



## **REQUEST FOR PROPOSALS**

**For**

**Health Insurance Coverage, Including Dental, Vision & Life**

**Issued on: Monday, August 13, 2018**

**Due Date: Monday, September 24, 2018 by 4:00 PM**

Custer County's renewal date is January 1, 2019 with "new" premium withholdings beginning in the December 2018 payroll.

The County pays 66.8% and employees 33.2% of the entire chosen coverage.

Insurance percentage increases:

July '07 to June '08	17%
July '08 to June '09	17%
July '09 to June '10	7%
July '10 to June '11	2.5%
July '11 to June '12	9%
July '12 to June '13	2.5%
July '13 to June '14	10%
July '14 to June '15	2.5%
July '15 to June '16	10%
July '16 to Dec '16	12.5%
Jan '17 to Dec '17	6%
Jan '18 to Dec '18	-14%

For additional information or clarifications please contact:

Brenda Gaide

Custer County BOCC

PO Box 150

Westcliffe, CO 81252

Phone: 719-783-2552

Fax: 719-783-2885

Email: [brenda@custercountygov.com](mailto:brenda@custercountygov.com)

<b>Tob- acco</b>	<b>Cover &amp; #</b>	<b>EMP DOB</b>	<b>DEP DOB</b>			<b>Gender</b>
0	D/V 2	01/17/57	07/02/53			M
0	D/V 2	06/14/46	02/19/52			M
0	F 3	10/05/64	10/09/71	05/07/08		F
0	L 0	06/09/54				M
1	L 0	03/09/62				F
0	D/V 1	07/12/50				F
0	SP 2	11/18/62	01/01/61			F
1	SP 2	03/12/65	01/15/65			F
0	E 1	07/21/55				F
0	E 1	07/29/58				F
0	L 0	06/29/90				F
0	L 0	12/07/61				F
0	E 1	04/01/52				F
0	SP 2	09/03/66	09/03/66			F
0	F 4	08/01/64	04/27/57	06/06/98	09/29/00	M
0	E 1	07/06/55				M
0	E 1	05/13/87				F
0	D/V 1	01/27/50				M
1	L 0	12/05/52				F
1	E 1	11/29/55				M
1	E 1	05/30/62				M
1	L 0	06/27/52				M
2	SP 2	03/28/53	07/08/65			M
0	L 0	01/28/40				M
0	E 1	11/25/82				F
0	E 1	07/14/61				F
1	SP 2	05/04/76	?			M
0	L 0	03/19/60				M
0	E 1	12/30/63				F
0	SP 2	08/24/70	11/13/72			M
0	SP 2	07/14/55	09/29/55			M
1	E 1	12/27/83				M
1	L 0	02/20/67				F
0	SP 2	02/02/64	03/26/73			M
2	F 5	09/24/75	11/24/80	???		M
0	L 0	05/30/70				M
0	E 1	10/25/95				M
1	L 0	07/18/56				M
0	SP 2	10/09/88	02/11/91			M
0	L 0	09/08/83				F
0	L 0	06/19/93				M
0	D/V 2	03/14/59				M

<b>Tob- acco</b>	<b>Cover &amp; #</b>	<b>EMP DOB</b>	<b>DEP DOB</b>			<b>Gender</b>
0	E 1	06/06/57				F
0	E 1	02/18/78				F
0	L 0	07/10/91				F
0	E 1	04/17/61				M
0	L 0	03/26/73				F
0	L 0	02/08/79				F
0	L 0	04/17/77				M
0	E 1	03/03/84				F
0	E 1	08/03/56				M
1	SP 2	03/15/55	05/07/43			F
1	F 3	06/30/62	03/17/54	07/20/01		F
0	D/V 2	04/17/46	08/10/42			F
1	L 0	11/24/80				F
0	F 4	01/27/75	11/23/75	01/29/02	06/16/10	M
1	L 0	01/15/65				M
0	SP 2	09/25/60	08/31/61			M
0						M
0	SP 2	03/15/63	07/28/62			M
1	SP 2	03/05/56	03/22/53			M
1	D/V 2	08/11/62	06/28/67			M
0	E 1	11/29/57				M
0	E 1	08/22/60				M
0	SP 2	06/20/50	04/11/54			M
0	SP 2	10/06/59	11/17/53			M
1	SP 2	06/22/59	06/22/60			M
0	L 0	05/27/70				M
0	SP 2	11/23/59				M
1	L 0	08/07/47				M
1	L 0	07/31/61				M
0	L 0	04/28/58				M
0	SP 2	10/15/53	06/30/55			F
0	E 1	01/03/93				M
0	E 1	10/12/60				F

<b>2017 COUNTY HEALTH POOL Life Rates</b>		
<b>Employee Life</b>	<b>Basic Life</b>	<b>AD&amp; D Life</b>
<b>Monthly Rate</b>	<b>.22 per \$1,000</b>	<b>\$.02 per \$1,000</b>

<b>Dependent Life</b>	<b>Option 1</b>	<b>Option 2</b>
<b>Spouse</b>	<b>\$2,000</b>	<b>\$5,000</b>
<b>Children</b>	<b>\$1,000</b>	<b>\$2,000</b>
<b>Monthly Rate</b>	<b>\$.78 per unit</b>	<b>\$.92 per unit</b>

*Eligible spousal benefits terminate when spouse reaches 65*

*Eligible children are covered until age 26*



Effective January 1, 2017 through December 31, 2017, at that time rates will be underwritten and renewed with the Pool

## 2017 COUNTY HEALTH POOL Dental Rates

<u>Stand Alone</u>		
<b><u>2 Tier</u></b>	<b><u>Plan A</u></b>	<b><u>Plan B</u></b>
EO	\$29.20	\$17.10
EF	\$75.90	\$44.40
<b><u>3 Tier</u></b>	<b><u>Plan A</u></b>	<b><u>Plan B</u></b>
EO	\$31.60	\$18.50
E1	\$63.10	\$36.90
EF	\$82.05	\$47.95

<u>Dual Option</u>		
<b><u>2 Tier</u></b>	<b><u>Plan A</u></b>	<b><u>Plan B</u></b>
EO	\$30.90	\$16.15
EF	\$80.40	\$41.70
<b><u>3 Tier</u></b>	<b><u>Plan A</u></b>	<b><u>Plan B</u></b>
EO	\$33.50	\$17.30
E1	\$66.90	\$34.75
EF	\$86.90	\$45.15



Effective January 1, 2017 through December 31, 2017, at that time rates will be underwritten and renewed with the Pool

# County Health Pool

## Summary of Dental Benefits

Administered by CTSI

Effective January 1, 2017

Covered Benefits	Plan A Coverage Percentage	Plan B Coverage Percentage
<b>Annual Calendar Year Deductible</b> (Single/Family)	\$50 / Max of 3 x \$50	\$50 / Max of 3 x \$50
<b>Annual Calendar Year Maximum</b>	\$1,500	\$1,500
<b>Diagnostic and Preventive Services</b> ( <i>no deductible</i> ) <ul style="list-style-type: none"> <li>Oral evaluations</li> <li>X-rays</li> <li>Cleanings</li> <li>Space maintainers</li> <li>Other selected diagnostic and preventive services</li> </ul>	100%	100%
<b>General Services</b> ( <i>deductible applies</i> ) <ul style="list-style-type: none"> <li>Emergency palliative treatment</li> <li>Consultations</li> <li>Office visits for observation</li> <li>Other selected general services</li> </ul>	80%	80%
<b>Restorative Services</b> ( <i>deductible applies</i> ) <ul style="list-style-type: none"> <li>Amalgam and composite restorations</li> <li>Pin retention procedures</li> </ul>	80%	80%
<b>Endodontic Services</b> ( <i>deductible applies</i> ) <ul style="list-style-type: none"> <li>Root canal therapy</li> <li>Apexification</li> <li>Therapeutic pulpotomy</li> <li>Other selected endodontic services</li> </ul>	80%	80%
<b>Oral Surgery Services</b> ( <i>deductible applies</i> ) <ul style="list-style-type: none"> <li>Simple surgical tooth extractions</li> <li>General anesthesia (surgical procedures)</li> <li>I.V. sedation (surgical procedures)</li> <li>Other selected oral surgery services</li> </ul> <p>Note: Some surgical procedures (i.e., surgical extraction of impacted wisdom teeth) will be eligible benefits under the medical plan. Please consult the Summary Plan Description, or contact Customer Service.</p>	80%	80%
<b>Periodontal Services</b> ( <i>deductible applies</i> ) <ul style="list-style-type: none"> <li>Gingivectomy</li> <li>Crown lengthening</li> <li>Osseous surgery</li> <li>Soft tissue grafts</li> <li>Other selected periodontal services</li> </ul>	80%	80%
<b>Prosthodontic Services</b> ( <i>deductible applies</i> ) <ul style="list-style-type: none"> <li>Crowns/onlays/inlays</li> <li>Partial and full dentures</li> <li>Other selected prosthodontic services</li> </ul>	50%	Not Covered
<b>Orthodontic Services</b> ( <i>deductible applies</i> ) Eligible dependent children only <ul style="list-style-type: none"> <li>Non-surgical dental services related to the supervision, guidance and correction of growing or mature teeth</li> <li>Examination and records</li> <li>Tooth guidance</li> <li>Repositioning (straightening) of the teeth</li> </ul>	50%  \$1,000 Per Individual Per Lifetime Maximum	Not Covered

## 2017 COUNTY HEALTH POOL Vision Rates

<b>2 Tier</b>	
<b>EO</b>	<b>\$5.70</b>
<b>E1</b>	<b>\$14.75</b>

<b>3 Tier</b>	
<b>EO</b>	<b>\$5.70</b>
<b>E1</b>	<b>\$11.35</b>
<b>EF</b>	<b>\$14.75</b>



Effective January 1, 2017 through December 31, 2017, at that time rates will be underwritten and renewed with the Pool



# County Health Pool Vision Benefit Summary

Covered Benefits	In-Network
<b>EXAMINATION</b>	\$15 Co-pay A complete exam once every 12 months
<b>EYEGLASS LENSES AND FRAMES</b>	\$15 Co-pay Necessary lenses once every 12 months Frame allowance once every 24 months <ul style="list-style-type: none"> <li>• \$120 allowance for wide selection of frames (\$70 allowance at Costco)</li> <li>• \$140 allowance for featured frame brands</li> <li>• 20% savings on the amount over your allowance</li> </ul>
<b>CONTACT LENSES</b>	No Co-pay Once every 12 months in lieu of eyeglasses <ul style="list-style-type: none"> <li>• \$120 allowance for contacts</li> <li>• \$60 maximum OOP costs for contact lens exam (fitting and evaluation)</li> </ul>
<b>COVERED PROVIDERS</b>	Vision Service Plan (VSP) VSP Signature Network Consult <a href="http://www.vsp.com">www.vsp.com</a> or call Customer Service at 1-800-877-7195
<b>EXTRA DISCOUNTS AND SAVINGS</b>	<p><b>Laser Vision Correction Discounts</b></p> <ul style="list-style-type: none"> <li>• 15% off regular price or 5% off promotional price. Only available at contracted facilities.</li> </ul> <p><b>Prescription Eyeglasses, Sunglasses</b></p> <ul style="list-style-type: none"> <li>• Up to 35% to 40% savings on lens extras such as scratch resistant, anti-reflective coatings and progressives</li> <li>• 30% off additional prescription glasses and sunglasses, including lens enhancements from the VSP provider on the same day as your Well Vision Exam, or receive 20% discount from any VSP provider within 12 months of your last Well Vision Exam</li> </ul> <p><b>Contacts</b></p> <ul style="list-style-type: none"> <li>• 15% off cost of contact lens exam (fitting and evaluation)</li> </ul> <p><b>Retinal Screening</b></p> <ul style="list-style-type: none"> <li>• No more than a \$39 copay on routine retinal screening as an enhancement to a Well Vision exam.</li> </ul> <p><b>Diabetic Eyecare Plus Program</b></p> <ul style="list-style-type: none"> <li>• \$20 co-pay, Ask you VSP doctor for details</li> </ul>
<b>Non VSP Provider Coverage</b>	<b>Exam.....up to \$50</b> <b>Frame .....up to \$70</b> <b>Single Vision Lenses.....up to \$50</b> <b>Lined Bifocal Lenses.....up to \$75</b> <b>Lined Trifocal Lenses.....up to \$100</b> <b>Progressive Lenses.....up to \$75</b> <b>Contacts.....up to \$110</b>

*The medical/Rx rates quoted are:*

**PPO B1500 (\$1500 deductible)**

**2 Tier**

Employee Only	\$656.00
Family	\$1584.00

**3 Tier**

Employee Only	\$712.00
Employee Plus 1	\$1335.00
Family	\$1639.00

**PPO B2000 (\$2000 deductible)**

**2 Tier**

Employee Only	\$610.00
Family	\$1471.00

**3 Tier**

Employee Only	\$663.00
Employee Plus 1	\$1241.00
Family	\$1525.00

**HDHP 2500 (\$2500 deductible)**

**2 Tier**

Employee Only	\$533.00
Family	\$1290.00

**3 Tier**

Employee Only	\$579.00
Employee Plus 1	\$1085.00
Family	\$1336.00

Please see the attached rates for life, dental and vision. All entities must offer Basic Life/AD&D to employees, but dental and vision are optional.

We look forward to Custer County being a member of the County Health Pool and having the opportunity to assume the ability to control future healthcare costs through education and wise consumption of health care services.

# County Health Pool PPO Plan B1500

Coverage Period: Plan Year 01/01/2017 – 12/31/2017  
 Coverage for: Individual/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.ctsi.org](http://www.ctsi.org) or <https://eoc.athen.com/eocdps/aso> or by calling 1-866-698-0087 or 303-861-0507.

Important Questions	Answers	Why this Matters:
<p>What is the overall deductible?</p>	<p>For in-network: <b>\$1,500</b> Individual/<b>\$3,000</b> Family aggregate                      For out-of-network: <b>\$3,000</b> Individual/<b>\$6,000</b> Family aggregate                      Does not apply to in-network office visits and preventive care.</p>	<p>You must pay all the costs up to the <b>deductible</b> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <b>deductible</b> 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 <b>deductible</b>.</p>
<p>Are there other deductibles for specific services?</p>	<p>Yes. There is a separate outpatient \$75 deductible for prescription drugs for each member.                      Yes. For in-network: <b>\$4,750</b> Individual/<b>\$11,500</b> Family aggregate                      For out-of-network: <b>\$10,000</b> Individual/<b>\$26,000</b> Family aggregate</p>	<p>You must pay for all of the costs for these services up to the specific <b>deductible</b> amount before this plan begins to pay for these services.                      The <b>out-of-pocket limit</b> 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.</p>
<p>What is not included in the out-of-pocket limit?</p>	<p>Premiums, balance-billed charges and health care this plan doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the <b>out-of-pocket limit</b>.</p>
<p>Is there an overall annual limit on what the plan pays?</p>	<p>No.</p>	<p>The chart starting on page 2 describes <i>specific</i> coverage limits, such as limits on the number of office visits.</p>

**Questions:** Call 1-866-698-0087 or 303-861-0507 or visit us at [www.ctsi.org](http://www.ctsi.org)  
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## County Health Pool PPO Plan B1500

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

Coverage Period: Plan Year 01/01/2017 – 12/31/2017  
 Coverage for: Individual/Family | Plan Type: PPO

Does this plan use a <u>network of providers</u> ?	Yes.	If you use an in-network doctor or other health care <b>provider</b> , 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 <b>provider</b> for some services. Plans use the term in-network, <b>preferred</b> , or participating for <b>providers</b> in their <b>network</b> . See the chart starting on page 2 for how this plan pays different kinds of <b>providers</b> .
Do I need a referral to see a specialist?	No.	You can see the <b>specialist</b> 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 6. See your policy or plan document for additional information about <b>excluded services</b> .



- **Copayments** 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**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness  Specialist visit	\$35/visit plus 20% coinsurance for all other services  \$35/visit plus 20% coinsurance for all other services	40% coinsurance  40% coinsurance	In-network: coinsurance charged for any services not billed as an office visit.  In-network: coinsurance charged for any services not billed as an office visit.

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# County Health Pool PPO Plan B1500

Coverage Period: Plan Year 01/01/2017 – 12/31/2017  
 Coverage for: Individual/Family | Plan Type: PPO

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

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
	Other practitioner office visit	\$35/visit plus 20% coinsurance for all other services	40% coinsurance	Chiropractic care limited to 30 visits per calendar year, combined in- and out-of-network. Acupuncture limited to 30 visits per calendar year, combined in- and out-of-network.
	Preventive care/screening/immunization	No charge (100% covered)	40% not subject to deductible	Covered preventive care services are not subject to deductible. Out-of-network adult coverage is limited to mammogram screening, PSA and colorectal cancer screening. See SPD for benefit limit.
	Diagnostic test (x-ray, blood work)	20% coinsurance	40% coinsurance	none
	Imaging (CT/PET scans, MRIs)	\$200 copayment plus 20% coins/procedure	\$200 copayment plus 40% coins/procedure	none
<b>If you have a test</b>				

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# County Health Pool PPO Plan B1500

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

Coverage Period: Plan Year 01/01/2017 – 12/31/2017  
 Coverage for: Individual/Family | Plan Type: PPO

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
If you need drugs to treat your illness or condition  More information about <b>prescription drug coverage</b> is available at <a href="http://www.anthem.com">www.anthem.com</a>	Tier 1 Generic drugs	<b>Retail:</b> \$10 or 20% coinsurance per prescription, whichever is higher <b>Mail order:</b> \$25/prescription	Not covered	Outpatient prescription drugs are subject to a \$75 deductible per person, once satisfied then services are subject to the copayment.  Retail includes a 30-day supply; Mail order includes up to a 90-day supply.
	Tier 2 Preferred brand drugs	<b>Retail:</b> \$25 or 30% coinsurance per prescription, whichever is higher <b>Mail order:</b> \$60/prescription <b>Retail:</b> \$35 or 50% coinsurance per prescription, whichever is higher <b>Mail order:</b> \$115/prescription	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	40% coinsurance	none
	Physician/surgeon fees	20% coinsurance	40% coinsurance	none
	Emergency room services	20% coinsurance	20% coinsurance	none
	Emergency medical transportation	20% coinsurance	20% coinsurance	none
If you need immediate medical attention	Urgent care	\$35/visit plus 20% coinsurance for all other services	40% coinsurance	none
	Facility fee (e.g., hospital room)	20% coinsurance	40% coinsurance	Failure to obtain pre-authorization may result in reduced or no coverage.
If you have a hospital stay	Physician/surgeon fee	20% coinsurance	40% coinsurance	none

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## County Health Pool PPO Plan B1500

Coverage Period: Plan Year 01/01/2017 – 12/31/2017  
 Coverage for: Individual/Family | Plan Type: PPO

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$35/office visit, or 20% coinsurance for outpatient facility	40% coinsurance	In-network: copay applies to office visits and professional services; coinsurance charged for facility services.
	Mental/Behavioral health inpatient services	20% coinsurance	40% coinsurance	Failure to obtain pre-authorization may result in reduced or no coverage.
	Substance use disorder outpatient services	\$35/office visit, or 20% coinsurance for outpatient facility	40% coinsurance	In-network: copay applies to office visits and professional services; coinsurance charged for facility services.
If you are pregnant	Substance use disorder inpatient services	20% coinsurance	40% coinsurance	Failure to obtain pre-authorization may result in reduced or no coverage.
	Prenatal and postnatal care	\$35/visit plus 20% coinsurance for all other services	40% coinsurance	In-network: copay applies to office visits and delivery services; coinsurance charged for any services that not billed as an office visit and postnatal well-baby care.
	Delivery and all inpatient services	20% coinsurance	40% coinsurance	Failure to obtain pre-authorization may result in reduced or no coverage.

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**County Health Pool PPO Plan B1500**  
**Summary of Benefits and Coverage: What this Plan Covers & What it Costs**

Coverage Period: Plan Year 01/01/2017 – 12/31/2017  
 Coverage for: Individual/Family | Plan Type: PPO

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
If you need help recovering or have other special health needs	Home health care	\$35/visit plus 20% coinsurance for all other services	Not covered	Home health care is limited to 60 visits each per year.
	Rehabilitation services	\$35/visit plus 20% coinsurance for all other services	40% coinsurance	Outpatient coverage of physical, occupational and speech therapies is limited to 30 visits each per year, combined in- and out-of-network..
	Habilitation services	\$35/visit plus 20% coinsurance for all other services	40% coinsurance	All rehabilitation and habilitation visits count toward your rehabilitation visit limit.
	Skilled nursing care	20% coinsurance	40% coinsurance	Failure to obtain pre-authorization may result in reduced or no coverage. Covers up to 30 days per year combined in- and out-of-network.
	Durable medical equipment	20% coinsurance	Not covered	Failure to obtain pre-authorization may result in reduced or no coverage.
If your child needs dental or eye care	Hospice service	20% coinsurance	40% coinsurance	Failure to obtain pre-authorization may result in reduced or no coverage.
	Eye exam	Not covered	Not covered	none_____
	Glasses	Not covered	Not covered	none_____
	Dental check-up	Not covered	Not covered	none_____

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## County Health Pool PPO Plan B1500

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

Coverage Period: Plan Year 01/01/2017 – 12/31/2017  
Coverage for: Individual/Family | Plan Type: PPO

### 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.)

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"><li>• Bariatric surgery</li><li>• Cosmetic surgery</li><li>• Dental care (Adult)</li></ul> | <ul style="list-style-type: none"><li>• Infertility treatment</li><li>• Long-term care</li><li>• Non-emergency care when traveling outside the U.S.</li></ul> | <ul style="list-style-type: none"><li>• Private duty nursing</li><li>• Routine eye care (Adult)</li><li>• Routine foot care</li><li>• Weight loss programs</li></ul> |
|--|---|--|

#### 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.)

- |   |  |  |
|---|--|--|
| <ul style="list-style-type: none"><li>• Acupuncture (limits apply)</li><li>• Chiropractic care (limits apply)</li></ul> | <ul style="list-style-type: none"><li>• Hearing aids (only dependents under age 18 - limits apply)</li><li>• Private duty nursing (limits apply)</li></ul> | <ul style="list-style-type: none"><li>• Most coverage provided outside the United States. See <a href="http://www.BCBS.com/bluecardworldwide">www.BCBS.com/bluecardworldwide</a></li></ul> |
|---|--|--|

### 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 your Human Resources Department or CTSI at 303-861-0507. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.gciio.cms.gov](http://www.gciio.cms.gov).

### Questions: Call 1-866-698-0087 or 303-861-0507 or visit us at [www.ctsi.org](http://www.ctsi.org)

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## County Health Pool PPO Plan B2000

Coverage Period: Plan Year 01/01/2017 – 12/31/2017  
 Coverage for: Individual/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.ctsi.org](http://www.ctsi.org) or <https://coc.athena.com/cocdps/aso> or by calling 1-866-698-0087 or 303-861-0507.

Important Questions	Answers	Why this Matters:
<p>What is the overall deductible?</p>	<p>For in-network:  <b>\$2,000</b> Individual/<b>\$4,000</b> Family aggregate                      For out-of-network:  <b>\$4,000</b> Individual/<b>\$8,000</b> Family aggregate                      Does not apply to in-network office visits and preventive care.</p>	<p>You must pay all the costs up to the <b>deductible</b> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <b>deductible</b> 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 <b>deductible</b>.</p>
<p>Are there other deductibles for specific services?</p>	<p>Yes. There is a separate outpatient \$75 deductible for prescription drugs for each member.                      Yes. For in-network:  <b>\$5,250</b> Individual/<b>\$12,000</b> Family aggregate                      For out-of-network:  <b>\$10,000</b> Individual/<b>\$26,000</b> Family aggregate</p>	<p>You must pay all of the costs for these services up to the specific <b>deductible</b> amount before this plan begins to pay for these services.                      The <b>out-of-pocket limit</b> 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.</p>
<p>What is not included in the out-of-pocket limit?</p>	<p>Premiums, balance-billed charges and health care this plan doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the <b>out-of-pocket limit</b>.</p>
<p>Is there an overall annual limit on what the plan pays?</p>	<p>No.</p>	<p>The chart starting on page 2 describes <i>specific</i> coverage limits, such as limits on the number of office visits.</p>


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# County Health Pool PPO Plan B2000

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

Coverage Period: Plan Year 01/01/2017 – 12/31/2017  
 Coverage for: Individual/Family | Plan Type: PPO

Does this plan use a network of providers?	Yes.	If you use an in-network doctor or other health care <b>provider</b> , 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 <b>provider</b> for some services. Plans use the term in-network, <b>preferred</b> , or participating for <b>providers</b> in their <b>network</b> . See the chart starting on page 2 for how this plan pays different kinds of <b>providers</b> .
Do I need a referral to see a specialist?	No.	You can see the <b>specialist</b> 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 6. See your policy or plan document for additional information about <b>excluded services</b> .

-  **Copayments** 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**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
If you visit a health care <b>provider's</b> office or clinic	Primary care visit to treat an injury or illness  Specialist visit	\$35/visit plus 20% coinsurance for all other services  \$35/visit plus 20% coinsurance for all other services	40% coinsurance  40% coinsurance	In-network: coinsurance charged for any services not billed as an office visit.  In-network: coinsurance charged for any services not billed as an office visit.

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# County Health Pool PPO Plan B2000

Coverage Period: Plan Year 01/01/2017 – 12/31/2017  
 Coverage for: Individual/Family | Plan Type: PPO

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

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
	Other practitioner office visit	\$35/visit plus 20% coinsurance for all other services	40% coinsurance	Chiropractic care limited to 30 visits per calendar year, combined in- and out-of-network. Acupuncture limited to 30 visits per calendar year, combined in- and out-of-network.
	Preventive care/screening/immunization	No charge (100% covered)	40% coinsurance not subject to deductible	Covered preventive care services are not subject to deductible. Out-of-network adult coverage is limited to mammogram screening, PSA and colorectal cancer screening. See SPD for benefit limit.
	Diagnostic test (x-ray, blood work)	20% coinsurance	40% coinsurance	none
	Imaging (CT/PET scans, MRIs)	\$200 copayment plus 20% coins/procedure	\$200 copayment plus 40% coins/procedure	none
<b>If you have a test</b>				

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## County Health Pool PPO Plan B2000

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

Coverage Period: Plan Year 01/01/2017 – 12/31/2017  
 Coverage for: Individual/Family | Plan Type: PPO

Common Medical Event	Services You May Need	Your Cost if You Use an In-Network Provider	Your Cost if You Use an Out-of-Network Provider	Limitations & Exceptions
If you need drugs to treat your illness or condition  More information about <u>prescription drug coverage</u> is available at <a href="http://www.anthem.com">www.anthem.com</a>	Tier 1 Generic drugs	<b>Retail:</b> \$10 or 20% coinsurance per prescription, whichever is higher <b>Mail order:</b> \$25/prescription	Not covered	Outpatient prescription drugs are subject to a \$75 deductible per person, once satisfied then services are subject to the copayment.  Retail includes a 30-day supply; Mail order includes up to a 90-day supply.
	Tier 2 Preferred brand drugs	<b>Retail:</b> \$25 or 30% coinsurance per prescription, whichever is higher <b>Mail order:</b> \$60/prescription	Not covered	
	Tier 3 Non-preferred brand drugs	<b>Retail:</b> \$35 or 50% coinsurance per prescription, whichever is higher <b>Mail order:</b> \$115/prescription	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	40% coinsurance	none
	Physician/surgeon fees	20% coinsurance	40% coinsurance	none
	Emergency room services	20% coinsurance	20% coinsurance	none
	Emergency medical transportation	20% coinsurance	20% coinsurance	none
If you need immediate medical attention	Urgent care	\$35/visit plus 20% coinsurance for all other services	40% coinsurance	none
	Facility fee (e.g., hospital room)	20% coinsurance	40% coinsurance	Failure to obtain pre-authorization may result in reduced or no coverage.
If you have a hospital stay	Physician/surgeon fee	20% coinsurance	40% coinsurance	none

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# County Health Pool PPO Plan B2000

Coverage Period: Plan Year 01/01/2017 – 12/31/2017  
 Coverage for: Individual/Family | Plan Type: PPO

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$35/office visit, or 20% coinsurance for outpatient facility	40% coinsurance	In-network: copay applies to office visits and professional services; coinsurance charged for facility services.
	Mental/Behavioral health inpatient services	20% coinsurance	40% coinsurance	Failure to obtain pre-authorization may result in reduced or no coverage.
	Substance use disorder outpatient services	\$35/office visit, or 20% coinsurance for outpatient facility	40% coinsurance	In-network: copay applies to office visits and professional services; coinsurance charged for facility services.
If you are pregnant	Substance use disorder inpatient services	20% coinsurance	40% coinsurance	Failure to obtain pre-authorization may result in reduced or no coverage.
	Prenatal and postnatal care	\$35/visit plus 20% coinsurance for all other services	40% coinsurance	In-network: copay applies to office visits and delivery services; coinsurance charged for any services that not billed as an office visit and postnatal well-baby care.
	Delivery and all inpatient services	20% coinsurance	40% coinsurance	Failure to obtain pre-authorization may result in reduced or no coverage.

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# County Health Pool PPO Plan B2000

Coverage Period: Plan Year 01/01/2017 – 12/31/2017  
 Coverage for: Individual/Family | Plan Type: PPO

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
If you need help recovering or have other special health needs	Home health care	\$35/visit plus 20% coinsurance for all other services	Not covered	Home health care is limited to 60 visits each per year.
	Rehabilitation services	\$35/visit plus 20% coinsurance for all other services	40% coinsurance	Outpatient coverage of physical, occupational and speech therapies is limited to 30 visits each per year, combined in- and out-of-network.
	Habilitation services	\$35/visit plus 20% coinsurance for all other services	40% coinsurance	All rehabilitation and habilitation visits count toward your rehabilitation visit limit.
	Skilled nursing care	20% coinsurance	40% coinsurance	Failure to obtain pre-authorization may result in reduced or no coverage. Covers up to 30 days per year combined in- and out-of-network.
	Durable medical equipment	20% coinsurance	Not covered	Failure to obtain pre-authorization may result in reduced or no coverage.
If your child needs dental or eye care	Hospice service	20% coinsurance	40% coinsurance	Failure to obtain pre-authorization may result in reduced or no coverage.
	Eye exam	Not covered	Not covered	none
	Glasses	Not covered	Not covered	none
	Dental check-up	Not covered	Not covered	none

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**County Health Pool PPO Plan B2000**  
 Summary of Benefits and Coverage: What this Plan Covers & What it Costs  
 Coverage Period: Plan Year 01/01/2017 – 12/31/2017  
 Coverage for: Individual/Family | Plan Type: PPO

**Excluded Services & Other Covered Services:**

<b>Services Your Plan Does NOT Cover</b> (This isn't a complete list. Check your policy or plan document for other excluded services.)	
<ul style="list-style-type: none"> <li>Bariatric surgery</li> <li>Cosmetic surgery</li> <li>Dental care (Adult)</li> </ul>	<ul style="list-style-type: none"> <li>Fertility treatment</li> <li>Long-term care</li> <li>Non-emergency care when traveling outside the U.S.</li> <li>Routine eye care (Adult)</li> <li>Routine foot care</li> <li>Weight loss programs</li> </ul>

<b>Other Covered Services</b> (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)	
<ul style="list-style-type: none"> <li>Acupuncture (limits apply)</li> <li>Chiropractic care (limits apply)</li> </ul>	<ul style="list-style-type: none"> <li>Heating aids (only dependents under age 18 - limits apply)</li> <li>Private duty nursing (limits apply)</li> <li>Most coverage provided outside the United States. See <a href="http://www.BCBS.com/blucardworldwide">www.BCBS.com/blucardworldwide</a></li> </ul>

**Your Rights to Continue Coverage:**

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**CEBT**  
 Utilization Report For June 2017  
 0000080 Custer County

Coverage	Enrollment	Paid Claims	Contributions	Loss Ratio	12 Mth Ratio
<b>Month</b>					
July, 2016	50	\$22,840	\$55,807	40.9%	87.9%
August, 2016	48	\$33,606	\$54,579	61.6%	77.3%
September, 2016	48	\$24,804	\$54,579	45.4%	64.4%
October, 2016	49	\$41,558	\$55,222	75.3%	57.4%
November, 2016	50	\$32,853	\$55,355	59.4%	55.5%
December, 2016	53	\$137,928	\$58,224	236.9%	68.5%
January, 2017	48	\$41,455	\$56,828	72.9%	68.5%
February, 2017	47	\$19,438	\$54,514	35.7%	63.8%
March, 2017	47	\$40,301	\$53,743	75.0%	65.1%
April, 2017	46	\$20,487	\$53,744	38.1%	64.0%
May, 2017	46	\$22,391	\$52,552	42.6%	63.5%
June, 2017	46	\$21,495	\$52,552	40.9%	69.8%
<b>Total Month</b>		<b>\$459,156</b>	<b>\$657,699</b>	<b>69.8%</b>	
<b>Medical</b>					
PPO4	47	\$421,921	\$607,271	69.5%	
PPO5	1	\$0	\$7,962	0.0%	
PPO7	0	\$0	\$1,140	0.0%	
<b>Total Medical</b>	<b>48</b>	<b>\$421,921</b>	<b>\$616,373</b>	<b>68.5%</b>	
<b>Dental</b>					
Dental A	48	\$34,028	\$36,241	93.9%	
<b>Total Dental</b>	<b>48</b>	<b>\$34,028</b>	<b>\$36,241</b>	<b>93.9%</b>	
<b>Vision</b>					
Vision A	48	\$3,208	\$5,085	63.1%	
<b>Total Vision</b>	<b>48</b>	<b>\$3,208</b>	<b>\$5,085</b>	<b>63.1%</b>	
<b>Total</b>		<b>\$459,156</b>	<b>\$657,699</b>	<b>69.8%</b>	

Life A	74		\$2,313		
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**CEBT**  
Utilization Report For June 2016  
0000080 Custer County

Coverage	Enrollment	Paid Claims	Contributions	Loss Ratio	12 Mth Ratio
<b>Month</b>					
July, 2015	50	\$144,792	\$52,373	276.5%	110.9%
August, 2015	46	\$93,722	\$48,709	192.4%	121.4%
September, 2015	49	\$102,163	\$51,330	199.0%	126.5%
October, 2015	51	\$82,632	\$50,847	162.5%	133.4%
November, 2015	51	\$42,043	\$50,485	83.3%	125.8%
December, 2015	50	\$49,575	\$48,898	101.4%	127.8%
January, 2016	50	\$36,177	\$48,898	74.0%	127.3%
February, 2016	51	\$49,024	\$53,211	92.1%	123.0%
March, 2016	52	\$30,299	\$51,089	59.3%	121.0%
April, 2016	50	\$25,118	\$49,779	50.5%	116.3%
May, 2016	50	\$24,421	\$50,435	48.4%	117.3%
June, 2016	50	(\$21,648)	\$50,435	-42.9%	106.5%
<b>Total Month</b>		<b>\$658,316</b>	<b>\$606,489</b>	<b>108.5%</b>	
<b>Medical</b>					
PPO4	46	\$627,547	\$528,853	116.7%	
PPO7	4	(\$4,370)	\$34,391	-12.7%	
<b>Total Medical</b>	<b>50</b>	<b>\$623,177</b>	<b>\$563,244</b>	<b>110.6%</b>	
<b>Dental</b>					
Dental A	50	\$30,545	\$37,860	80.7%	
<b>Total Dental</b>	<b>50</b>	<b>\$30,545</b>	<b>\$37,860</b>	<b>80.7%</b>	
<b>Vision</b>					
Vision A	50	\$4,594	\$5,386	85.3%	
<b>Total Vision</b>	<b>50</b>	<b>\$4,594</b>	<b>\$5,386</b>	<b>85.3%</b>	
<b>Total</b>		<b>\$658,316</b>	<b>\$606,489</b>	<b>108.5%</b>	
<b>Life A</b>	<b>71</b>		<b>\$2,225</b>		



**CEBT**  
Utilization Report For December 2015  
0000080 Custer County

Coverage	Enrollment	Paid Claims	Contributions	Loss Ratio	12 Mth Ratio
<b>Month</b>					
January, 2015	54	\$43,126	\$51,952	83.0%	91.7%
February, 2015	49	\$66,384	\$46,924	141.5%	99.6%
March, 2015	53	\$40,250	\$49,362	81.5%	101.6%
April, 2015	52	\$52,879	\$49,032	107.6%	106.0%
May, 2015	52	\$15,636	\$48,410	32.3%	93.6%
June, 2015	52	\$29,311	\$48,410	60.5%	93.9%
July, 2015	50	\$144,792	\$52,373	276.5%	110.9%
August, 2015	46	\$93,722	\$48,709	192.4%	121.4%
September, 2015	49	\$102,163	\$51,330	199.0%	126.5%
October, 2015	51	\$82,632	\$50,647	162.5%	133.4%
November, 2015	51	\$42,043	\$50,485	83.3%	125.8%
December, 2015	50	\$49,575	\$48,898	101.4%	127.8%
<b>Total Month</b>		<b>\$762,513</b>	<b>\$596,732</b>	<b>127.8%</b>	
<b>Medical</b>					
PPO4	49	\$730,602	\$638,910	136.1%	
PPO7	2	\$359	\$15,414	2.3%	
<b>Total Medical</b>	<b>51</b>	<b>\$730,961</b>	<b>\$652,324</b>	<b>132.3%</b>	
<b>Dental</b>					
Plan A	51	\$25,795	\$38,882	66.3%	
<b>Total Dental</b>	<b>51</b>	<b>\$25,795</b>	<b>\$38,882</b>	<b>66.3%</b>	
<b>Vision</b>					
Plan A	51	\$5,757	\$5,525	104.2%	
<b>Total Vision</b>	<b>51</b>	<b>\$5,757</b>	<b>\$5,525</b>	<b>104.2%</b>	
<b>Total</b>		<b>\$762,513</b>	<b>\$596,732</b>	<b>127.8%</b>	
<b>LIFE</b>	<b>70</b>		<b>\$2,212</b>		

**CEBT**  
**12 Month Utilization Report**  
*For December 2014*

Custer County  
Branch 80

Description	Enrolled	Average Enrolled	Paid Claims	Premium Deposits	Ratio	12 Month Ratio
<b>Month</b>						
JANUARY	56		\$ 49,252	\$ 49,215	100.1%	67.9%
FEBRUARY	56		19,657	47,439	41.4%	67.1%
MARCH	54		27,903	47,721	56.5%	68.2%
APRIL	54		25,717	47,779	53.8%	68.8%
MAY	54		87,736	48,397	181.3%	75.1%
JUNE	54		28,292	48,073	58.9%	75.9%
JULY	54		41,050	49,806	82.4%	77.7%
AUGUST	52		32,301	49,222	66.6%	75.6%
SEPTEMBER	56		72,576	51,883	139.9%	64.6%
OCTOBER	55		42,301	51,291	82.5%	66.7%
NOVEMBER	53		82,684	47,076	175.6%	96.4%
DECEMBER	52		36,704	47,999	70.5%	93.2%
<b>Total</b>	<b>649</b>		<b>546,172</b>	<b>585,900</b>		<b>93.2%</b>
<b>Past 12 Months Medical</b>						
MEDICAL PPO3		0			0.0%	
MEDICAL PPO4	649	54	516,706	541,441	95.4%	
<b>Total</b>	<b>649</b>	<b>54</b>	<b>516,706</b>	<b>541,441</b>		<b>95.4%</b>
<b>Past 12 Months Non-Medical</b>						
DENTAL	639	53	24,574	38,800	63.3%	
VISION	639	53	4,892	5,659	86.5%	
<b>Total</b>	<b>1278</b>		<b>29,466</b>	<b>44,459</b>		<b>66.3%</b>
<b>Total</b>			<b>546,172</b>	<b>685,900</b>		<b>93.2%</b>
LIFE	816	68		2,165		

**CEBT**  
**12 Month Utilization Report**  
*For December 2013*

*Custer County*  
*Branch 80*

Description	Enrolled	Average Enrolled	Paid Claims	Premium Deposits	Ratio	12 Month Ratio
<b>Month</b>						
JANUARY	54		\$ 38,518	\$ 46,259	83.3%	83.9%
FEBRUARY	53		22,679	45,455	49.9%	80.4%
MARCH	54		19,944	45,455	43.9%	70.9%
APRIL	53		20,615	44,925	45.9%	70.8%
MAY	55		49,338	45,985	107.3%	77.0%
JUNE	54		20,675	44,637	46.3%	69.0%
JULY	54		30,499	49,597	61.5%	67.2%
AUGUST	56		45,105	50,176	89.9%	72.7%
SEPTEMBER	57		18,954	50,165	37.8%	65.6%
OCTOBER	55		27,803	48,978	56.6%	66.2%
NOVEMBER	53		26,889	48,410	55.5%	66.6%
DECEMBER	54		56,988	49,852	114.3%	68.3%
<b>Total</b>	<b>652</b>		<b>377,988</b>	<b>569,898</b>	<b>66.3%</b>	
<b>Past 12 Months Medical</b>						
MEDICAL PPO3		0	6		0.0%	
MEDICAL PPO4	652	54	345,136	523,343	65.9%	
<b>Total</b>	<b>652</b>	<b>54</b>	<b>345,143</b>	<b>523,343</b>	<b>65.9%</b>	
<b>Past 12 Months Non-Medical</b>						
DENTAL	652	54	26,445	40,675	65.0%	
VISION	652	54	6,398	5,880	108.8%	
<b>Total</b>	<b>1304</b>		<b>32,843</b>	<b>46,555</b>	<b>70.5%</b>	
<b>Total</b>			<b>377,988</b>	<b>569,898</b>	<b>66.3%</b>	
<b>LIFE</b>	<b>821</b>	<b>68</b>		<b>2,387</b>		

**CEBT**  
**12 Month Utilization Report**  
*For December 2012*

*Custer County*  
*Branch 00*

Description	Enrolled	Average Enrolled	Paid Claims	Premium Deposits	Ratio	12 Month Ratio
<b>Month</b>						
JANUARY	52		\$ 118,934	\$ 42,162	282.1%	66.6%
FEBRUARY	55		40,868	44,171	92.5%	71.4%
MARCH	54		69,262	42,664	162.3%	80.6%
APRIL	56		20,480	44,171	45.4%	82.0%
MAY	55		14,145	43,669	32.4%	82.8%
JUNE	53		62,539	42,147	148.4%	82.0%
JULY	56		39,235	47,677	81.9%	86.9%
AUGUST	55		12,995	47,471	27.4%	86.3%
SEPTEMBER	53		54,664	44,937	121.6%	91.7%
OCTOBER	52		27,696	44,994	61.6%	94.1%
NOVEMBER	53		16,990	45,524	37.3%	93.9%
DECEMBER	53		56,252	46,501	121.0%	99.6%
<b>Total</b>	<b>647</b>		<b>534,060</b>	<b>536,288</b>	<b>99.6%</b>	
<b>Past 12 Months Medical</b>						
MEDICAL PPO3		0	(2,903)		0.0%	
MEDICAL PPO4	647	54	508,010	489,301	103.8%	
<b>Total</b>	<b>647</b>	<b>54</b>	<b>505,108</b>	<b>489,301</b>	<b>103.2%</b>	
<b>Past 12 Months Non-Medical</b>						
DENTAL	647	54	24,324	41,096	59.2%	
VISION	647	54	4,628	5,891	78.6%	
<b>Total</b>	<b>1294</b>		<b>28,952</b>	<b>46,987</b>	<b>61.6%</b>	
<b>Total</b>			<b>534,060</b>	<b>536,288</b>	<b>99.6%</b>	
<b>LIFE</b>	<b>818</b>	<b>68</b>		<b>2,641</b>		

**CEBT**  
**12 Month Utilization Report**  
*For December 2011*

Custer County  
Branch 80

Description	Enrolled	Average Enrolled	Paid Claims	Premium Deposits	Ratio	12 Month Ratio
<b>Month</b>						
JANUARY	56		\$ 55,100	\$ 44,791	123.0%	88.9%
FEBRUARY	54		13,769	42,795	32.2%	83.5%
MARCH	57		22,352	46,636	47.7%	84.1%
APRIL	58		15,854	46,312	34.3%	84.7%
MAY	57		11,647	45,813	25.4%	71.3%
JUNE	57		69,636	45,813	152.0%	80.5%
JULY	55		10,424	44,080	23.3%	71.4%
AUGUST	52		12,283	42,664	28.8%	70.6%
SEPTEMBER	55		26,737	46,245	57.8%	64.1%
OCTOBER	56		16,156	45,962	35.2%	56.8%
NOVEMBER	55		17,856	45,459	39.3%	54.5%
DECEMBER	53		22,353	42,893	52.1%	64.5%
<b>Total</b>	<b>665</b>		<b>294,197</b>	<b>540,254</b>	<b>54.5%</b>	
<b>Past 12 Months Medical</b>						
MEDICAL PPO3	338	28	183,832	248,690	73.0%	
MEDICAL PPO4	327	27	81,037	245,149	33.1%	
<b>Total</b>	<b>665</b>	<b>55</b>	<b>264,870</b>	<b>493,839</b>	<b>63.8%</b>	
<b>Past 12 Months Non-Medical</b>						
DENTAL	665	55	23,763	40,561	56.6%	
VISION	665	55	5,564	5,854	95.1%	
<b>Total</b>	<b>1330</b>		<b>29,328</b>	<b>46,415</b>	<b>63.2%</b>	
<b>Total</b>			<b>294,197</b>	<b>540,254</b>	<b>64.5%</b>	
LIFE	815	68		2,680		

**CEBT**  
**12 Month Utilization Report**  
*For January 2011*

Custer County  
Branch 80

Description	Enrolled	Average Enrolled	Paid Claims	Premium Deposits	Ratio	12 Month Ratio
<b>Month</b>						
FEBRUARY	57		\$ 42,693	\$ 43,027	99.2%	43.6%
MARCH	59		17,676	44,978	39.3%	44.4%
APRIL	59		11,000	44,490	24.7%	44.9%
MAY	56		82,492	43,027	191.7%	58.2%
JUNE	59		19,345	45,465	42.5%	58.9%
JULY	57		59,962	44,813	133.8%	69.4%
AUGUST	58		18,735	45,788	40.9%	69.4%
SEPTEMBER	58		61,238	45,788	133.7%	78.4%
OCTOBER	56		55,336	44,791	123.5%	82.3%
NOVEMBER	57		29,899	45,289	69.0%	84.6%
DECEMBER	55		23,508	44,292	63.1%	83.5%
JANUARY	56		55,100	44,791	123.0%	88.9%
<b>Total</b>	<b>687</b>		<b>476,976</b>	<b>536,540</b>	<b>88.9%</b>	
<b>Past 12 Months Medical</b>						
MEDICAL PPO3	687	57	443,290	491,432	90.2%	
<b>Total</b>	<b>687</b>	<b>57</b>	<b>443,290</b>	<b>491,432</b>	<b>90.2%</b>	
<b>Past 12 Months Non-Medical</b>						
DENTAL	687	57	28,686	39,370	72.9%	
VISION	687	57	5,000	5,739	87.1%	
<b>Total</b>	<b>1374</b>		<b>33,686</b>	<b>45,109</b>	<b>74.7%</b>	
<b>Total</b>			<b>476,976</b>	<b>536,540</b>	<b>88.9%</b>	
LIFE	824	69		2,726		



**CEBT**  
**12 Month Utilization Report**  
*For December 2010*

Custer County  
 Branch #0

Description	Enrolled	Average Enrolled	Paid Claims	Premium Deposits	Ratio	12 Month Ratio
Month						
JANUARY	58	5	24,722	43,027	57.6%	38.2%
FEBRUARY	57		42,693	43,027	99.2%	43.6%
MARCH	59		17,676	44,978	39.3%	44.4%
APRIL	59		11,000	44,490	24.7%	44.9%
MAY	56		82,492	43,027	191.7%	58.2%
JUNE	59		19,345	45,465	42.5%	68.9%
JULY	57		59,962	44,813	133.8%	69.4%
AUGUST	58		18,735	45,788	40.9%	69.4%
SEPTEMBER	56		61,238	45,788	133.7%	78.4%
OCTOBER	56		55,336	44,791	123.5%	82.3%
NOVEMBER	57		29,889	45,289	66.0%	84.6%
DECEMBER	55		23,508	44,292	53.1%	83.5%
<b>Total</b>	<b>689</b>		<b>446,698</b>	<b>534,777</b>	<b>83.5%</b>	
<b>Past 12 Months Medical</b>						
MEDICAL PPO3	689	57	411,209	489,767	84.0%	
<b>Total</b>	<b>689</b>	<b>57</b>	<b>411,209</b>	<b>489,757</b>	<b>84.0%</b>	
<b>Past 12 Months Non-Medical</b>						
DENTAL	689	57	30,135	39,260	76.7%	
VISION	689	57	5,253	5,730	91.7%	
<b>Total</b>	<b>1378</b>		<b>35,389</b>	<b>45,020</b>	<b>78.6%</b>	
<b>Total</b>			<b>446,698</b>	<b>534,777</b>	<b>83.5%</b>	
LIFE	823	69		2,723		

**CEBT**  
**12 Month Utilization Report**  
*For December 2009*

Custer County  
 Branch 80

Description	Enrolled	Average Enrolled	Paid Claims	Premium Deposits	Ratio	12 Month Ratio
<b>Month</b>						
JANUARY	50		\$ 22,430	\$ 39,112	57.3%	42.9%
FEBRUARY	53		13,769	40,703	33.8%	42.1%
MARCH	59		13,400	44,670	30.0%	40.5%
APRIL	60		6,788	45,133	19.4%	39.1%
MAY	58		14,033	43,721	32.1%	39.5%
JUNE	56		13,908	42,794	32.5%	36.6%
JULY	55		4,778	43,790	10.9%	33.3%
AUGUST	56		18,321	42,814	38.1%	33.6%
SEPTEMBER	57		11,823	42,814	27.6%	33.8%
OCTOBER	57		32,461	42,052	77.2%	36.7%
NOVEMBER	57		14,906	42,052	35.4%	36.3%
DECEMBER	58		28,483	43,027	66.2%	38.0%
<b>Total</b>	<b>678</b>		<b>195,074</b>	<b>512,684</b>	<b>38.0%</b>	
<b>Past 12 Months Medical</b>						
MEDICAL PPO3	676	58	167,479	488,212	35.0%	
<b>Total</b>	<b>676</b>	<b>58</b>	<b>167,479</b>	<b>488,212</b>	<b>35.8%</b>	
<b>Past 12 Months Non-Medical</b>						
DENTAL	676	59	22,709	38,761	58.6%	
VISION	676	56	4,887	5,711	85.6%	
<b>Total</b>	<b>1352</b>		<b>27,596</b>	<b>44,472</b>	<b>62.1%</b>	
<b>Total</b>			<b>195,074</b>	<b>512,684</b>	<b>38.0%</b>	
<b>LIFE</b>	<b>811</b>	<b>68</b>		<b>2,689</b>		

# CEBT

Individual Branches Summary Page

## 12 Month Utilization Report For December 2008

Custer County  
Branch 80

Description	Enrolled	Average Enrolled	Paid Claims	Premium Deposits	Ratio	12 Month Ratio
<b>Month</b>						
JANUARY	76		\$ 30,953	\$ 48,830	63.4%	94.5%
FEBRUARY	75		20,922	47,614	43.9%	87.8%
MARCH	76		22,817	48,013	47.5%	82.0%
APRIL	74		16,178	46,397	34.9%	76.3%
MAY	71		11,940	43,550	27.4%	71.7%
JUNE	67		27,922	41,954	66.6%	73.1%
JULY	53		20,018	40,988	48.8%	69.7%
AUGUST	82		14,340	40,525	35.4%	67.5%
SEPTEMBER	53		11,212	40,988	27.4%	53.1%
OCTOBER	52		15,930	40,525	39.3%	53.3%
NOVEMBER	51		16,304	40,062	40.7%	44.6%
DECEMBER	50		18,259	39,135	46.7%	43.7%
<b>Total</b>	<b>750</b>		<b>226,796</b>	<b>518,581</b>		<b>43.7%</b>
<b>Past 12 Months Medical</b>						
MEDICAL PPO3	750	63	193,115	470,812	41.0%	
<b>Total</b>	<b>750</b>	<b>63</b>	<b>193,115</b>	<b>470,812</b>	<b>41.0%</b>	
<b>Past 12 Months Non-Medical</b>						
DENTAL	750	63	29,369	41,342	71.0%	
VISION	750	63	4,312	6,427	67.1%	
<b>Total</b>	<b>1500</b>		<b>33,681</b>	<b>47,769</b>	<b>70.6%</b>	
<b>Total</b>			<b>226,796</b>	<b>518,581</b>	<b>43.7%</b>	
<b>LIFE</b>	<b>871</b>	<b>73</b>		<b>2,850</b>		

CEBT  
YEAR TO DATE UTILIZATION REPORT FOR  
DECEMBER 2007

CUSTER COUNTY  
BRANCH 80

MONTH	PAID CLAIMS	PREMIUM DEPOSITS	RATIO
JANUARY	51,670	40,809	126.61%
FEBRUARY	52,722	41,349	127.51%
MARCH	49,529	41,349	119.76%
APRIL	44,917	41,069	109.37%
MAY	35,593	40,040	88.89%
JUNE	20,436	42,458	48.13%
JULY	46,379	51,163	90.65%
AUGUST	90,077	51,951	173.38%
SEPTEMBER	40,054	49,911	80.25%
OCTOBER	19,455	46,866	39.81%
NOVEMBER	67,028	49,078	136.57%
DECEMBER	27,076	48,659	55.64%
TOTAL YTD	544,935	646,711	99.68%
PREVIOUS 12 MONTH TOTALS			
MEDICAL HD15	0	0	0.00%
MEDICAL HRP	0	0	0.00%
MEDICAL EPO 1	0	0	0.00%
MEDICAL EPO 2	0	0	0.00%
MEDICAL EPO 3	0	0	0.00%
MEDICAL PPO 1	0	0	0.00%
MEDICAL PPO 2	0	0	0.00%
MEDICAL PPO 3	492,761	492,516	100.05%
MEDICAL PPO 4	0	0	0.00%
MEDICAL PPO 5	0	0	0.00%
VISION	8,199	7,755	105.72%
DENTAL	43,975	46,440	94.69%
VOLUNTARY VISION	0	0	0.00%
VOLUNTARY DENTAL	0	0	0.00%
TOTAL	544,935	646,711	99.68%
SPECIFIC STOP LOSS	0		
TOTAL	<u>544,935</u>	<u>646,711</u>	99.68%

CEBT  
YEAR TO DATE UTILIZATION REPORT FOR  
DECEMBER 2006

CUSTER COUNTY  
BRANCH 80

MONTH	PAID CLAIMS	PREMIUM DEPOSITS	RATIO
JANUARY	14,320	42,659	33.57%
FEBRUARY	37,024	44,442	83.31%
MARCH	53,653	43,595	123.07%
APRIL	38,866	43,265	89.83%
MAY	124,991	42,088	296.87%
JUNE	31,105	43,220	71.97%
JULY	32,789	43,762	74.93%
AUGUST	67,352	43,795	153.79%
SEPTEMBER	40,338	43,795	92.11%
OCTOBER	31,376	44,698	70.20%
NOVEMBER	46,678	42,244	110.50%
DECEMBER	57,356	42,930	133.61%
TOTAL YTD	575,851	520,491	110.64%
YEAR TO DATE			
MEDICAL HD15	0	0	0.00%
MEDICAL EPO 1	0	0	0.00%
MEDICAL EPO 2	0	0	0.00%
MEDICAL PPO 1	0	0	0.00%
MEDICAL PPO 2	0	0	0.00%
MEDICAL PPO 3	521,247	468,667	111.24%
MEDICAL PPO 4	0	0	0.00%
MEDICAL PPO 5	0	0	0.00%
VISION	4,923	8,636	57.01%
DENTAL	49,680	43,288	114.77%
VOLUNTARY VISION	0	0	0.00%
VOLUNTARY DENTAL	0	0	0.00%
TOTAL	575,851	520,491	110.64%
SPECIFIC STOP LOSS	0		
TOTAL	<u>575,851</u>	<u>520,491</u>	110.64%