32536	8/01/1995	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/25/1961	FEMALE	32547	12/27/2001	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/16/1956	FEMALE	32578	9/22/1997	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/20/1964	MALE	32547	2/27/2007	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/09/1989	FEMALE	32536	2/09/2016	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/20/1966	MALE	32564	12/1/2003	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/2/1976	FEMALE	32566	8/14/2002	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/27/1963	MALE	32536	11/27/2007	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/05/1979	MALE	32536	9/17/2013	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/08/1988	FEMALE	32566	12/23/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/09/1974	MALE	32539	6/12/2012	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/21/1958	MALE	32536	2/08/2006	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/15/1977	FEMALE	32548 536	12/27/2000	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/4/1956	MALE	32578	3/12/1984	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/18/1989	MALE	32539	11/5/2013	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/20/1960	MALE	32536	5/15/2006	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare

EMPLOYEE	2/25/1980	MALE	32539	6/20/2001	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/26/1976	FEMALE	35248	8/13/2003	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/3/1975	MALE	32539	11/5/2001	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/21/1974	MALE	32536	2/14/2012	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/22/1982	FEMALE	32531	12/1/2004	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/16/1955	MALE	32541	2/02/2016	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/20/1962	MALE	32531	11/16/1987	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/16/1986	MALE	32536	9/11/2012	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/18/1954	MALE	32539	7/10/1989	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/30/1987	MALE	32548	6/30/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/8/1953	MALE	32539	11/17/1997	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/13/1970	MALE	32570	2/12/2008	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/28/1965	MALE	32536	3/24/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/06/1964	FEMALE	36442	10/8/1997	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/31/1969	FEMALE	32567	12/15/1990	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/16/1972	FEMALE	32536	5/27/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/16/1962	FEMALE	32539	6/10/1996	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/14/1952	FEMALE	32459	5/05/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/13/1975	FEMALE	32578	11/25/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/29/1988	MALE	32531	8/04/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/27/1959	MALE	32539	10/6/1986	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/4/1960	FEMALE	36421	12/31/2013	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/14/1961	FEMALE	32564	4/30/2013	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/24/1989	MALE	32536	9/21/2010	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare

EMPLOYEE	2/18/1990	MALE	32569	7/31/2012	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/09/1976	FEMALE	32539	9/04/2007	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/07/1967	FEMALE	32541	7/14/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/13/1962	MALE	32539	11/1/1999	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/24/1968	MALE	32531	4/30/2013	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/19/1994	MALE	32531	6/16/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/22/1965	FEMALE	32539	6/26/1995	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/28/1968	MALE	32539	4/17/1989	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/04/1972	MALE	32531	3/01/1993	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/05/1978	MALE	32531	2/09/2016	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/17/1953	FEMALE	32548 153	3/18/1987	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/23/1993	MALE	32579	2/03/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/08/1956	MALE	32536	11/29/1999	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/4/1963	MALE	32539	3/02/2006	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/13/1978	FEMALE	32539	10/1/2001	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/10/1983	MALE	32566	4/14/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/04/1957	MALE	32531	4/28/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/10/1990	MALE	32539	9/08/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/21/1966	MALE	32531	10/30/2012	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/16/1976	MALE	32536	10/5/2010	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/04/1961	FEMALE	32549	3/20/2000	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/16/1972	MALE	32531	4/03/2012	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/14/1979	MALE	32439	10/30/2007	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/15/1976	MALE	32564	7/20/1998	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare

EMPLOYEE	12/14/1959	MALE	32539	2/02/2016	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/28/1981	MALE	32564	4/03/2012	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/09/1985	MALE	32531	10/11/2011	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/21/1956	MALE	32548	8/30/2011	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/10/1960	MALE	32579	9/11/1980	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/10/1965	MALE	32539	9/30/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/17/1961	MALE	39325	1/20/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/04/1988	MALE	32433	10/21/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/21/1966	MALE	32548	10/7/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/03/1973	MALE	32548	6/16/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/02/1960	FEMALE	32514	1/27/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/27/1956	MALE	32578	7/12/1983	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/16/1960	MALE	32531	6/12/1989	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/15/1951	FEMALE	32583 400	1/02/2008	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/03/1978	FEMALE	32531	10/19/1998	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/09/1966	FEMALE	32566	1/09/2007	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/7/1979	MALE	32567	10/22/2001	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/09/1968	MALE	32531	7/29/1986	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/29/1988	MALE	32531	9/23/2008	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/2/1985	MALE	32547	8/12/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/15/1959	MALE	32536	8/16/2011	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/28/1957	FEMALE	32531	8/07/1988	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/4/1975	FEMALE	32531	1/08/2013	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/15/1958	MALE	32536	5/26/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare

EMPLOYEE	5/19/1969	MALE	32536	7/28/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/4/1976	MALE	32539	9/01/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/21/1992	MALE	32541	12/10/2013	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/01/1955	FEMALE	32536	10/27/2000	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/23/1965	MALE	32547	7/17/2000	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/21/1955	FEMALE	32547	10/3/1994	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/28/1970	FEMALE	32539	3/11/1996	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/15/1965	MALE	32531	8/21/2012	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/18/1966	MALE	32547	3/14/2000	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/28/1954	MALE	32536	8/25/2003	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/09/1955	MALE	32569	6/29/2000	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/18/1993	MALE	32547	6/24/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/25/1975	MALE	32539	11/22/2002	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/26/1962	MALE	32531	12/2/1996	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/17/1959	MALE	32536	1/08/2008	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/14/1986	MALE	32539	10/8/2013	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/22/1966	FEMALE	32536	10/2/1987	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/30/1966	MALE	32569	7/06/2004	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/08/1993	FEMALE	32579	12/8/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/2/1971	MALE	32564	4/01/1996	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/3/1965	MALE	32578	12/16/2008	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/20/1959	MALE	32548	5/19/2003	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/06/1979	MALE	32539	5/19/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/11/1986	MALE	32435	6/09/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare

EMPLOYEE	2/10/1985	MALE	32536	1/26/2016	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/13/1970	MALE	32548	10/1/2001	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/14/1971	FEMALE	32539	9/28/2005	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/13/1982	FEMALE	32433	12/3/2013	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/18/1977	FEMALE	32536	12/23/2013	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/28/1964	MALE	32433	9/11/2012	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/09/1960	MALE	32531	8/20/1984	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/18/1965	MALE	32539	3/01/1993	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/16/1961	MALE	32539 461	12/4/1986	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/27/1962	FEMALE	32539	3/13/2007	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/20/1973	FEMALE	32536	6/30/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/10/1977	FEMALE	32536	12/23/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/07/1980	MALE	32536	1/29/2013	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/28/1974	FEMALE	32539	9/03/2013	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/20/1956	MALE	32531	9/20/2006	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/04/1965	FEMALE	32564	10/18/2011	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/26/1952	MALE	32567	7/02/1991	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/25/1990	MALE	32580	2/08/2011	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/7/1972	MALE	32567	7/29/2003	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/26/1969	FEMALE	32569	2/07/2005	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/1/1989	MALE	32539	10/15/2013	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/02/1976	MALE	32531	3/27/1995	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/23/1962	MALE	32569	10/23/2006	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/08/1953	MALE	32504	12/12/2005	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare

EMPLOYEE	6/14/1976	MALE	32578	11/4/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/24/1970	MALE	32531	9/03/2013	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/30/1969	FEMALE	32547	10/28/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/26/1983	MALE	32567	1/15/2013	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/6/1971	MALE	32578	12/4/1995	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/02/1961	MALE	32539	8/06/2012	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/02/1986	FEMALE	32539	9/18/2007	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/3/1985	FEMALE	32433	3/08/2011	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/27/1990	MALE	32539	6/16/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/23/1962	MALE	32539	3/06/2007	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/06/1972	FEMALE	32569	7/21/2003	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/06/1971	MALE	32531	10/23/2006	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/28/1958	MALE	32578	3/20/1999	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/19/1951	FEMALE	32536	9/02/2003	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/27/1955	MALE	32531	4/10/2006	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/23/1965	MALE	32569	6/01/1987	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/21/1980	MALE	32566	10/28/2008	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/30/1955	FEMALE	32539	2/22/1999	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/29/1952	FEMALE	32536	2/04/1986	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/9/1961	FEMALE	32547	3/06/2007	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/06/1979	MALE	32539	1/26/2016	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/17/1988	MALE	32536	12/4/2012	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/28/1954	MALE	32547	2/01/1994	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/30/1958	MALE	32531	3/15/1999	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare

EMPLOYEE	10/20/1964	FEMALE	32547	9/02/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/15/1953	FEMALE	32539	2/19/1996	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/17/1956	MALE	32583	4/07/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/04/1962	FEMALE	32531	5/27/2008	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/06/1958	MALE	32434	5/11/1992	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/27/1962	FEMALE	32539	10/10/2005	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/6/1954	MALE	32578	2/02/2004	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/03/1974	FEMALE	32539	5/13/1999	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/03/1988	MALE	32536	12/10/2013	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/02/1965	MALE	32439	2/28/2005	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/20/1958	FEMALE	32531	6/28/1993	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/17/1964	MALE	32531	8/25/1986	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/31/1961	MALE	32539	9/03/2002	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/27/1963	MALE	32566	9/14/1999	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/22/1950	MALE	32547	5/28/1987	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/15/1983	MALE	32536	8/04/2004	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/25/1974	FEMALE	36320	7/16/2013	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/19/1959	FEMALE	32531	7/09/2002	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/8/1985	MALE	32531	10/16/2006	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/08/1982	MALE	32565	2/03/2015	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/16/1966	MALE	32539	6/03/2014	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/30/1987	FEMALE	32536	3/25/2014	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/27/1989	MALE	32548	11/25/2014	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/08/1971	MALE	32567	9/01/2015	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare

EMPLOYEE	2/11/1954	MALE	32536	8/31/1981	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/26/1987	MALE	32536	2/05/2008	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/16/1955	MALE	32536	7/30/2001	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/10/1957	MALE	32536	4/17/2002	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/9/1955	MALE	32539	4/17/1985	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/08/1966	MALE	32539	12/8/1997	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/31/1983	MALE	32564	11/20/2012	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/22/1967	MALE	32539	8/21/2012	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/14/1967	MALE	32531	12/18/1986	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/07/1969	MALE	36323	11/13/2000	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/4/1975	MALE	32536	12/1/2009	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/24/1975	MALE	32569	12/28/2001	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/20/1985	MALE	32564	10/5/2005	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/28/1978	MALE	32548	11/12/2013	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/16/1961	FEMALE	32536	2/15/2006	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/6/1968	MALE	32571	5/31/2006	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/04/1952	MALE	32578	11/1/2004	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/06/1982	MALE	32531	8/14/2012	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/08/1965	MALE	32547	3/18/2008	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/02/1956	FEMALE	32569	10/15/2001	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/31/1975	FEMALE	32531	6/25/2013	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/20/1970	MALE	32539	11/8/1999	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/2/1973	MALE	32531	8/20/2013	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/26/1953	MALE	32547	4/16/2012	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare

EMPLOYEE	5/29/1975	MALE	32539	9/08/1998	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/23/1977	MALE	32539	7/31/1995	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/21/1978	MALE	32578	11/26/2004	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/24/1982	MALE	32531	2/25/2014	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/23/1974	MALE	32579	11/3/2015	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/16/1960	MALE	32536	3/04/2002	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/15/1981	FEMALE	32578	4/03/2012	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/11/1975	MALE	32547	8/21/2012	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/08/1976	MALE	32564	5/23/2002	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/03/1984	FEMALE	32567	5/18/2010	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/25/1974	MALE	32531	8/16/1999	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/24/1961	MALE	32531	7/07/2009	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/3/1958	MALE	32539	3/02/1999	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/10/1963	MALE	32567	5/30/1989	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/28/1983	MALE	32539	5/07/2013	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/30/1974	MALE	32571	6/16/2015	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/23/1981	MALE	32539	9/07/2010	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/05/1976	MALE	32539	8/04/2015	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/10/1965	MALE	32439	7/17/2006	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/29/1977	MALE	32578	10/2/2000	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/23/1962	MALE	32570	4/26/2004	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/29/1953	MALE	32548	11/26/2013	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/25/1982	MALE	32539	6/10/2008	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/16/1976	MALE	32539	5/08/2006	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare

EMPLOYEE	9/04/1973	MALE	32536	8/16/2005	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/11/1984	MALE	32578	4/22/2014	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/07/1960	MALE	32531	9/13/1993	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/22/1963	MALE	32539	6/16/1990	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/23/1971	FEMALE	32539	9/01/1998	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/28/1978	MALE	32579	8/11/2015	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/19/1962	MALE	32580	5/31/1988	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/14/1966	FEMALE	32536	4/10/2006	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/22/1962	MALE	32536	11/10/2003	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/11/1970	MALE	32566	10/29/2013	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/04/1959	MALE	32536	5/05/1993	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/27/1959	MALE	32531	3/09/1987	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/18/1983	MALE	32531	6/30/2003	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/18/1962	FEMALE	32531	5/24/1982	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/26/1980	MALE	32548	2/07/2012	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/28/1979	MALE	32547	11/18/2014	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/26/1982	MALE	32539	12/4/2004	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/19/1966	MALE	32536	6/27/1994	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/11/1962	MALE	32547	1/22/1991	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/07/1975	MALE	32531	10/3/1994	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/30/1974	MALE	32578	1/26/2016	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/02/1967	FEMALE	32548	9/26/2005	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/30/1986	MALE	32539	12/16/2013	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/23/1975	MALE	32567	12/11/2007	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare

EMPLOYEE	11/24/1966	MALE	32531	7/23/1985	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/06/1966	MALE	32539	1/05/2016	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/6/1959	MALE	32541	8/11/2009	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/12/1975	FEMALE	32566	2/16/2016	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/25/1965	MALE	32531	1/12/2010	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/27/1959	FEMALE	32531	4/17/1987	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/10/1985	MALE	32531	7/15/2003	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/23/1952	MALE	32531	6/29/1998	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/17/1966	MALE	32547	4/09/2013	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/1/1969	FEMALE	32539	4/02/1996	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/17/1969	MALE	32531	3/22/1988	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/24/1987	MALE	32567	11/24/2015	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/19/1955	MALE	32531	2/10/1986	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/8/1958	MALE	32539	3/01/2004	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/15/1950	MALE	32567	1/18/2000	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/17/1951	MALE	32514	1/07/2004	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/05/1970	FEMALE	32567	10/25/2005	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/29/1969	MALE	32566	11/19/2013	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/2/1977	MALE	32536 233	2/15/2005	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/18/1963	MALE	32536	7/08/1996	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/05/1979	MALE	32536	6/24/2014	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/11/1959	MALE	32579	7/29/2014	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/29/1963	MALE	32531	6/10/1996	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/13/1963	MALE	32536	2/16/2010	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare

EMPLOYEE	8/17/1964	MALE	32536	10/22/2007	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/23/1972	MALE	32531	6/16/2009	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/13/1964	MALE	32531	9/13/2011	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/16/1969	MALE	32531	11/18/1996	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/26/1961	MALE	32433	2/06/2007	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/20/1967	FEMALE	32536	8/09/1988	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/26/1961	MALE	32564	6/02/1986	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/04/1958	FEMALE	32570	1/05/1998	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/27/1960	MALE	32547	3/11/2002	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/29/1976	MALE	32569	8/05/2002	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/12/1961	FEMALE	32536	8/09/1995	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/14/1959	MALE	32539	12/25/2000	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/8/1951	MALE	32531	2/08/2002	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/03/1968	MALE	32578	3/27/2007	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/15/1983	MALE	32567	10/7/2008	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/17/1987	FEMALE	32539	5/27/2014	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/22/1967	MALE	32531	8/14/2012	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/27/1949	MALE	32539	6/23/2015	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/17/1960	FEMALE	32564	8/23/1999	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/19/1968	MALE	32583	11/24/2004	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/19/1959	MALE	32531	7/08/1981	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/2/1967	MALE	32563	11/3/2015	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/19/1959	MALE	32539	11/27/1993	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/11/1959	FEMALE	32547	6/30/2015	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare

EMPLOYEE	9/16/1972	MALE	32456	7/27/2010	□ Employee □ Employee/Spouse □ Employee Child(ren) X Family	□Other □ Tricare □ BlueMedicare
EMPLOYEE	12/15/1958	FEMALE	32539	5/13/2005	□ Employee □ Employee/Spouse □ Employee Child(ren) X Family	□Other □ Tricare □ BlueMedicare
EMPLOYEE	4/24/1979	FEMALE	32536	8/29/2005	□ Employee □ Employee/Spouse □ Employee Child(ren) X Family	□Other □ Tricare □ BlueMedicare
EMPLOYEE	10/17/1966	MALE	32536	4/07/1997	□ Employee □ Employee/Spouse □ Employee Child(ren) X Family	□Other □ Tricare □ BlueMedicare
EMPLOYEE	8/03/1976	MALE	32548	9/22/1999	□ Employee □ Employee/Spouse □ Employee Child(ren) X Family	□Other □ Tricare □ BlueMedicare
EMPLOYEE	3/05/1978	MALE	32539	10/4/2001	□ Employee □ Employee/Spouse □ Employee Child(ren) X Family	□Other □ Tricare □ BlueMedicare
EMPLOYEE	8/02/1957	MALE	32564	4/19/2004	□ Employee □ Employee/Spouse □ Employee Child(ren) X Family	□Other □ Tricare □ BlueMedicare
EMPLOYEE	4/08/1965	MALE	32536	8/01/2005	□ Employee □ Employee/Spouse □ Employee Child(ren) X Family	□Other □ Tricare □ BlueMedicare
EMPLOYEE	8/31/1987	MALE	32539	3/04/2008	□ Employee □ Employee/Spouse □ Employee Child(ren) X Family	□Other □ Tricare □ BlueMedicare
EMPLOYEE	10/30/1966	MALE	32531	10/11/2006	□ Employee □ Employee/Spouse □ Employee Child(ren) X Family	□Other □ Tricare □ BlueMedicare
EMPLOYEE	7/27/1960	FEMALE	32569	10/10/1978	□ Employee □ Employee/Spouse □ Employee Child(ren) X Family	□Other □ Tricare □ BlueMedicare
EMPLOYEE	2/28/1978	MALE	32583	10/4/1999	□ Employee □ Employee/Spouse □ Employee Child(ren) X Family	□Other □ Tricare □ BlueMedicare
EMPLOYEE	3/20/1987	FEMALE	32536	12/11/2007	□ Employee □ Employee/Spouse □ Employee Child(ren) X Family	□Other □ Tricare □ BlueMedicare
EMPLOYEE	8/17/1965	MALE	32536	3/06/2012	□ Employee □ Employee/Spouse □ Employee Child(ren) X Family	□Other □ Tricare □ BlueMedicare
EMPLOYEE	9/15/1973	MALE	32539	10/5/2010	□ Employee □ Employee/Spouse □ Employee Child(ren) X Family	□Other □ Tricare □ BlueMedicare
EMPLOYEE	6/27/1959	MALE	32531	11/27/1984	□ Employee □ Employee/Spouse □ Employee Child(ren) X Family	□Other □ Tricare □ BlueMedicare
EMPLOYEE	3/03/1954	MALE	32531	8/29/1984	□ Employee □ Employee/Spouse □ Employee Child(ren) X Family	□Other □ Tricare □ BlueMedicare
EMPLOYEE	12/6/1974	MALE	32564	11/20/2006	□ Employee □ Employee/Spouse □ Employee Child(ren) X Family	□Other □ Tricare □ BlueMedicare
EMPLOYEE	11/30/1962	MALE	32539	4/01/2008	□ Employee □ Employee/Spouse □ Employee Child(ren) X Family	□Other □ Tricare □ BlueMedicare
EMPLOYEE	3/04/1980	FEMALE	32531	1/14/2004	□ Employee □ Employee/Spouse □ Employee Child(ren) X Family	□Other □ Tricare □ BlueMedicare
EMPLOYEE	1/02/1971	MALE	32578	10/4/1988	□ Employee □ Employee/Spouse □ Employee Child(ren) X Family	□Other □ Tricare □ BlueMedicare
EMPLOYEE	7/08/1982	MALE	32564	6/16/2004	□ Employee □ Employee/Spouse □ Employee Child(ren) X Family	□Other □ Tricare □ BlueMedicare
EMPLOYEE	10/23/1977	MALE	32583	6/10/2005	□ Employee □ Employee/Spouse □ Employee Child(ren) X Family	□Other □ Tricare □ BlueMedicare
EMPLOYEE	10/19/1960	MALE	32536	8/21/2007	□ Employee □ Employee/Spouse □ Employee Child(ren) X Family	□Other □ Tricare □ BlueMedicare

EMPLOYEE	7/04/1955	MALE	32578	4/06/2000	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/21/1943	MALE	32439	3/24/2003	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/28/1966	FEMALE	32536	8/20/1984	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/05/1959	MALE	32539	2/10/2015	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/31/1956	MALE	32539	4/04/2005	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/25/1963	MALE	32536	6/05/1992	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/05/1973	MALE	32536	9/25/2007	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/31/1967	MALE	32539	2/14/2000	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/19/1960	FEMALE	32567	5/17/1999	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/03/1966	FEMALE	32531	3/10/1989	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/07/1954	MALE	32539	2/05/1990	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/24/1976	MALE	32564	8/14/2012	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/05/1964	MALE	32578	4/19/1993	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/21/1971	MALE	32567	9/08/2015	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/1/1953	MALE	32533	12/10/2013	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/21/1986	MALE	32548	8/18/2015	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/29/1971	MALE	32536	12/19/2006	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/05/1967	MALE	32531	11/12/2002	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/06/1973	FEMALE	32539	12/29/2015	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/23/1963	MALE	36442	10/4/1982	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/21/1985	MALE	32531	7/01/2014	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/5/1972	FEMALE	32579	8/02/1999	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/18/1962	MALE	32567	5/13/2014	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/19/1965	FEMALE	32567	10/7/1997	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare

EMPLOYEE	9/12/1977	FEMALE	32566	8/09/2011	⊓ Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) X Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	12/5/1967	MALE	32547	5/22/2012	⊓ Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) X Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	9/02/1970	FEMALE	32539	6/08/2005	⊓ Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) X Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	7/31/1961	MALE	32531	10/2/1995	⊓ Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) X Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	5/01/1976	MALE	32579	9/29/2006	⊓ Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) X Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
	4/23/1984	MALE	32547	2/08/2011	⊓ Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) X Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	1/20/1956	MALE	32588	4/02/1996	⊓ Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) X Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	4/11/1977	MALE	36483	6/05/2000	⊓ Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) X Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	12/20/1960	FEMALE	32547	10/2/2007	⊓ Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) X Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	4/08/1985	MALE	32531	2/09/2010	⊓ Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) X Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	10/9/1953	MALE	32539	10/20/2009	⊓ Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) X Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	6/27/1975	FEMALE	32547	12/16/2008	⊓ Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) X Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	4/21/1955	MALE	32433	11/8/2006	⊓ Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) X Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	9/02/1982	MALE	32547	5/05/2015	⊓ Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) X Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	8/06/1979	MALE	32578	3/11/2008	⊓ Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) X Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	9/03/1972	MALE	32547	6/30/2015	⊓ Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) X Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	4/04/1960	FEMALE	32455	2/09/2016	⊓ Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) X Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	3/01/1957	FEMALE	32547	6/09/2009	⊓ Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) X Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	4/05/1969	MALE	32578	4/06/1994	⊓ Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) X Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	3/02/1975	MALE	32564	10/31/2002	⊓ Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) X Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	10/25/1989	FEMALE	32566	7/07/2015	⊓ Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) X Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	1/09/1953	MALE	32531	8/26/1982	⊓ Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) X Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	6/30/1954	MALE	32536	12/14/1993	⊓ Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) X Family	⊓Other ⊓ Tricare ⊓ BlueMedicare
EMPLOYEE	8/02/1957	FEMALE	32536	1/10/2012	⊓ Employee ⊓ Employee/Spouse ⊓ Employee Child(ren) X Family	⊓Other ⊓ Tricare ⊓ BlueMedicare

EMPLOYEE	1/25/1967	FEMALE	32547	4/29/2014	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/27/1975	MALE	36483	1/22/2001	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/23/1968	MALE	32531	8/12/2005	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/02/1975	MALE	32579	5/17/2000	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/06/1960	MALE	32547	7/09/2001	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/30/1970	MALE	32539	4/10/2012	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/28/1953	MALE	32578	11/13/2006	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/17/1970	MALE	32539	12/23/2014	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/19/1959	MALE	32564	5/17/1988	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/10/1954	MALE	32547	4/25/1990	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/13/1951	MALE	32539	10/14/1996	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/18/1978	MALE	32539	5/14/2013	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/02/1956	FEMALE	32566	3/23/1999	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/21/1964	FEMALE	32539	7/12/1999	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/11/1952	MALE	32536	1/06/1977	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/28/1970	MALE	32531	2/14/2005	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/29/1961	MALE	32539	11/8/2011	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/26/1964	MALE	32548	4/11/1988	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/28/1972	MALE	32536	3/15/1993	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/16/1955	Male	32541	1/25/1993	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/22/1971	Female	32578	8/3/1998	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/27/1988	Female	32539	6/2/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/17/1957	Female	32531	4/12/2010	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/6/1971	Female	32539	1/5/2009	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare

EMPLOYEE	8/10/1990	Female	32566	2/17/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/30/1991	Female	32536	12/1/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/25/1955	Female	32539	10/12/1998	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/31/1972	Female	32547	12/6/1999	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/18/1964	Female	32578	7/6/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/17/1969	Female	32539	6/16/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/5/1975	Female	32547	11/23/2009	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/2/1983	Female	32548	1/19/2004	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/5/1974	Female	32569	5/1/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/29/1960	Female	32536	10/30/1995	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/24/1971	Female	32531	5/11/1998	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/15/1986	Female	32514	5/7/2012	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/12/1960	Female	32548	5/21/1990	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/31/1973	Female	32547	11/13/2006	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/7/1984	Female	32547	6/12/2006	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/12/1983	Female	32531	10/7/2013	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/1/1980	Female	32547	7/9/2012	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/18/1980	Female	32536	7/1/2013	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/23/1968	Female	32579	2/16/2004	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/25/1958	Female	32579	11/6/1995	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/30/1986	Female	32539	10/7/2013	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/2/1979	Female	32579	1/19/2009	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/13/1979	Female	32539	1/22/2013	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/11/1973	Female	32536	10/1/2005	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare

EMPLOYEE	9/19/1968	Female	32579	3/25/1996	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/10/1977	Female	32566	1/29/2001	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/30/1990	Female	32578	11/16/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/18/1989	Female	32578	6/10/2013	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/4/1978	Female	32536	2/4/2013	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/12/1965	Female	32531	5/15/1989	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/9/1955	Female	32531	2/21/2005	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/23/1961	Male	32570	10/28/1998	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/13/1951	Male	32565	1/21/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/16/1968	Male	32536	2/1/2002	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/4/1971	Female	32548	10/4/2010	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/18/1954	Female	32547	4/18/1954	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/11/1982	Female	32539	10/4/2004	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/20/1983	Female	32569	2/4/2008	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/15/1952	Female	32539	9/16/1984	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/28/1954	Female	32548	2/16/2009	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/23/1954	Female	32531	4/1/2012	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/6/1950	Female	32536	4/22/1991	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/22/1971	Female	32548	3/28/2011	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/16/1959	Female	32536	4/5/1993	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/12/1967	Female	32531	9/8/1998	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/12/1960	Female	32541	8/10/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/14/1963	Female	32531	10/19/2009	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/5/1977	Female	32539	9/13/2010	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare

EMPLOYEE	8/20/1950	Female	32548	2/1/2013	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/11/1979	Female	32539	11/10/2003	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/23/1945	Male	32539	10/1/2006	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/23/1970	Male	32578	1/11/1999	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/11/1971	Female	32578	4/3/2000	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/14/1961	Male	32439	5/15/1985	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/26/1963	Female	32539	3/21/2006	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/13/1972	Female	32539	11/27/2006	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/15/1961	Female	32539	6/9/2008	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/3/1968	Female	32566	8/10/2005	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/6/1989	Female	32580	10/13/2014	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/1/1966	Female	32578	11/4/2013	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/15/1973	Female	32536	5/22/2000	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/10/1964	Female	32539	3/2/2009	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/1/1956	Female	32567	3/6/2006	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/23/1973	Female	32547	12/1/2014	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/17/1963	Female	32565	12/2/2014	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/14/1959	Female	32531	9/12/1991	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/22/1970	Female	32547	8/18/2005	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/18/1974	Male	32578	2/28/2015	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/31/1969	Male	32536	5/18/1998	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/14/1956	Female	32547	4/18/2011	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/7/1982	Female	32548	4/14/2008	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/17/1961	Female	32539	1/25/2016	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare

EMPLOYEE	10/1/1964	Female	32579	5/16/2011	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/15/1958	Female	32579	4/8/1991	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/23/1977	Female	32531	6/10/1999	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/2/1967	Male	32539	11/26/2001	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/2/1956	Female	32578	10/4/2004	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/3/1979	Male	32578	7/21/2008	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/10/1989	Male	32578	4/14/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/9/1974	Male	32536	4/11/2011	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/28/1985	Male	32547	8/30/2010	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/27/1957	Female	32539	5/16/2005	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/11/1957	Female	32539	5/17/1975	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/29/1962	Male	32567	10/19/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/23/1952	Female	32433	10/16/2012	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/12/1976	Male	32578	3/9/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/6/1964	Male	32548	12/2/1996	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/31/1990	Male	32578	6/9/2014	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/2/1996	Female	32531	12/7/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/7/1990	Female	32547	3/1/2016	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/14/1946	Male	32548	1/5/1993	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/3/1976	Male	32569	1/12/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/12/1978	Female	32569	10/1/2010	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/29/1949	Male	32539	2/7/2005	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/13/1969	Male	32539	11/2/2015	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/10/1947	Male	32549	8/9/2004	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare

EMPLOYEE	11/2/1955	Female	32531	10/1/2009	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/23/1984	Male	32539	2/1/2009	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/21/1957	Male	32531	7/1/1985	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/29/1961	Female	32578	3/22/1999	X Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/23/1970	Female	36442	4/9/1997	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/26/1981	Female	32548	4/1/2007	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/27/1954	Male	32578	6/1/1993	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/8/1959	Female	32578	10/1/2013	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/12/1979	Male	32536	8/5/2013	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/8/1972	Female	32531	12/13/2010	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/19/1967	Female	32549	4/22/2013	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/14/1962	Male	32578	11/9/2000	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/15/1958	Male	32536	8/20/1984	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/2/1974	Male	32433	7/13/2015	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/18/1953	Female	32547	9/27/2011	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) X Family	☐Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/28/1957	MALE	32536	6/30/1999	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other X Tricare ☐ BlueMedicare
EMPLOYEE	10/24/1956	MALE	32547	5/18/1998	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other X Tricare ☐ BlueMedicare
EMPLOYEE	4/10/1961	MALE	32564	9/04/1996	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other X Tricare ☐ BlueMedicare
EMPLOYEE	3/10/1964	FEMALE	32536	2/27/2006	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other X Tricare ☐ BlueMedicare
EMPLOYEE	11/14/1960	MALE	32539	11/10/2003	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other X Tricare ☐ BlueMedicare
EMPLOYEE	8/24/1957	MALE	32539	12/29/1997	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other X Tricare ☐ BlueMedicare

EMPLOYEE	8/17/1961	MALE	32547	8/26/2002	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other X Tricare ☐ BlueMedicare
EMPLOYEE	9/27/1955	MALE	32578	10/7/1998	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other X Tricare ☐ BlueMedicare
EMPLOYEE	2/27/1955	MALE	32536	4/15/2008	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other X Tricare ☐ BlueMedicare
EMPLOYEE	5/12/1951	FEMALE	32566	4/26/2004	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other X Tricare ☐ BlueMedicare
EMPLOYEE	2/01/1948	MALE	32539	11/18/2008	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other X Tricare ☐ BlueMedicare
EMPLOYEE	11/5/1955	FEMALE	32539	5/28/1996	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other X Tricare ☐ BlueMedicare
EMPLOYEE	2/06/1962	MALE	32539	6/15/1981	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other X Tricare ☐ BlueMedicare
EMPLOYEE	8/10/1954	FEMALE	32539	3/10/1997	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other X Tricare ☐ BlueMedicare
EMPLOYEE	10/16/1952	FEMALE	32578	6/29/1998	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other X Tricare ☐ BlueMedicare
EMPLOYEE	5/26/1968	MALE	32578	4/24/2007	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other X Tricare ☐ BlueMedicare
EMPLOYEE	9/07/1961	MALE	32539	9/18/2006	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other X Tricare ☐ BlueMedicare
EMPLOYEE	5/09/1960	MALE	32536	10/8/2001	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other X Tricare ☐ BlueMedicare
EMPLOYEE	5/28/1959	FEMALE	32539	4/14/2003	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other X Tricare ☐ BlueMedicare
EMPLOYEE	8/15/1957	FEMALE	32580	11/4/1998	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other X Tricare ☐ BlueMedicare
EMPLOYEE	6/02/1969	MALE	32536	8/18/2015	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other X Tricare ☐ BlueMedicare
EMPLOYEE	1/06/1964	FEMALE	32580	7/31/2000	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other X Tricare ☐ BlueMedicare

EMPLOYEE	3/26/1955	MALE	32578	9/29/2009	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other X Tricare ☐ BlueMedicare
EMPLOYEE	3/13/1964	MALE	32564	10/28/2004	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other X Tricare ☐ BlueMedicare
EMPLOYEE	3/06/1974	FEMALE	32539	2/10/2015	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/05/1962	MALE	32539	5/20/2002	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/29/1951	MALE	32547	7/31/2002	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/29/1955	MALE	32531	10/4/2006	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/30/1961	MALE	32539	10/14/2014	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/4/1957	MALE	32536	4/30/2013	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/27/1982	FEMALE	32536	7/07/2015	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/03/1974	MALE	32566	9/30/2014	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/02/1947	MALE	32547	8/23/1999	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/17/1958	MALE	32531	1/30/2006	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/22/1971	MALE	32536	12/23/2014	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/04/1957	MALE	32579	6/27/2001	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/30/1982	FEMALE	32536	5/29/2007	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/13/1953	FEMALE	32536	2/07/2000	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare

EMPLOYEE	6/19/1956	MALE	32536	10/17/1994	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/24/1959	MALE	32539	9/15/2015	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/15/1957	FEMALE	32536	5/29/1997	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/24/1964	MALE	32536	7/17/2006	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/09/1956	MALE	32547	12/15/2015	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/23/1959	FEMALE	32547	12/30/2014	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/28/1971	FEMALE	32539	3/01/2016	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/19/1957	MALE	32539	10/4/2000	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/15/1960	FEMALE	32571	3/03/2006	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/27/1956	MALE	32563	7/26/2011	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/04/1980	MALE	32539	11/29/2004	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/21/1953	FEMALE	32536	10/17/1983	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/6/1971	MALE	32547	9/24/2013	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/20/1955	FEMALE	32539	10/1/2000	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/23/1954	MALE	32547	10/24/2004	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/30/1968	MALE	32539	4/30/2013	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare

EMPLOYEE	5/13/1962	MALE	32539	5/13/2014	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	X Other □ Tricare □ BlueMedicare
EMPLOYEE	10/1/1978	FEMALE	32579	11/26/2013	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	X Other □ Tricare □ BlueMedicare
EMPLOYEE	7/11/1960	MALE	32439	3/11/2014	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	X Other □ Tricare □ BlueMedicare
EMPLOYEE	8/24/1966	FEMALE	32536	7/08/1997	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	X Other □ Tricare □ BlueMedicare
EMPLOYEE	7/22/1960	MALE	32569 234	3/17/2003	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	X Other □ Tricare □ BlueMedicare
EMPLOYEE	7/16/1967	FEMALE	32564	6/19/1995	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	X Other □ Tricare □ BlueMedicare
EMPLOYEE	9/17/1960	MALE	32548	4/28/2003	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	X Other □ Tricare □ BlueMedicare
EMPLOYEE	4/16/1977	FEMALE	32566	4/14/2003	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	X Other □ Tricare □ BlueMedicare
EMPLOYEE	10/7/1958	MALE	32580	10/6/2005	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	X Other □ Tricare □ BlueMedicare
EMPLOYEE	5/05/1979	FEMALE	32548	7/08/2014	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	X Other □ Tricare □ BlueMedicare
EMPLOYEE	6/10/1962	FEMALE	32566	7/19/2004	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	X Other □ Tricare □ BlueMedicare
EMPLOYEE	10/15/1943	MALE	32548	3/23/2005	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	X Other □ Tricare □ BlueMedicare
EMPLOYEE	2/28/1991	MALE	32579	1/04/2011	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	X Other □ Tricare □ BlueMedicare
EMPLOYEE	9/17/1971	FEMALE	32505	10/23/2012	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	X Other □ Tricare □ BlueMedicare
EMPLOYEE	6/23/1958	MALE	32531	11/19/1990	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	X Other □ Tricare □ BlueMedicare
EMPLOYEE	3/12/1973	MALE	32578	12/2/2014	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	X Other □ Tricare □ BlueMedicare

EMPLOYEE	8/25/1957	MALE	32547	9/14/2004	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/01/1968	FEMALE	32536	12/7/2010	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/09/1954	MALE	32548	2/05/2013	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/19/1979	MALE	32539	12/16/2008	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/08/1987	MALE	32531	11/18/2014	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/03/1975	MALE	32547	4/30/2013	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/18/1977	MALE	32539	3/05/2013	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/27/1949	MALE	32578	7/05/2005	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/10/1957	MALE	32531	4/08/1996	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/17/1967	FEMALE	32536	1/05/1995	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/11/1964	MALE	32566	7/07/2015	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	2/12/1973	MALE	32548	11/1/2011	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/13/1972	MALE	32564	2/14/2006	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/28/1953	MALE	32539	6/28/2011	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/15/1967	MALE	32567	3/13/2007	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/8/1983	MALE	32536	7/09/2013	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare

EMPLOYEE	7/18/1968	MALE	32578	8/30/2006	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/12/1958	MALE	32531	1/03/2005	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/19/1956	FEMALE	32539	2/02/2010	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/8/1968	MALE	32570	8/10/1999	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/29/1963	MALE	32548	8/30/2006	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/07/1969	MALE	32539	8/09/2011	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/02/1959	FEMALE	32536	12/9/1997	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/24/1960	MALE	32536	9/30/2002	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/04/1955	MALE	32539	4/17/2012	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/10/1952	FEMALE	32531	4/10/2007	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/2/1966	MALE	32536	1/06/2009	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/20/1985	MALE	32539	10/13/2015	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/30/1975	MALE	32578	11/8/2006	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/13/1965	FEMALE	32566	8/16/2004	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/03/1965	FEMALE	32547	6/24/2002	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	6/24/1977	FEMALE	32536	6/30/2015	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare

EMPLOYEE	3/14/1968	MALE	32539	6/17/2008	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/27/1952	MALE	32569	2/05/2013	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/21/1959	MALE	32539	7/30/1999	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/21/1953	MALE	32579	5/17/1993	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/26/1981	MALE	32548	3/27/2012	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	10/10/1962	MALE	32539	9/29/2006	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/16/1940	MALE	32579	7/20/1998	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/23/1983	FEMALE	32433	1/12/2016	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/23/1964	FEMALE	32566	12/5/2005	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/10/1954	MALE	32539	6/16/2006	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/4/1977	FEMALE	32531	3/20/2007	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/22/1956	FEMALE	32569	5/24/1999	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	9/28/1960	FEMALE	32566	11/8/2006	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/18/1965	MALE	32539	6/06/1983	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/18/1966	MALE	32569	6/11/2013	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/25/1961	MALE	32566	7/28/2015	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare

EMPLOYEE	7/06/1973	MALE	32579	2/17/2003	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	X Other □ Tricare □ BlueMedicare
EMPLOYEE	11/13/1960	MALE	32566	4/29/2002	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	X Other □ Tricare □ BlueMedicare
EMPLOYEE	8/07/1950	MALE	32548	2/22/1988	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	X Other □ Tricare □ BlueMedicare
EMPLOYEE	4/24/1985	FEMALE	32536	3/09/2005	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	X Other □ Tricare □ BlueMedicare
EMPLOYEE	12/7/1954	MALE	32567	8/02/2011	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	X Other □ Tricare □ BlueMedicare
EMPLOYEE	9/11/1963	MALE	32531	9/01/1983	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	X Other □ Tricare □ BlueMedicare
EMPLOYEE	8/17/1960	FEMALE	32547	5/19/2015	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	X Other □ Tricare □ BlueMedicare
EMPLOYEE	5/10/1971	MALE	32536	2/23/2010	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	X Other □ Tricare □ BlueMedicare
EMPLOYEE	2/13/1958	MALE	32580	1/30/2001	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	X Other □ Tricare □ BlueMedicare
EMPLOYEE	4/13/1963	MALE	32569	7/22/2014	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	X Other □ Tricare □ BlueMedicare
EMPLOYEE	10/2/1961	MALE	32539	1/29/2003	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	X Other □ Tricare □ BlueMedicare
EMPLOYEE	4/04/1956	MALE	32539	5/27/2008	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	X Other □ Tricare □ BlueMedicare
EMPLOYEE	7/21/1963	MALE	32578	4/07/2015	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	X Other □ Tricare □ BlueMedicare
EMPLOYEE	9/08/1972	MALE	32539	9/16/2002	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	X Other □ Tricare □ BlueMedicare
EMPLOYEE	6/09/1956	MALE	32578	11/3/1987	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	X Other □ Tricare □ BlueMedicare
EMPLOYEE	1/19/1980	FEMALE	32539	8/11/2009	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	X Other □ Tricare □ BlueMedicare

EMPLOYEE	1/23/1951	MALE	32539	4/01/2008	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/20/1971	MALE	32547	12/15/2009	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/12/1983	MALE	32569	7/07/2015	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/28/1965	MALE	32539	11/20/1986	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/28/1962	FEMALE	32547	5/05/1997	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/04/1965	MALE	32578	5/17/2005	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/30/1959	MALE	32571	5/16/2005	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	1/31/1961	MALE	32539	3/12/2013	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/29/1955	FEMALE	32539	7/13/2010	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/29/1976	MALE	32536	12/9/2014	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/29/1977	MALE	32539	11/15/1999	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	7/08/1973	FEMALE	32531	9/11/2007	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/26/1968	FEMALE	32536	12/22/2015	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	8/21/1958	MALE	32433	9/02/1997	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	11/4/1979	FEMALE	32579	2/09/2016	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/14/1940	MALE	32578	1/31/2005	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare

EMPLOYEE	10/6/1989	FEMALE	32531	4/22/2014	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	3/01/1946	MALE	32541	10/23/2012	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	5/31/1966	MALE	32539	7/09/2013	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/25/1957	MALE	32547	6/01/1999	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	12/14/1966	FEMALE	32539	4/21/2003	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	4/04/1991	MALE	32578	5/19/2015	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	X Other ☐ Tricare ☐ BlueMedicare
EMPLOYEE	07/16/59	F	32539	10/15/84	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other X Tricare ☐ BlueMedicare
EMPLOYEE	09/22/67	F	32536	01/08/91	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other X Tricare ☐ BlueMedicare
EMPLOYEE	05/31/58	F	32539	07/01/02	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other X Tricare ☐ BlueMedicare
EMPLOYEE	09/20/65	F	32539	01/19/16	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other X Tricare ☐ BlueMedicare
EMPLOYEE	05/25/87	F	32569	04/15/13	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other X Tricare ☐ BlueMedicare
EMPLOYEE	07/24/57	F	32536	10/11/99	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other X Tricare ☐ BlueMedicare
EMPLOYEE	01/17/60	F	32539	02/21/05	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other X Tricare ☐ BlueMedicare
EMPLOYEE	09/01/64	M	32580	03/07/16	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other X Tricare ☐ BlueMedicare
EMPLOYEE	04/10/65	F	32569	02/01/10	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other X Tricare ☐ BlueMedicare
EMPLOYEE	07/29/82	M	32547	12/17/12	☐ Employee ☐ Employee/Spouse ☐ Employee Child(ren) ☐ Family	☐Other X Tricare ☐ BlueMedicare

EMPLOYEE	05/07/59	F	32539	03/21/11	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	□Other X Tricare □ BlueMedicare
EMPLOYEE	11/24/52	M	32536	11/14/94	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	□Other X Tricare □ BlueMedicare
EMPLOYEE	05/01/81	F	32539	12/06/10	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	□Other X Tricare □ BlueMedicare
EMPLOYEE	07/02/72	F	32539	03/19/12	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	□Other X Tricare □ BlueMedicare
EMPLOYEE	12/02/55	M	32536	11/20/95	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	□Other X Tricare □ BlueMedicare
EMPLOYEE	06/16/81	F	32539	03/14/16	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	□Other X Tricare □ BlueMedicare
EMPLOYEE	12/20/62	F	32536	05/05/14	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	□Other X Tricare □ BlueMedicare
EMPLOYEE	07/23/79	F	32539	11/24/14	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	□Other X Tricare □ BlueMedicare
EMPLOYEE	05/18/72	F	32404	10/05/15	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	□Other X Tricare □ BlueMedicare
EMPLOYEE	08/21/91	F	32547	12/01/14	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	X Other □ Tricare □ BlueMedicare
EMPLOYEE	04/18/76	F	32539	10/21/15	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	X Other □ Tricare □ BlueMedicare
EMPLOYEE	04/29/75	F	32578	11/01/10	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	X Other □ Tricare □ BlueMedicare
EMPLOYEE	02/05/74	F	32536	02/03/03	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	X Other □ Tricare □ BlueMedicare
EMPLOYEE	03/04/60	M	32547	01/03/83	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	X Other □ Tricare □ BlueMedicare
EMPLOYEE	6/11/1966	F	32578	16-Nov-15	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	□Other X Tricare □ BlueMedicare
EMPLOYEE	8/1/1954	M	32536	12-Jan-15	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	□Other X Tricare □ BlueMedicare

EMPLOYEE	6/23/1956	F	32536	11-May-15	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	□Other X Tricare □ BlueMedicare
EMPLOYEE	8/30/1948	M	32579	21-Feb-05	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	X Other □ Tricare □ BlueMedicare
EMPLOYEE	7/30/1972	M	32539	23-Nov-15	□ Employee □ Employee/Spouse □ Employee Child(ren) □ Family	□Other X Tricare □ BlueMedicare

Signature: _____ Date: _____